

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

November 22, 2021

Senator John Arch
Chair, Health and Human Services Committee
District #14 State Capitol
P.O. Box 94604
Lincoln, NE 68509-4604

Dear Senator Arch, members of the Health and Human Services Committee, and Mr. O'Donnell,

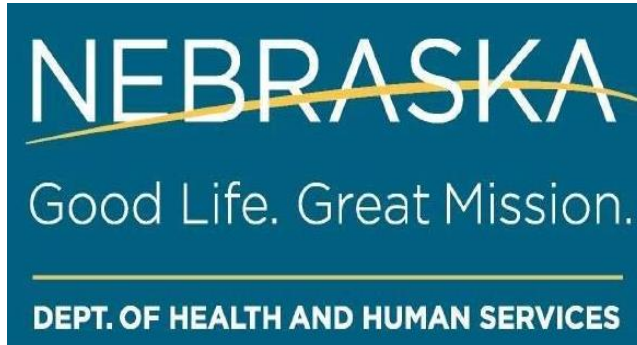
Please see the two attached reports respecting the requirement for DHHS to contract for the completion of a needs assessment and cost analysis for the establishment of an inpatient adolescent psychiatric unit housed within the Lincoln Regional Center. DHHS contracted with two contractors, Altus Architectural Studios and Chinn Planning to provide a comprehensive evaluation.

The reports include: (a) A needs assessment, including the number of adolescents expected to use such inpatient adolescent psychiatric unit; (b) The cost of opening an existing facility at the Lincoln Regional Center for use as an inpatient adolescent psychiatric unit; (c) The cost of reopening the facility at the Lincoln Regional Center, including the costs for necessary construction, upgrades, or repairs; (d) Annual operating costs of such unit, including, but not limited to, any federal funds available to operate the unit in addition to General Fund appropriations; and (e) Cost savings realized by moving adolescents from out-of-state institutions back to Nebraska for treatment at such unit.

Respectfully,

A handwritten signature in blue ink that reads "Larry Kahl".

Larry W. Kahl, FACHE
Chief Operating Officer
Department of Health and Human Services



**Nebraska DHHS - Needs
Assessment and Cost
Analysis for Adolescent
Psychiatric Residential
Treatment Facility**

FINAL REPORT

Presented by:



November 8, 2021

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Section I

INTRODUCTION AND PROJECT OVERVIEW

INTRODUCTION AND PROJECT OVERVIEW

In August 2021 the Nebraska Department of Health and Human Services (DHHS) contracted with Chinn Planning, Inc. to complete a needs assessment and cost analysis for an In-Patient Adolescent Psychiatric Residential Treatment Facility (PRTF) to be located in Nebraska. Concerns over the number of adolescents placed in out-of-state in PRTF's led to the passing of Legislative Bill 428 (LB428):

Legislative Bill 428 (LB428):

“Requires the Department of Health and Human Services to complete a needs assessment and cost analysis for an inpatient adolescent psychiatric unit in Nebraska.”

Legislative Mandate and Scope

The Legislature mandated the following scope under LB428:

LEGISLATED MANDATED SCOPE LB428

1. A needs assessment, including the number of adolescents expected to use such inpatient adolescent psychiatric unit;
2. The cost of opening an existing facility at the Lincoln Regional Center for use as an inpatient adolescent psychiatric unit;
3. The cost of reopening the facility at the Lincoln Regional Center, including the costs for necessary construction, upgrades, or repairs;
4. Annual operating costs of such unit, including, but not limited to, any federal funds available to operate the unit in addition to General Fund appropriations;
5. Cost savings realized by moving adolescents from out-of-state institutions back to Nebraska for treatment at such unit.

The Department of Health and Human Services contracted separately with an architectural firm to address items 2 and 3 related to the Lincoln Regional Center physical plant assessment and costs.

Clarification of the Definition “In Patient”

As the study process began, the definition of “in patient” required clarification in order to collect and analyze information that would be relevant to a potential new Psychiatric Residential Treatment Facility (PRTF) for adolescents in Nebraska. Several definitions of “in patient” and residential treatment were reviewed (and are presented later in this report) to determine the true definition of what type of facility may be needed in Nebraska in order to bring adolescents placed in out of state PRTF’s back to the state.

The term “in patient” applies to an acute medical hospitalization model. This means acute, short-term hospitalization (2-5 days) for serious behavioral and medical conditions, with the goal of stabilization and return to longer term residential placements. Most adolescents that are currently placed in out of state PRTF’s are not placed in acute “in patient” hospital settings, rather they are placed in residential treatment facilities with length of stay averaging 6 to 12 months or longer. This is the type of PRTF that is envisioned for Nebraska because it reflects the type of facility adolescents are placed in out of state, not “in patient” acute care hospital facilities. That is not to say in patient acute care hospital placements aren’t needed on occasion for adolescents placed in PRTF’s, but it would likely be for short term stabilization and then return to a PRTF. Although the term “in patient” is part of LB 428 legislation it does not apply to the type of adolescent psychiatric residential treatment facility that is envisioned for Nebraska.

Key Components of the Study

The Key Components of the Assessment reviewed at the beginning of the study included:

- Determining Appropriate Description and Definition of Out of State PRTF
- Understanding Adolescent Trends and Profile Characteristics-Child Welfare, Court/Juvenile Probation and Dually Involved Youth
- Assessing Out of State PRTF Utilization Trends
- Determining Expected Capacity Requirements to serve Adolescents Currently in Out of State PRTF Placements
- Reviewing Costs Associated with Out of State Placements-Medicaid and Other Funding of PRTF Capacity
- Review of Best Practices in Adolescent Behavioral Health Facilities
- Review of Nebraska Standards and Licensing Requirements for PRTF’s
- Preparation of an “Ideal” PRTF Space Allocation Program
- Determining Estimated Staffing Requirements and Cost of PRTF Operation
- Comparison of Cost-Current Out of State PRTF vs. proposed In State PRTF
- Conclusions and Recommendations

Data Requirements and Availability

A list of preliminary data requirements essential to the needs assessment and cost analysis was sent to DHHS in early August and was reviewed with DHHS at a Kick-Off meeting on August 25th, 2021.

The list of required data included, but was not limited to:

1. Average daily/monthly/annual population of adolescents in PRTF placements, both in state and out of state (5-6 years of data if available)
2. Monthly admissions to adolescent PRTF's both in state and out of state (5-6 years)
3. Average length of stay in placements in PRTF's both in state and out of state (5-6 years)
4. Profile characteristics of youth placed in out of state PRTF's-age, sex, race, commitment authority, home community, diagnosis (snapshot profile)
5. Current capacity of in state PRTF's and list of out of state PRTF's utilized by location (historic data if available or snapshot profile)
6. Cost for PRTF- Medicaid rates, other funding sources, per diem costs for facilities utilized
7. Nebraska standards and licensing requirements governing adolescent PRTF's (facility and staffing standards)

Project Advisory Committee Members

A Project Advisory Committee was established to oversee the study process. The Consultant met with the Project Advisory Committee four times over the course of the study. Project Advisory Committee Members were also interviewed separately and provided data or identified the proper agencies to contact for data. The Project Advisory Committee Members include:

<u>Project Advisory Committee Members</u>	
<u>DHHS Leadership:</u>	<u>Contact Information</u>
1. Larry Kahl, Chief Operating Officer	Larry.Kahl@nebraska.gov (531) 249-1733
2. Dr. Janine Fromm, Executive Medical Officer	Janine.Fromm@nebraska.gov (402) 471-9108
3. Karen Harker, Deputy Director Finance	Karen.Harker@nebraska.gov (402) 471-7708
4. Connor Griess, Central Operations and Material Services Administrator	Connor.Griess@nebraska.gov (402) 471-9162
5. Ashley Newmyer, Chief Data Strategist	Ashley.Newmyer@nebraska.gov (402) 471-0725
6. Bradley Pope, Budget Analyst	Bradley.Pope@nebraska.gov (402) 471-9165
7. Mark LaBouchardiere, Juvenile Services Administrator	Mark.Labouchardiere@nebraska.gov (308) 865-5313

Report Sections

This study presents the needs assessment and cost analysis for replacing current out of state adolescent PRTF utilization within state PRTF capacity. The report is organized as follows:

- I. *Introduction and Project Overview*
- II. *Overview of Nebraska Juvenile Trends Related to PRTF's*
- III. *Current Out of State PRTF Utilization*
- IV. *Costs and Reimbursement Rates for PRTF Provider Placements*
- V. *PRTF Definitions, Standards and Licensing Requirements*
- VI. *Space Program, Staffing Requirements and Operational Cost for Adolescent PRTF*
- VII. *Conclusion and Recommendation*
- Appendix A *ACH Child & Family Services Adolescent Residential Treatment Facility, Ft. Worth, TX*

Section II

OVERVIEW OF NEBRASKA ADOLESCENT TRENDS AND PROFILE CHARACTERISTICS RELATED TO PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES (PRTF's)

OVERVIEW OF NEBRASKA ADOLESCENT TRENDS AND PROFILE CHARACTERISTICS RELATED TO PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES (PRTF's)

Youth are placed in PRTF's primarily from two state agencies. These include the Nebraska Department of Health and Human Services (DHHS) Children and Family Services Division and the Nebraska Judicial Branch Juvenile Division of the Administrative Office of the Courts and Probation. Some youth placed in PRTF's are dually-involved youth—court involved youth in care through the child welfare system and simultaneously supervised by the Juvenile Division of the Administrative Office of the Courts and Probation. Juvenile Probation and DHHS Children and Family Services have responsibility for determining the vast majority of PRTF placements.

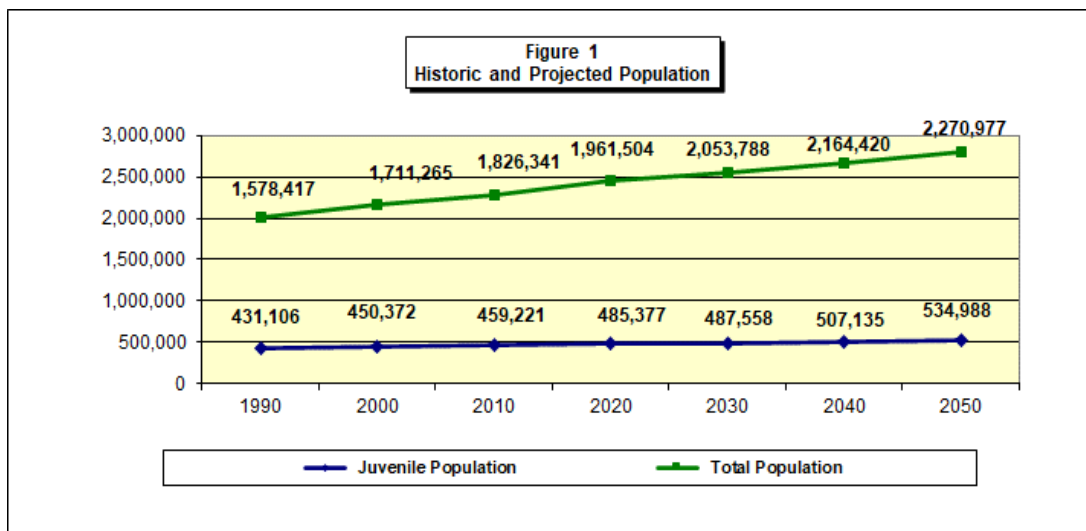
Trends in Nebraska's total and juvenile population, DHHS Children and Family Services, Juvenile Probation, and dually-involved youth are presented below.

Nebraska Juvenile Population and Child Welfare Trends

Total Nebraska population increased by 24.3% from 1990 to 2020 (a total increase of 383,087). Total population is projected to increase by 15.8% (a total increase of 309,473). Total juvenile population increased by 12.6% from 1990 to 2020 (a total increase of 54,271). Total juvenile population is projected to increase by 10.2% (a total increase of 49,611). Both total and juvenile population will increase at a slower rate in Nebraska compared to the previous twenty years.

	1990	2000	2010	2020	2030	2040	2050	Avg. Annual % Increase	
								1990-2020	2020-2050
State of Nebraska									
Total Population	1,578,417	1,711,265	1,826,341	1,961,504	2,053,788	2,164,420	2,270,977	0.81%	0.53%
Juvenile Population (age 17 and under)	431,106	450,372	459,221	485,377	487,558	507,135	534,988	0.42%	0.34%

Source: U.S. Census & Center for Public Affairs Research - University of Nebraska - Omaha.



Source: U.S. Census & Center for Public Affairs Research - University of Nebraska - Omaha.

Table 2 presents Child Welfare Trends in Nebraska from the Kids Count annual report prepared by the Annie E. Casey Foundation. In 2021 Nebraska ranked 7th in Overall Child Well-Being, 2nd in Economic Well-Being, 11th in Education, 15th in Health, and 12th in Family and Community. While Nebraska ranks higher than many other states, the list below indicates there are many youth in the state with risk factors for being involved in the child welfare system and juvenile court system or both.

Table 2		
CHILD WELFARE/WELL-BEING		
State of Nebraska		
	United States	Nebraska
Children Living in Poverty	17%	11%
Children Whose Parents Lack Secure Employment	26%	19%
Children Living in Households with a High Housing Cost Burden	30%	20%
Teens Not in School and Not Working	6%	4%
Young Children (ages 3 and 4) Not in School	52%	55%
Fourth-Graders Not Proficient in Reading	66%	63%
Eighth-Graders Not Proficient in Math	67%	63%
High School Students Not Graduating on Time	14%	12%
Low Birth-Weight Babies	8.3%	7.6%
Children without Health Insurance	6%	6%
Child and Teen Deaths per 100,000	25	25
Children & Teens (ages 10-17) who are Overweight or Obese	31%	26%
Children in Single-Parent Families	34%	27%
Children in Families where Household Head Lacks HS Diploma	12%	9%
Children Living in High-Poverty Areas	9%	4%
Teen Births per 1,000	17	15

Source: 2021 Kids Count Data Book.

A 2021 Foster Care Review Annual Report tracked the experience of 6,792 children who were removed from their homes and placed in state custody or care through the child welfare or juvenile probation system. Key findings include:

- Racial and ethnic disparities are pervasive throughout the child welfare and juvenile justice systems, and they are greatest among the youth at YRTC's
- Only 15.1% girls and 19% boys are at YRTC's were charged for committing felony offenses
- 620 Average Population in Out-of-Home Placements June 2020 – 2021 (down from 684)
 - Median Age 16
 - 76% Boys; 24% Girls
 - 40% High to Very High Risk; 25% Probation Youth also CFS Youth
 - 100% Mental Health Disorders and 52% Substance Use Disorders (SUD)
 - 161 dually involved (CFS/JJ) in Out-of-Home Care June 2021 (this includes YRTC's)

Department of Health and Human Service Children and Family Services Division Overview and Out-of-Home Placement Trends

The Nebraska Department of Health and Human Services has five major Divisions:

- Behavioral Health
- Children and Family Services
 - Includes Child Welfare and Juvenile Services
- Developmental Disabilities
- Medicaid and Long-Term Care
- Public Health
 - Includes Licensing Requirements

The focus of the PRTF needs assessment study is on the placement trends of child welfare and youth rehabilitation components within the DHHS Children and Family Services Division. Youth served by DHHS Developmental Disabilities (DD) may require a PRTF placement, but the numbers are very low when compared to Children and Family Services. At the time of this study no DD adolescent was placed in an out of state PRTF. One issue related to DD adolescents served by DHHS is that no PRTF in Nebraska will take adolescents with an IQ below 70. The definition of DD eligibility is an IQ at or below 70, which means in-state PRTF's are not an option for developmentally disabled adolescents.

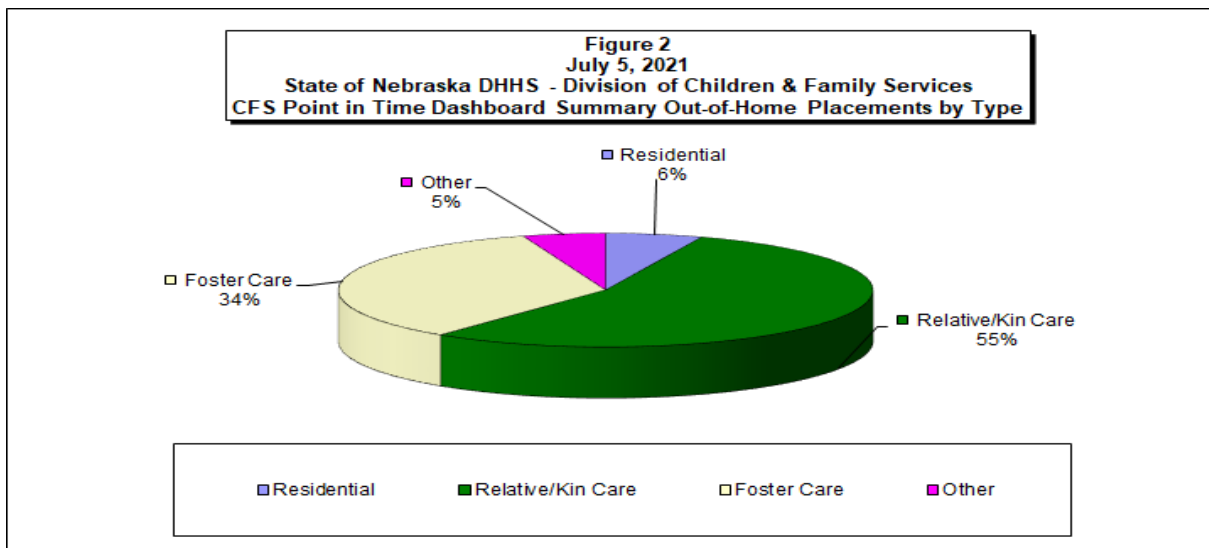
Table 3 shows the trend in DHHS Division of Children and Family Services total out of home placements by placement type between 2014 and 2018. The total number of adolescents in out of home placements increased by 6.5% from August of 2014 to July of 2021. Any number of these out-of-home placements could have been in out-of-state PRFT's.

- Residential placements decreased by 18.2% from 2014 to 2021 (a total decrease of 43).
- Relative/Kin Care placements increased by 34.7% from 2014 to 2021 (a total increase of 464).
- Foster Care placements decreased by 15.8% from 2014 to 2021 (a total decrease of 213).
- Other placements decreased by 4.1% from 2014 to 2021 (a total decrease of 7).
- Total Out-of-Home placements increased by 6.5% from 2014 to 2021 (a total increase of 201).

Table 3 State of Nebraska DHHS Division of Children and Family Services - Out of Home Placements Point in Time Historical Reference Table									
	8/1/2014	8/1/2015	8/1/2016	8/1/2017	8/1/2018	8/1/2019	8/1/2020	7/5/2021	Avg. Annual % Increase
Residential	236	217	195	203	167			193	-2.6%
Relative/Kin Care	1,337	1,563	1,812	1,946	1,635			1,801	5.0%
Foster Care	1,348	1,270	1,194	1,235	1,159			1,135	-2.3%
Other	172	108	105	124	117			165	-0.6%
Total Out of Home	3,093	3,158	3,306	3,508	3,078			3,294	0.9%

Source: DHHS Division of Children and Family Services.

Figure 2 shows the percentage of out of home placements by placement type. Relative/Kin Care placements accounted for 55% (1,801) of the 3,294 total out of home placements on July 5, 2021.



Source: DHHS Division of Children and Family Services.

Juvenile Services Division, Administrative Office of the Courts and Probation Overview and Out-of-Home Placement Trends

The Juvenile Services Probation Division of the Nebraska Judicial Branch provides recommendations to the court related to out-of-home placements for adolescents. The Juvenile Justice Reform Initiative prioritizes the reduction of unnecessary placement of youth outside of their homes. However, there are still instances when community and home-based services are exhausted and out of home placement is necessary.

Juvenile Services Division

The Juvenile Services division is responsible for statewide administration juvenile intake, investigations, supervision, and services for youth and families impacting community safety, habilitation, and behavior change. Families are empowered to be a part of the decision-making process, which greatly aids the success of youth. An individualized, adolescent development approach is a priority for youth in the justice system, which is supported by research and shown to impact reduction in criminogenic risk. Youth receive a validated risk/needs assessment which assists in the creation of a success/case plan to targeted supervision and treatment, which will build skill and reduce recidivism.

Juvenile Justice Reform Initiative

The goal of the Juvenile Justice Reform initiative in Nebraska is to prevent juveniles from returning to the juvenile justice system or entering the criminal justice system by:

- Engaging juveniles and their families in the juvenile court process;
- Eliminating barriers to accessing effective treatment and services; and,
- Partnering with educational and community stakeholders.

Source: State of Nebraska Judicial Branch.

Out-of-Home Placement

The Juvenile Justice Reform initiative prioritizes the reduction of youth in out-of-home placements. Efforts continue to enhance and expand access to home-based services, which will reduce the number of youth in placements. With this priority, there are still times when an out-of-home placement is needed to provide for community safety and treatment services.

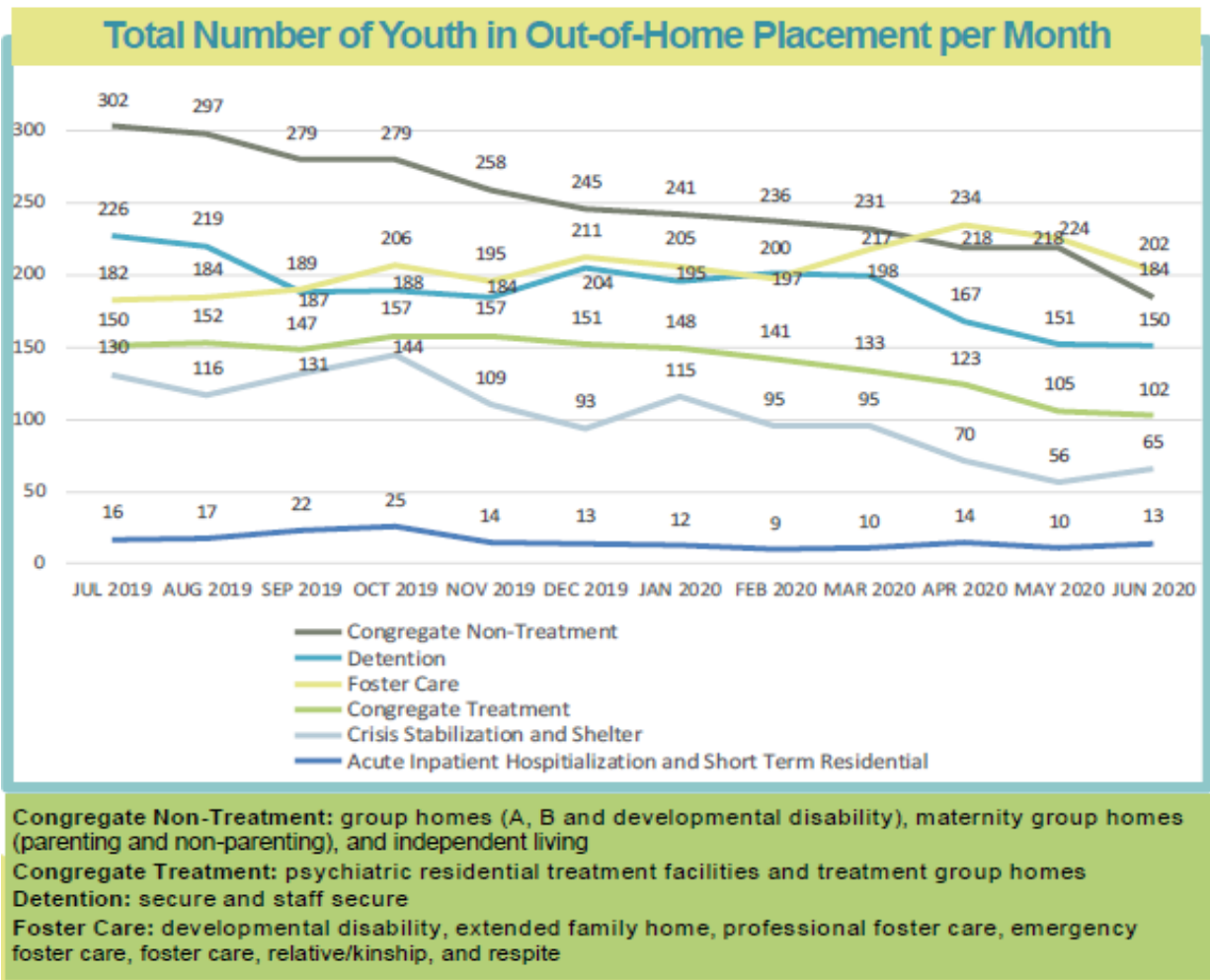
The primary purpose of out-of-home placement for youth in the juvenile justice system focuses on the utilization of targeted interventions to facilitate risk reduction related to delinquency. Out-of-home placement should only be considered after all home and community-based interventions have been exhausted and further intervention is necessary to ensure community safety. Probation officers remain highly engaged before, during, and after placement to ensure youth are receiving targeted interventions to enable them to remain at home to plan for their safe return as quickly as possible.

Probation has developed a continuum of services across the state to support the rehabilitation of youth who must receive interventions outside of their home. Efforts to expand options and improve the quality of placement services available to youth in the juvenile justice system is ongoing. The current continuum includes foster care, congregate care (treatment and non-treatment), and youth residential treatment centers.

Source: State of Nebraska Judicial Branch.

Figure 3 shows the trend in the total number of out-of-home placements between July 2019 and June 2020 for youth supervised on probation. Out of home placements include detention, foster care, congregate treatment and PRTF's among other placement types. In fiscal year 2020 of youth placed out of home 179 were placed in treatment or non-treatment congregate care out of the state of Nebraska.

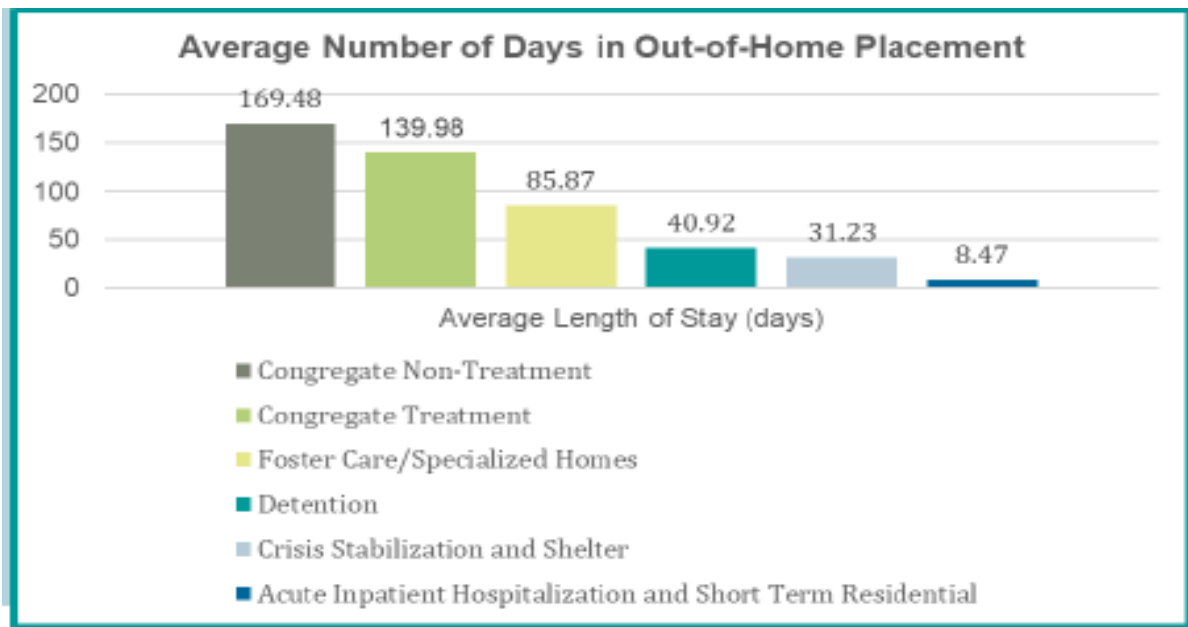
Figure 3
Probation Out-of- Home Placement Trends



Source: State of Nebraska Judicial Branch Administrative Office of the Courts & Probation. Juvenile Services Division Detailed Analysis, Fiscal Year 2020.

Figure 4 shows the average number of days in out of home placement by placement type in 2020.

Figure 4
Probation Out-of-Home Placement Trends



Source: State of Nebraska Judicial Branch Administrative Office of the Courts & Probation. Juvenile Services Division Detailed Analysis, Fiscal Year 2020.

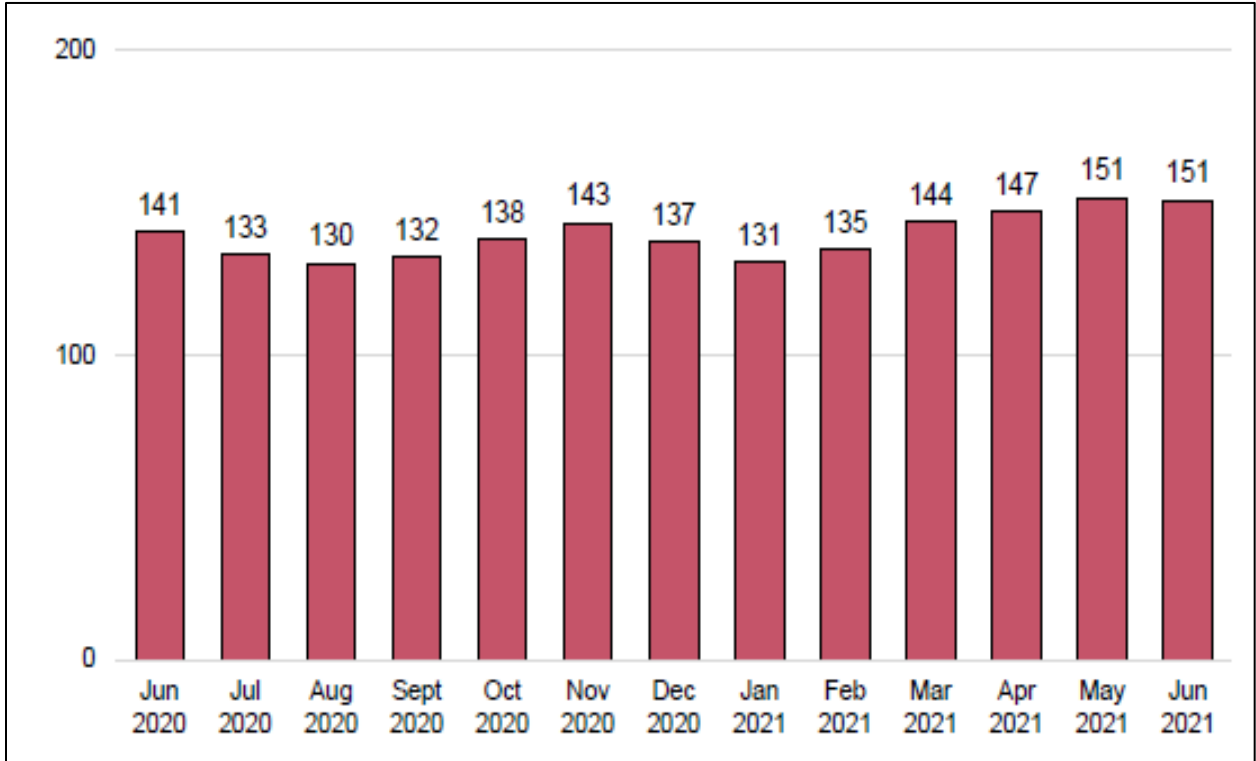
A 2020 profile of the 2,199 youths placed on probation includes:

- Majority of youth (60%) were between the ages of 16-18
- 20% placed on probation for status offenses, 80% delinquent offenses
- 70% were male, 30% female
- 18% were African American, 59% were Caucasian

Dually Involved Youth (Child Welfare and Court) Out-of-Home Placement Trends and Profile Characteristics

Dually-involved youth are under the care and supervision of Child Welfare and the Administrative Office of Courts and Probation Juvenile Services Division. Figure 5 shows the average daily population of youth in out of home care who are dually-involved youth from June 2020 to June 2021. Although some youth at YRTC’s are dually involved, the number of youths shown in this snapshot data does not include youth placed at YRTC facilities.

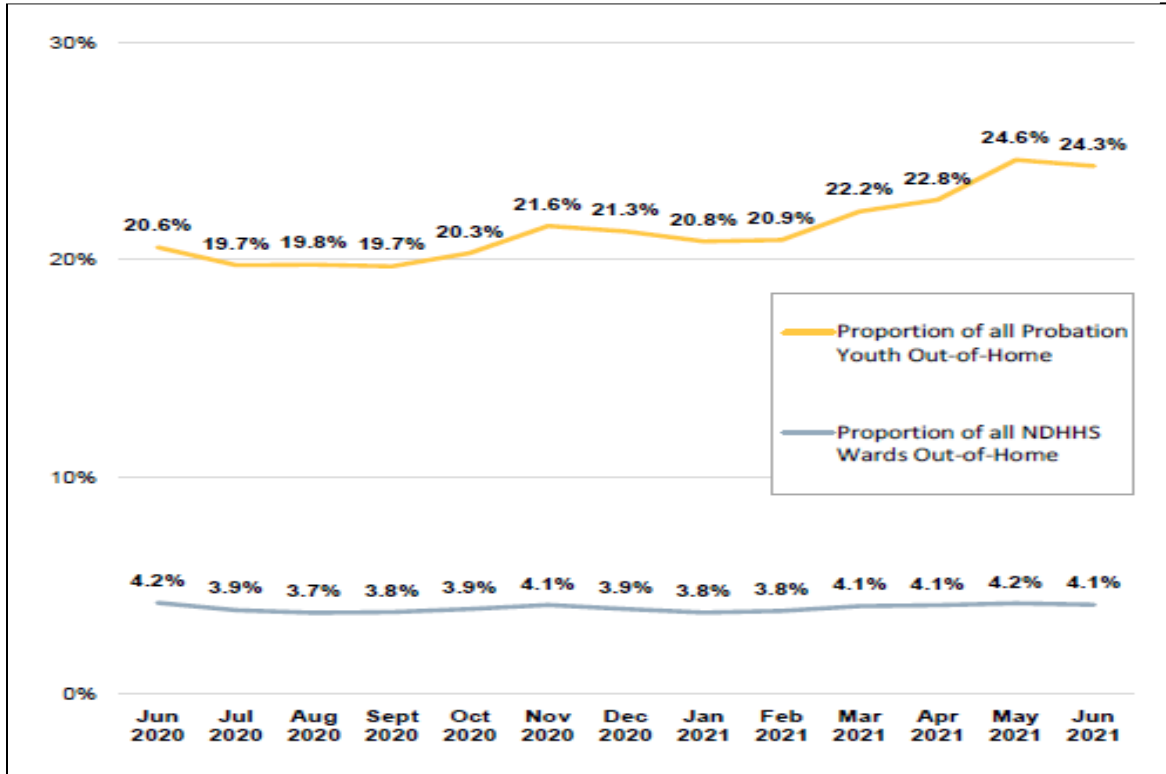
Figure 5
Average Daily Population of Dually-Involved Youth, June 2020 to June 2021



Source: Nebraska Foster Care Review Office, Annual Report September 2021.

The average daily population of dually-involved youth in out of home placements is the combined total of DHHS CFS youth and Probation youth. Figure 6 shows the Dually-Involved Youth as a proportion of DHHS Wards and Probation Supervised Youth between June 2020 and June 2021.

Figure 6
Average Daily Population of Dually-Involved Youth, June 2020 to June 2021



Source: Nebraska Foster Care Review Office, Annual Report September 2021.

Table 4 presents a comparison of profile characteristics of youth under child welfare only, dually-involved youth, and probation youth only. All three categories indicate that a majority of youth (77%-94%) have a mental health diagnosis.

Table 4
Comparative Measures for Child Welfare Only age 13-18, Dully Involved Youth, and Probation Only Youth in Out-of-Home Care on 6/30/2021

Measure	Child Welfare Only (ages 13-18)	Dually-involved	Probation Only
Mental health diagnosis	76.7%	89.3%	94.3%
Prescribed psychotropics	42.9%	53.4%	45.7%
Substance use diagnosis	12.1%	34.8%	51.7%
Academic performance on track for all core classes	52.1%	25.9%	45.9%

Source: Nebraska Foster Care Review Office, Annual Report September 2021.

Section III

CURRENT OUT- OF-STATE PRTF UTILIZATION

2019 OUT OF STATE PRTF UTILIZATION

Snapshot Profile of Adolescents in Out-of-State PRTF's August 2019

On August 8, 2019 a snapshot profile was developed for all adolescents in out of state PRTF placements. The characteristics of the 31 adolescents in out of state PRTF placements on that day are shown below.

Snapshot Profile Out-of-State Placements

N=31 Adolescents in Out of State Placements on 8/8/2019

Demographic Profile

- **Sex:**

Male	Not Reported
Female	Not Reported
- **Race:**

African American	14
White	10
Other	7 (Hispanic, Multi-Racial, Native American)
- **Age:**

Average age at placement snapshot: 15.2 years old
- **Previous Out of Home Placements:**

Average of 10 previous out of home placements
- **Average age at first removal from home:** 12.5 years

Reason for Initial Out of Home placement: 71% due to neglect; 32% due to physical abuse; 28% listed "child's behavior problems"; 16% identified "mentally ill and dangerous" (note: multiple reasons can be listed in ease case)
- **Committing Authority:** Not Reported
- **Average Length of Stay:** Not Reported
- **Clinical Diagnosis:**

Trauma and Stressor Related Disorders	31 (100%)
Major Depressive Disorder	26 (84%)
ADHD/ADD	24 (77%)
Disruptive, Impulse Control and Conduct Disorders	23 (74%)
Other Clinical Disorders	22 (71%)
Substance Use Disorders	16 (52%)
Anxiety	14 (45%)
Intellectual or Developmental Disabilities	12 (39%)
Bipolar Disorder	6 (19%)
Obsessive Compulsive Disorder	2 (6%)

➤ **Placement Type:**

PRTF or Hospital: 18 youth (58%)
Group Home: 11 youth (35%)
Rehab Center/Jail 2 youth (7%)

➤ **Placement Location:**

Cathedral Home for Children, Laramie Wyoming 7 (23%)
Other PRTF's in Utah, Tennessee, and Colorado 24 (77%)

Table 5 Out-of-State Placements		
Facility	State	Number
Cathedral Home for Children	Wyoming	7
Christian Home Association- Children's Square USA	Iowa	4
Lake Mary Center Inc.	Kansas	1
Mercy Hospital	Iowa	1
Pottawattamie County Jail	Iowa	1
ROP Inc. DBA Rite of Passage, Inc.	Arizona	5
Southern Peaks Regional Center	Colorado	1
Starr Commonwealth	Colorado	1
UHS of Provo Canyon School, Inc.	Utah	5
Youth Villages, Inc.	Tennessee	5
<i>Source: DHHS Care Coordination Strategy, August 8, 2019.</i>		

DHHS Children and Family Services Out of State PRTF Placement Utilization

Table 6 shows current adolescent (defined as age 12 to 19 birthday) PRTF out of state placements for DHHS Children and Family Services. There are currently 12 adolescents in out of state PRTF's. This compares to 17 adolescents placed in PRTF's in Nebraska. The average length of stay in out of state placements in 2019 was 191 days, or roughly 6.5 months. Developmentally Disabled adolescents are not typically eligible for in state PRTF placements by private provider criteria that excludes adolescents with IQ level below 70. In addition to the PRTF placement data presented below, youth at YRTC Kearney are recommended for PRTF placements. Based on a snapshot profile of 49 males at Kearney on September 1, 2021 a total of 11 (22.4%) have been recommended for a PRTF placement.

Number of youth currently in Out-of-State PRTF Through 9/6/21	12
Number of youth currently in State PRTF Through 9/6/21	17
Number of DD eligible youth currently placed in Out-of-State PRTF	0
Number of DD eligible youth currently placed in Out-of-State since 1/1/18	16
Number of DD eligible youth currently in State PRTF	1
<i>Source: Nebraska Department of Health and Human Services, Children Family Services, 2021.</i>	

Juvenile Division of Administrative Office of the Courts and Probation Out-of-State PRTF Placement Utilization

Tables 7 through 13 and Figures 7 through 10 present out of home placement utilization trends for adolescents under the supervision of Juvenile Probation. Placement status used for the data set includes:

- Psychiatric Residential Treatment Facility
- Therapeutic Group Home
- Acute Inpatient Hospitalization
- Short Term Residential Treatment Facility

For the demographic information shown in these Tables and Figures each youth with an out of state admission was counted only one time per calendar year of admission. If the youth had admissions in multiple years, they were counted more than once to reflect each admission. There were 25 youth in this category of having multiple admissions over multiple years. The N for the entire data set is 330 youth.

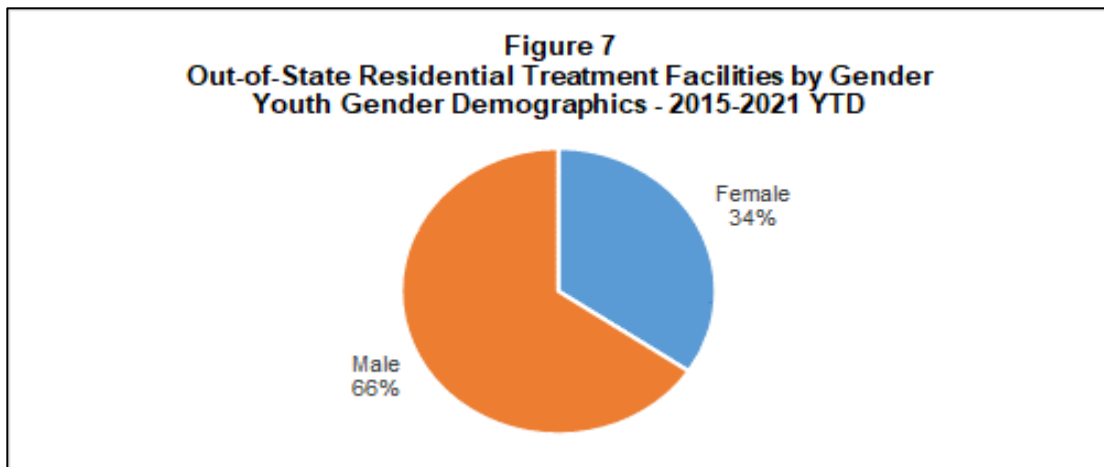
The Juvenile Probation and Court Services Division states that:

Youth who continue to go out-of-state to access services highlight deficiencies with exclusionary criteria, capacity, and continued support for high needs youth in Nebraska. Currently, our only options for co-occurring PRTF services exist with private providers. Our state-run facility only services youth with a singular primary diagnosis, which limits service support for our highest need youth population. The Administrative Office of the Courts and Probation has continued to share the need for an expanded residential treatment facility service continuum through our participation in system partner initiatives, such as the Department of Health and Human Services, Division of Behavioral Health System of Care. Probation juvenile-justice youth continue to experience access barriers in both in- and out-of-state residential treatment facilities which include:

- *Delayed access to services,*
- *Providers discontinuing services and recommending the exact same level of care,*
- *Limited acceptance options for youth that have a history of symptoms/behaviors specifically listed as admission criteria, and*
- *An incomplete residential treatment service continuum*

Table 7 Out-of-State Residential Treatment Facilities by Gender Youth Gender Demographics - 2015-2021 YTD					
Admission year	Female	Male	% Female	% Male	Total
2015	22	51	30%	70%	73
2016	12	27	31%	69%	39
2017	12	28	30%	70%	40
2018	20	33	38%	62%	53
2019	21	41	34%	66%	62
2020	20	32	38%	62%	52
2021	16	22	42%	58%	38
All Years	123	234	34%	66%	357

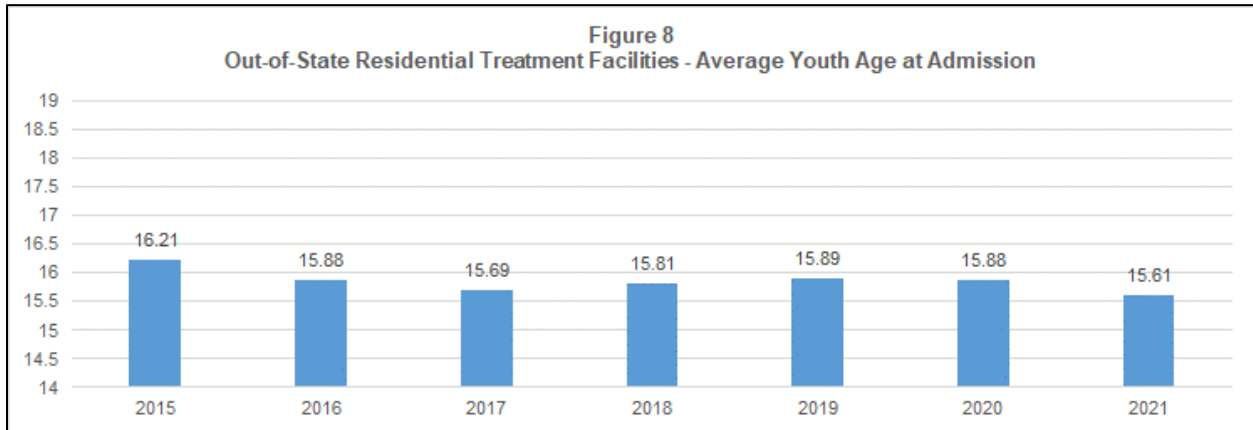
Source: Administrative Office of the Courts and Probation, Research and Data, Operations Division.



Source Administrative Office of the Courts and Probation, Research and Data, Operations Division.

Table 8 Out-of-State Residential Treatment Facilities - Average Youth Age at Admission	
Admission Year	Average of Age at admission
2015	16.21
2016	15.88
2017	15.69
2018	15.81
2019	15.89
2020	15.88
2021	15.61
All Years	15.89

Source: Administrative Office of the Courts and Probation, Research and Data, Operations Division.

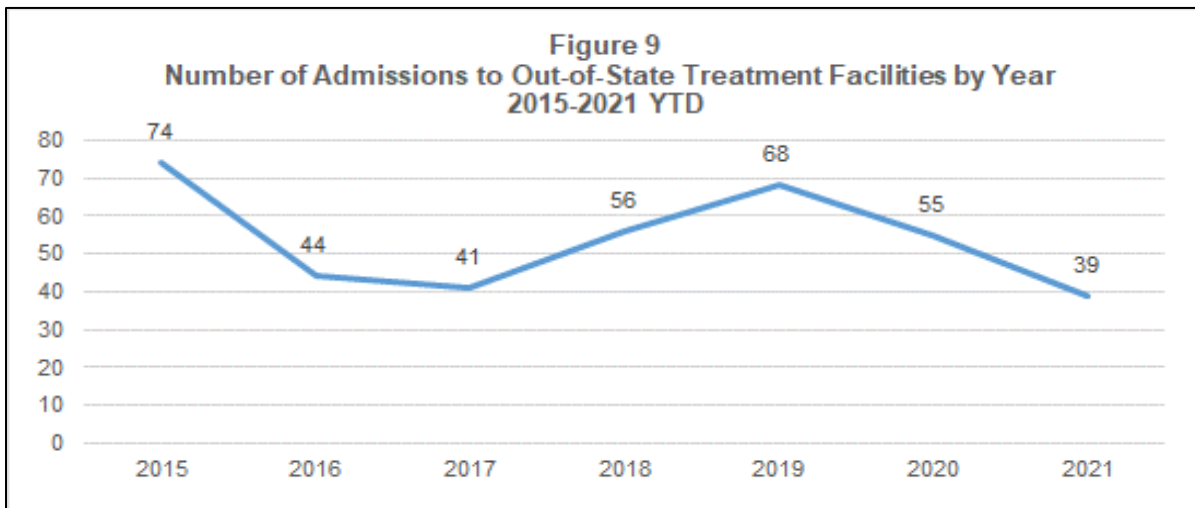


Source Administrative Office of the Courts and Probation, Research and Data, Operations Division.

Table 9
Number of Admissions to Out-of-State Treatment Facilities by Calendar Year

Calendar year of Admission	Number of Admissions
2015	74
2016	44
2017	41
2018	56
2019	68
2020 (1 individual still in placement)	55
2021 (25 of 39 still in placement 10)	39
TOTAL	377

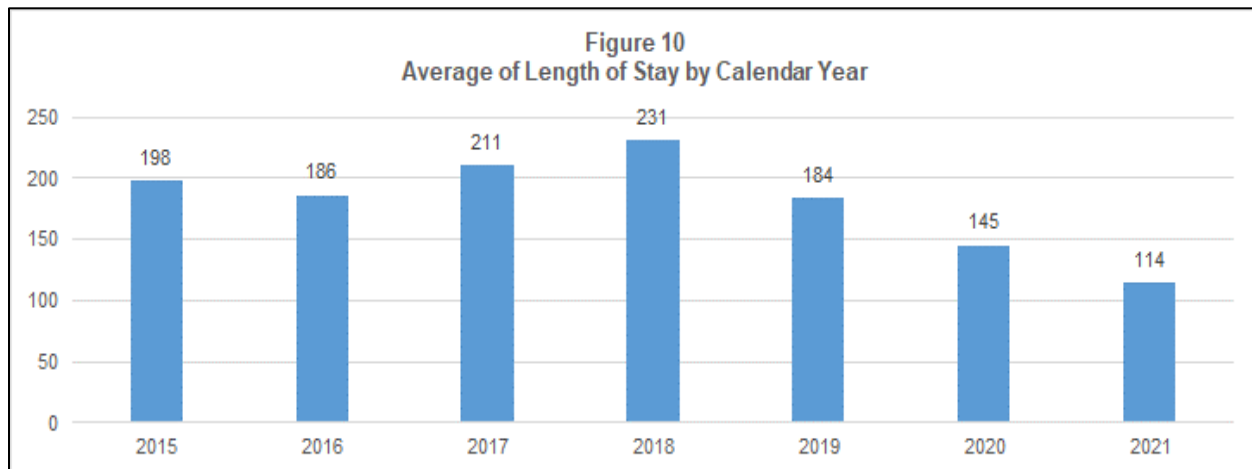
Source: Administrative Office of the Courts and Probation, Research and Data, Operations Division.



Source Administrative Office of the Courts and Probation, Research and Data, Operations Division.

Table 10 Average Days in Placement	
Calendar Year Admission	Average of Days in Placement
2015	198
2016	186
2017	211
2018	231
2019	184
2020 (1 individual still in placement as of 10/1)	145
2021 (25 of 39 still in placement 10/1)	114
All Years	184

Source Administrative Office of the Courts and Probation, Research and Data, Operations Division.



Source Administrative Office of the Courts and Probation, Research and Data, Operations Division.

Table 11 Current Youth Placed in Out-of-State Treatment Facilities	
Gender	Number of Youth
Female	11
Male	15
Total	26
Average of Age at admission	15.47

Source: Administrative Office of the Courts and Probation, Research and Data, Operations Division.

Table 12	
Current Youth Placed in State Treatment Facilities	
Gender	Number of Youth
Female	16
Male	47
Total	63
Average Age at Admission	16.03

Source: Administrative Office of the Courts and Probation, Research and Data, Operations Division.

Table 13	
Registered Service Provider Rates for Juvenile Services	
Description - Treatment	Rate
Acute Inpatient Hospitalization	\$842.00 per day
Co-Occurring Capable Short-Term Residential (STR) Treatment	\$255.00 per day
Juveniles Who Sexually Harm (JSH) Therapeutic Group Home (ThGH)	Therapy/Room and Board \$424.00 per day Room and Board only \$164.00 per day (insurance/Medicaid paying for therapeutic service).
Mental Health (MH) Therapeutic Group Home (ThGH)	Therapy/Room and Board \$294.00 per day Room and Board only \$97.00 per day (insurance/Medicaid paying for therapeutic service).
Psychiatric Residential Treatment Facility (PRTF) Hospital-Based	\$479.00 per day
Psychiatric Residential Treatment Facility (PRTF) Specialty-Based	\$379.00 per day
Psychiatric Residential Treatment Facility (PRTF) Community-Based	\$357.00 per day
Substance Use Short-Term Residential (STR) Treatment	\$223.00 per day
Substance Use (SU) Therapeutic Group Home (ThGH)	Therapy/Room and Board \$294.00 per day Room and Board only \$97.00 per day (insurance/Medicaid paying for therapeutic service).

Source: Administrative Office of the Courts and Probation, Research and Data, Operations Division.

Total Medicaid Funded PRTF Out-of-State Placements

Table 14 shows the number of unique Medicaid children and adolescents that had either an inpatient psychiatric stay or admission to a PRTF in the first six months 2021. Through the first six months of 2021 there were 32 adolescents in out of state PRTF placements. These include youth from CFS and Juvenile Probation. The unique patients have not been cross-walked and there may be a patient that is counted twice if they switched managed care plans during the 6-month data period. These placements are for adolescents that have complex behavioral health and physical health needs and facilities in Nebraska are unable to meet their needs, leaving out-of-state placement as the only option.

Out-of-state PRTF's include Iowa (Council Bluffs and Sioux City), South Dakota, and Wyoming which are all border state facilities. Other out of state placements for PRTF's include states as far away as South Carolina, Tennessee, and Utah.

Table 14		
Number of unique Medicaid children and adolescents that has either had an inpatient psych stay or admission to a PRTF in the first 6 months of 2021:		
Level of Care	Number of Children 0-10 years of age	Number of Adolescents 11-19 years of age
In-state inpatient psychiatric	39	816
Out-of-State inpatient psychiatric	7	65
In-State PRTF	15	166
Out-of-State PRTF	0	32

Source: Department of Human and Health Services, October 2021.

Out-of-State PRTF Locations

Three Managed Care Organizations (MCO) in Nebraska determine Medicaid eligibility and placement reimbursement. These MCO's have in their provider networks placements in Nebraska as well as placements throughout the United States. The three MCO's include:

- Nebraska Total Care
- Healthy Blue
- UHC

A list of PRTF provider placements utilized by one Managed Care Organization shows 15 PRTF providers, with seven located in Nebraska and 8 located out of state. Some out of state locations are as close as Iowa and Wyoming, while other out of state PRTF placements are as far away as South Carolina, Tennessee, and Utah as mentioned above. The location and utilization of out of state PRTF's varies each year depending on availability, funding, and the profile characteristics and treatment needs of adolescents.

In-State PRTF Provider Capacity

Nebraska has a total of capacity of 162 licensed PRTF beds. The licensed in state providers of PRTF capacity include:

- Boys Town-80 beds
- CHI Health Immanuel-20 beds
- NOVA Treatment-30 beds
- LRC Whitehall-24 beds
- Bryan Medical Center-8 beds

Not all Nebraska PRTF beds are utilized by Nebraska adolescents, and many adolescents are denied admission to in state PRTF's due to criteria established by the private providers. In addition, waitlists for in state PRTF placements exist, making it difficult to keep adolescents in the state despite an appropriate placement option that may be available in the state. Boys Town has a current waitlist of 40 adolescents. CHI Health Immanuel has a current waitlist of 10 adolescents, and 14 adolescents are being reviewed for placement. The licensed capacity shown above may not represent operational capacity as staffing changes and occupancy may vary and alter operational capacity. A regional discrepancy exists in PRTF capacity, with the majority of capacity located in the Omaha and Lincoln areas.

Section IV

COST AND REIMBURSEMENT RATES FOR PRTF PROVIDER PLACEMENTS

COST AND REIMBURSEMENT RATES FOR PRFT PROVIDER PLACEMENTS

Medicaid Reimbursement Rates by Provider Definitions

Table 15 presents PRTF medical reimbursement rates by provider definition.

Table 15	
Medicaid PRTF Reimbursement Rates by Provider Definition	
Provider Type	SFY 2022 Rates
Hospital Based PRTF	\$474.90
Community Based PRTF	\$353.32
Specialty PRTF	\$375.92

Source: Nebraska DHHS Medicaid and Long Term Care, September 15, 2021.

Medicaid Spending for PRTF Placements

Tables 16 and 17 show the amount of Medicaid reimbursement for in state and out of state PRTF adolescent placements for both Acute Inpatient and PRTF Placements in 2019.

Table 16			
Acute Inpatient Psychiatric Hospital Stays from Hospitals with a Specialty of Mental Health/Substance Use Disorders - 2019			
Location	Members	Paid	Average Length of Stay
Out-of-State	42	\$ 130,319.41	4.8
In State	1138	\$4,786,186.02	5.1
TOTAL	1160 ¹	\$4,916,505.43	5.1

Note: (1) Totals do not add up due to unique count of member IDs. Hence a few people had stays both in and out of state during the time period. The total count is the total number of affected members that had any PRTF or acute state during the time period.

Source: DHHS, Children and Family Services.

Table 17					
Psychiatric Resident Treatment Facility Paid Amounts for Cost Settlement with PRTF Facilities - 2019					
Location	Members	Paid	Average Length of Stay	Days During 2019	Days/Members
Out-of-State	25	\$ 998,194.12	152.6	2,856	114.2
In State	395	\$12,422,018.90	93.7	30,863	78.1
TOTAL	415 ¹	\$13,420,213.02	97.4	33,719	81.2
Note: (1) Totals do not add up due to unique count of member IDs. Hence a few people had stays both in and out of state during the time period. The total count is the total number of affected members that had any PRTF or acute state during the time period.					
<i>Source: DHHS, Children and Family Services.</i>					

Children and Family Services Other Spending for PRTF Placements

Table 18 shows DHHS CFS spending for in state and out of state PRTF placements that were not paid by Medicaid in 2019.

Table 18
DHHS Children & Family Services Spending for PRTF Placements for 2019

Location	Members	Paid	Average Length of Stay	Days During 2019
Out of State	20	\$1,096,938.36	283.8 Days	153.6 Days
In State	15	\$241,448.01	132.3 Days	73.3 Days
Total	35	\$1,338,386.37	218.9 Days	119.2 Days

Source: DHHS, Children and Family Services.

Juvenile Probation Other Spending for Out of State PRTF Placements

Juvenile Probation/Court Services pays for placements when youth are not Medicaid eligible or have been denied Medicaid funding. The total amount paid for both in- and out-of-state PRTFs for youth on Juvenile Probation (see note*) in Fiscal Year 2019 (July 1, 2018 – June 30, 2019) was \$7,010,657.00. It should also be noted that youth may have been eligible after services were initiated or were denied due to a failure to meet medical necessity. There are several factors which may have contributed to Juvenile Probation providing financial assistance.

*Important Note: Due to the timeline of the request, the data available is the total PRTF for FY19. As a reminder, this amount is impacted by multiple factors which are not able to be taken into consideration as a result of this timeline, such as initial eligibility of probation youth by Medicaid, medical necessity considerations, provider submission of information to Medicaid, and multiple other factors.

Total Annual Expenditures on Out-of-State PRTF Placements

Table 19 shows total expenditures in 2019 for out of state PRTF placements. This is the combination of Medicaid spending for adolescents that were child welfare and/or juvenile probation, as well as other expenditures by DHHS CFS and Juvenile Probation on adolescents that were not Medicaid eligible or denied Medicaid funding for placement. A total of \$9,105,789.48 was spent on out of state PRTF placements in 2019.

Table 19	
Total Expenditures for Out of State PRTF Placements in 2019	
Medicaid Expenditures Out of State PRTF Placements	\$998,194.12
Children and Family Services Expenditures for Out of State PRTF Placements	\$1,096,938.36
Juvenile Probation Expenditures for Out of State PRTF Placements	\$7,010,657.00
Total 2019 Expenditures Out of State PRTF Placements	\$9,105,789.48

Section V

PRTF DEFINITIONS OF CARE, STANDARDS AND LICENSING REQUIREMENTS

PRTF DEFINITIONS OF CARE, STANDARDS AND LICENSING REQUIREMENTS

Several definitions of care were reviewed during the study process to determine the correct title and concept for a potential new PRTF in Nebraska. These definitions describe the types of programs and services offered to adolescents. Standards, licensing and staffing requirements are also dependent on the level and definition of care.

Definition of Care

Five definitions of care were reviewed with the Project Advisory Committee and are shown below. Acute Inpatient Hospitalization is not the definition of care that is envisioned for an adolescent PRTF in Nebraska. “In patient” and “acute hospitalization” should be accessible for adolescents requiring emergency stabilization, but the other definitions of care listed below are in line with what has been envisioned for a proposed PRTF in Nebraska, defined as a Residential rather than “In Patient” Residential.

The definitions that were reviewed include:

- **Acute Inpatient Hospitalization**

An acute inpatient program is designed to provide medically necessary, intensive assessment, psychiatric treatment and support to individuals with a DSM (current edition) diagnosis and/or co-occurring disorder experiencing an acute exacerbation of a psychiatric condition. The acute inpatient setting is equipped to serve individuals at imminent risk of harm to self or others and in need of a safe, secure, lockable setting. The purpose of the services provided within an acute inpatient setting is to stabilize the individual’s acute psychiatric conditions.

Source: Nebraska DHHS, DRAFT Cross-Division Services Catalog, 2020.

- **Secure Residential**

Secure Residential Treatment is intended to provide individualized recovery, psychiatric rehabilitation, and support as determined by a strengths-based assessment for individuals with a severe and persistent mental illness and/or co-occurring substance use disorder demonstrating a moderate to high-risk for harm to self/others and in need of a secure, recovery/rehabilitative/therapeutic environment.

Source: Nebraska DHHS, DRAFT Cross-Division Services Catalog, 2020.

- **Psychiatric Care**

Psychiatric Care: Psychiatric care must be comprehensive and include a psychiatrist who guides care by serving as a key member of the clinical leadership team, by participating in clinical team meetings, providing consultation to clinical staff, training direct care staff as indicated, and providing psychiatric evaluations that include input from family members and youth. A psychiatrist is uniquely skilled to inform and guide clinical formulation, differential diagnosis, treatment planning, and overall care monitoring. There must be regular and ongoing contact with treatment staff to formulate and monitor the implementation of the youth’s treatment plan. Psychiatrists must coordinate and/or advise staff on medical matters, including the prescription and monitoring of psychotropic and other medication. Staffing of psychiatrists must be sufficient to allow for regular participation in clinical team meetings and

weekly appointments for youth as needed, with monthly contact at a minimum. There must be regular and ongoing face-to-face or phone contact with the youth's family and contact with external community agencies and natural supports important to the youth's life. Psychiatrists will also perform and prepare psychiatric evaluations as required that meet CBH standards. Psychiatrists must guide aftercare planning, including ensuring connection to community-based psychiatric care following PRTF treatment.

Source: Community Behavioral Health, "Psychiatric Residential Treatment Facility Performance Standards", August 9, 2019.

Residential Treatment Services



Residential Treatment Services provide a time-limited, interdisciplinary, psycho-educational, and therapeutic 24-hour-a-day structured program. Specialized services and interventions are delivered in a respectful, non-coercive, coordinated manner by an interdisciplinary team. Community linkages are established to ensure that all of residents' individual needs are met. The level of restrictiveness for residential treatment programs is greater than other group care settings given the treatment needs of residents. Residential treatment services provide highly individualized care to individuals—following either a community-based placement or more intensive intervention with the aim of moving individuals toward a stable, less intensive level of care or independence.

Source: Council on Accreditation, Copyright 2018.

Psychiatric Residential Treatment Facility (PRTF)

What Is a Psychiatric Residential Treatment Facility?



A psychiatric residential treatment facility (PRTF) is a non-hospital facility offering intensive [inpatient services](#) through Medicaid to people who have various mental health issues and are under the age of 21. All services are provided by a physician. The goal of a PRTF is to stabilize or improve a child's condition until [therapeutic](#) services are no longer needed.

SERVICES OFFERED AT A PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY

Psychiatric residential treatment facilities can administer inpatient care to [teenagers and children](#) whose mental health needs are not met in other settings, such as [school](#), home, or [individual therapy](#). They provide a structured therapeutic environment, safe but intensive treatment, plans based around the child's needs, and treatment for [chronic](#) issues.

In addition, psychiatric residential treatment facilities offer:

- Assessments of the child's [social](#), [emotional](#), [medical](#), and [educational](#) needs
- [Evidence-based support](#)
- [Psychiatric](#) support from a child psychiatrist
- Programs that involve the child's [family](#) or support network

Source : <https://www.goodtherapy.org/learn-about-therapy/treatment-centers/psychiatric-residential-treatment-facility>

Standards and Licensing Requirements

Nebraska DHHS and Medicaid Standards and Public Health Licensing Requirements for adolescent Psychiatric Residential Treatment Facilities were reviewed in order to ensure compliance with programmatic, physical space and staffing requirements in the development of a conceptual program for an adolescent PRTF in Nebraska to replace out of state PRTF placements. Nebraska standards and licensing requirements were adhered to or exceeded in the development of both the space program and staffing requirements for a PRTF.

Excerpts of the key components of these standards and licensing guidelines are shown in the following pages.

▪ **Nebraska DHHS and Medicaid Standards Inpatient PRTF - Title 471, Chapter 32 Requirements**

**REV. APRIL 29, 2014 NEBRASKA DEPARTMENT OF MEDICAID SERVICES MANUAL
LETTER #27-2014 HEALTH AND HUMAN SERVICES 471 NAC 32-008**

32-008 Inpatient Psychiatric Services for Individuals Under Age 19 in Psychiatric Residential Treatment Facilities

32-008.01 Psychiatric Residential Treatment Facilities (PRTFs) for Children/Adolescents: A Psychiatric Residential Treatment Facility (PRTF) is a facility, other than a hospital, that provides inpatient psychiatric services to individuals under the age of 19. A PRTF must provide the inpatient psychiatric services under the direction of a physician, must be accredited and must comply with all the requirements of applicable state and federal regulations.

32-008.06 Individual Plan of Care: The plan of care means a written plan developed for each individual to improve his/her condition to the extent that inpatient care is no longer necessary. The plan of care must:

1. Be based on a diagnostic evaluation that includes examination of the medical, psychological, social, behavioral and developmental aspects of the individual's situation and reflects the need for inpatient psychiatric care;
2. Be developed by a team of professionals specified in 32-008.07 in consultation with the individual and the parents, legal guardian or others in whose care the individual will be released after discharge;
3. State treatment objectives;
4. Prescribe an integrated program of therapies, activities and experiences designed to meet the objectives; and,
5. Include post-discharge plans and coordination of inpatient services with partial discharge plans and related community services to ensure continuity of care with the individual's family, school and community upon discharge. The discharge plan must:
 - a. Identify the custodial parent or custodial caregiver anticipated at discharge;
 - b. Identify the school the patient will attend;
 - c. Include individualized educational program (IEP) recommendations as necessary;
 - d. Outline the aftercare treatment plan; and
 - e. List barriers to community reintegration and progress toward resolving these barriers since the last review. Include the needs of the custodial parent or custodial caregiver.

32-008.07 Team Developing Individual Plan of Care:

1. The individual plan of care shall be developed by an interdisciplinary team of physicians and other personnel who are employed by or provide services to individuals in the facility.
2. Based on education and experience, preferably including competence in child psychiatry, the team must be capable of:
 - a. Assessing the individual's immediate and long-range therapeutic needs, developmental priorities and personal strengths and liabilities;
 - b. Assessing the potential resources of the individual's family;
 - c. Setting treatment objectives;
 - d. Prescribing therapeutic modalities to achieve the plan's objectives.

**REV. APRIL 29, 2014 NEBRASKA DEPARTMENT OF MEDICAID SERVICES MANUAL
LETTER #27-2014 HEALTH AND HUMAN SERVICES 471 NAC 32-008**

32-008 Inpatient Psychiatric Services for Individuals Under Age 19 in Psychiatric Residential Treatment Facilities

3. The team must include, as a minimum, either:
 - a. A Board-eligible or Board-certified psychiatrist; or
 - b. A licensed psychologist and a physician licensed to practice medicine or osteopathy; or
 - c. A physician licensed to practice medicine or osteopathy with specialized training and experience in the diagnosis and treatment of mental diseases and a licensed psychologist.

4. The team must also include one of the following:
 - a. A psychiatric social worker;
 - b. A licensed registered nurse with specialized training or one year's experience in treating mentally ill individuals;
 - c. A licensed occupational therapist who has specialized training or one year of experience in treating mentally ill individuals.
 - d. A licensed psychologist.

32-008.10 Treatment Services Provided by the PRTF: Providers of PRTF services shall provide 40 hours of psychotherapy and other treatment interventions per week. The following services and frequency of services are included in the PRTF rate and must be available to the individual unless clinically contraindicated:

1. Twice weekly individual psychotherapy and/or substance abuse counseling;
2. Minimum three times a week group psychotherapy and/or substance abuse counseling;
3. Weekly family psychotherapy and/or family substance abuse counseling. A family therapy session is provided on the day of admission and the day prior to discharge;
4. Occupational therapy as clinically indicated;
5. Physical therapy as clinically indicated;
6. Speech therapy as clinically indicated;
7. Laboratory services;
8. Transportation; and
9. Medical Services, as necessary; and
10. Nursing service availability 7 days a week, 365 days a year by an onsite nurse during awake hours and by an on-call availability during sleep hours.

32-008.11 Psychoeducation Services Provided in PRTF: Psychoeducational services must be available from the PRTF and must be modified to meet the unique treatment needs of the individual as described in the individual's Plan of Care:

1. Crisis intervention and aftercare planning;
2. Life survival skills as clinically indicated;
3. Social skills building;
4. Substance abuse prevention interventions;
5. Self-care services as clinically indicated;
6. Medication education, compliance and information regarding the effectiveness of medication;
7. Health care issues which may include nutrition, hygiene and personal wellness;

**REV. APRIL 29, 2014 NEBRASKA DEPARTMENT OF MEDICAID SERVICES MANUAL
LETTER #27-2014 HEALTH AND HUMAN SERVICES 471 NAC 32-008**

7. Health care issues which may include nutrition, hygiene and personal wellness;
8. Vocational/career planning as clinically indicated; and
9. Recreational activity (recreational activity is not considered in 40 hours per week of therapy but healthful outcomes of recreation and exercise may be a part of a psychoeducational group service).

32-008.12 Individual Participation in PRTF Services: Every individual need not partake in all treatment services that are available in the PRTF if such services are clinically contraindicated. If individual, group or family psychotherapy services are not appropriately beneficial to the individual's need and Plan of Care, the Plan of Care shall identify the rationale for this omission. However, in no case should a child/adolescent receive less than 40 hours of PRTF services each week.

32-008.13 Staffing Standards for PRTFs: A PRTF shall be available 24 hours a day, 7 days a week, 365 days per year with 24-hour awake staffing. Staffing ratios should be 1:4 during awake hours and 1:6 during sleep hours. The following positions are required to be staffed, with a minimum of the stated qualifications.

- 32-008.13A Supervising Practitioner: The PRTF Supervising Practitioner shall be a licensed physician.
- 32-008.13B Program/Clinical Director: A program/clinical director shall be a LMHP, licensed RN, licensed APRN, LIMHP, licensed physician with a specialty in psychiatry, or licensed psychologist. Dual-credentialing (e.g., LMHP/LADC or LMHP/PLADC) is required for PRTF services when co-occurring conditions (e.g., mental health and substance abuse) occur. The Program/Clinical Director shall have two years professional experience in a treatment setting similar to a PRTF. The Program/Clinical Director may not also serve in the role of the program's therapist.
- 32-008.13C PRTF Therapist: A PRTF therapist shall be a licensed practitioner whose scope of practice includes mental health and/or substance abuse services, including a LMHP, LIMHP, PLMHP, LADC, licensed psychologist, provisionally licensed psychologist, licensed APRN, or licensed physician with a specialty in psychiatry.
- 32-008.13D Registered Nurse or Advanced Practicing Registered Nurse (RN or APRN): Nursing services shall be provided by a Registered Nurse or APRN licensed by the State in which she or he practices.
- 32-008.13E Direct Care Staff: Direct care staff shall meet the following requirements: Be 21 years of age or older and at least three years older than the oldest resident and have a high school diploma or its equivalent. Direct care staff shall be appropriately trained and responsible for basic interaction care such as supervision, daily living care and mentoring of the residents as well as assisting in the implementation of the plan of care that is within their scope of practice

**REV. APRIL 29, 2014 NEBRASKA DEPARTMENT OF MEDICAID SERVICES MANUAL
LETTER #27-2014 HEALTH AND HUMAN SERVICES 471 NAC 32-007.03B**

32-007.03B1 Facility Requirements: In order to be approved as a provider of Residential Treatment Services, the program must insure that the following requirements are met:

1. Adequate access to recreational facilities for both indoor and outdoor activities, commensurate with the size and scope of the program. (This may be provided on-site or through contract);
2. Separation of the treatment group home program from inpatient hospital operations, including laboratory, radiology, surgery, patient rooms, dining areas, patient lounges, etc.;
3. The doors to the unit and to the outside may be locked from the outside to allow for safety, but they must be unlocked or easily unlocked from the inside;
4. Kitchen and laundry facilities easily accessible to the unit;
5. Staff offices must be located on the unit;
6. Secure storage for medications and clinical charts must be on the unit;
7. A general living or lounge area must be on the unit;
8. A home-like atmosphere;
9. Program is staffed by awake personnel 24 hours per day; and
10. Other requirements as listed in this chapter.

Nebraska DHHS Public Health Licensing Requirements for PRTF's - Title 175, Chapter 18 (Substance Abuse Treatment Center) and Chapter 19 (Mental Health Treatment Center) Identical Licensing Requirements

**EFFECTIVE DATE 03-22-04 NEBRASKA HEALTH AND HUMAN SERVICES
TITLE 175 CHAPTER 18 REGULATION AND LICENSURE
175 NAC 18 HEALTH CARE FACILITIES AND SERVICES LICENSURE
SUBSTANCE ABUSE TREATMENT/MENTAL HEALTH
CENTERS**

18- 001 SCOPE These regulations govern licensure of substance abuse treatment centers. The regulations are authorized by and implement the Health Care Facility Licensure Act, Neb. Rev. Stat. sections 71-401 to 71-462.

18-001.01 These regulations apply to:

18-001.01A Inpatient Facilities

18-001.01A1 An in patient facility is any private dwelling, where:

1. Shelter; and
2. Food, and
3. Care, or treatment, or maintenance, or related services are directly provided or arranged for by the facility to persons who are substance abusers living in a group setting.

18-001.01A2 Inpatient facilities are residential settings.

18- 006 STANDARDS OF OPERATION, CARE AND TREATMENT: This section applies to both inpatient and outpatient facilities, except where specified otherwise.

18- 006.01 Licensee The licensee must determine, implement and monitor policies to assure that the facility is administered and managed appropriately. The licensee's responsibilities include:

1. Monitoring policies to assure appropriate administration and management of the facility;
2. Ensuring the facility's compliance with all applicable state statutes and relevant rules and regulations;
3. Ensuring the quality of all services, care and treatment provided to clients whether those services, care or treatment are furnished by facility staff or through contract with the facility;
4. Designating an administrator who is responsible for the day to day management of the facility;
5. Defining the duties and responsibilities of the administrator in writing;
6. Notifying the Department in writing within five working days when a vacancy in the administrator position occurs, including who will be responsible for the position until another administrator is appointed;
7. Notifying the Department in writing within five working days when the administrator vacancy is filled indicating effective date and name of person appointed administrator;
8. Ensuring clients are provided with a stable and supportive environment, through respect for the rights of clients and responsiveness to client needs;

**EFFECTIVE DATE 03-22-04 NEBRASKA HEALTH AND HUMAN SERVICES
TITLE 175 CHAPTER 18 REGULATION AND LICENSURE
175 NAC 18 HEALTH CARE FACILITIES AND SERVICES LICENSURE
SUBSTANCE ABUSE TREATMENT/MENTAL HEALTH
CENTERS**

9. Receiving periodic reports and recommendations regarding the quality assurance/performance improvement (QA/PI) program
10. Implementing programs and policies to maintain and improve the quality of client care and treatment based on QA/PI reports; and
11. Ensuring that staff levels are sufficient to meet the clients needs.

18- 006.08 Care and Treatment Requirements: The facility must ensure that all clients receive care and treatment in accordance with the facility's program and that the facility meets each client's identified needs.

18- 006.08A Program Description: The facility must have a written program description that is available to staff, clients, and members of the public that explains the range of care and treatment activities provided. The description must include the following:

1. The mission statement, program philosophy, goals and objectives developed by the governing body;
2. The levels of care and/or treatment provided, including inpatient and outpatient components, when applicable;
3. The client population served, including age groups and other relevant characteristics;
4. The hours and days the facility provides care and/or treatment;
5. Staff composition and staffing qualification requirements to sufficiently provide care and/or treatment to meet facility goals and objectives;
6. Staff job responsibilities for meeting care and/or treatment facility goals and objectives;
7. The admission and discharge processes, including criteria for admission and discharge;
8. System of referral for alternative services for those individuals who do not meet admission criteria;
9. The client admission and ongoing assessment and evaluation procedures used by the program, including individualized service plan process;
10. Plan for providing emergency care and treatment, including use of facility approved interventions to be used by staff in an emergency situation;
11. Quality assurance/improvement process, including who will be responsible for the program and how results will be utilized to improve care and/or treatment;
12. System governing the reporting, investigation, and resolution of allegations of abuse, neglect and exploitation; and
13. Clients rights and the system for ensuring client rights will be protected and promoted.

**EFFECTIVE DATE 03-22-04 NEBRASKA HEALTH AND HUMAN SERVICES
TITLE 175 CHAPTER 18 REGULATION AND LICENSURE
175 NAC 18 HEALTH CARE FACILITIES AND SERVICES LICENSURE
SUBSTANCE ABUSE TREATMENT/MENTAL HEALTH
CENTERS**

18-007.03E: The inpatient facility must have dining areas which:

1. Have adequate light and ventilation;
2. Have tables and chairs that accommodate the clients' needs
3. Have floor area of 15 square feet per client in existing and new facilities and 20 square feet per client in new construction;
4. Not be used for sleeping, offices or corridors; and
5. Be arranged so that all clients are able to eat meals at an appropriate time by having:
 - a. All clients eat at the same time;
 - b. Clients eat in different shifts; or
 - c. Open times for client meals.

18- 007.03F Activity Areas: A facility must have space for client socialization and leisure time activities. Activity areas must:

1. Have furnishings to accommodate group and individual activities;
2. Have a floor area of at least 15 square feet per client residing in bedrooms and may be combined with dining areas;
3. Not be used for sleeping, offices, or as a corridor; and
4. Be available to all clients

18-007.03G Bathing Rooms: The inpatient facility must provide a bathing room consisting of a tub and/or shower. Tubs and showers regardless of location must be equipped with hand grips or other assistive devices as needed or desired by the bathing client.

18-007.03G1 In new facilities and new construction, a central bathing room must open off the corridor and contain a toilet and sink or have an adjoining toilet room.

18-007.03G2 Bathing Fixtures: The facility must have the following minimum number of bathing fixtures:

1. One fixture per 20 licensed beds in existing facilities; and
2. One fixture per eight licensed beds in new facilities and new construction.

18-007.03H Toilet Rooms: The inpatient facilities must have a toilet and sink adjoining each bedroom or shared toilet facilities may be provided as follows:

1. One fixture per eight licensed beds in existing facilities; and
2. One fixture per four licensed beds in new facilities and new construction.

18- 007.03I Client Bedrooms: The inpatient facility, except in emergency detoxification programs, must provide bedrooms which allow for sleeping, afford privacy, provide access to furniture and belongings, and accommodate the care and treatment provided to the client.

1. Be a single room located within an apartment, dwelling, or dormitory-like structure;
2. Be located on an outside wall with an operable window with a minimum glass size of 6 square feet per client. New construction must have windows that provide an unobstructed view of at least 10 feet;

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CENTERS**

3. Contain at least 35 cubic feet storage volume per client in dressers, closets or wardrobes; and
4. Allow, in multiple bedrooms, for an accessible arrangement of furniture which provides a minimum of 3 feet between beds.

18-007.0311 All client bedrooms must not:

1. Be accessed through a bathroom, food preparation area, laundry, office, or another bedroom; or
2. Be located in any garage, storage area, shed or similar detached buildings;

18-007.0312: The minimum floor space in client bedrooms is as follows:

18-007.0312a Existing Facility:

1. For single bedrooms: 70 square feet.
2. For multiple bedrooms: 50 square feet per bed;
3. Apartments or dwellings: 120 square feet for one client plus 100 square feet for each additional client.

18-007.0312b New Facility:

1. For single bedrooms: 70 square feet.
2. For multiple bedrooms: 50 square feet per bed, with a maximum of 4 beds per room.
3. Apartments or dwellings: 120 square feet for one client plus 100 square feet for each additional client.

18-007.0312c New Construction:

1. For single bedrooms: 80 square feet.
2. For multiple bedrooms: 60 square feet per bed, with a maximum of 4 beds per room.
3. For apartments or dwellings: 150 square feet for one client plus 110 square feet for each additional client.

- **Federal and State Operations Manual – PRFT Interpretive Guidelines Related to Use of Force, Restraints, Time Out, Seclusion**

State Operations Manual Appendix N-Psychiatric Residential Treatment Facilities (PRTF) Interpretive Guidance Table of Contents (Rev. 131, Issued: 1-16-15)

Transmittals for Appendix N Appendix N- Psychiatric Residential Treatment Facilities (PRTF) Interpretive Guidance

A psychiatric residential treatment facility must meet the requirements in §441.151 through §441.182 of this chapter

§441.151 Beneficiary and Accreditation Requirements

(a) Inpatient psychiatric services for individuals under age 21 must be:

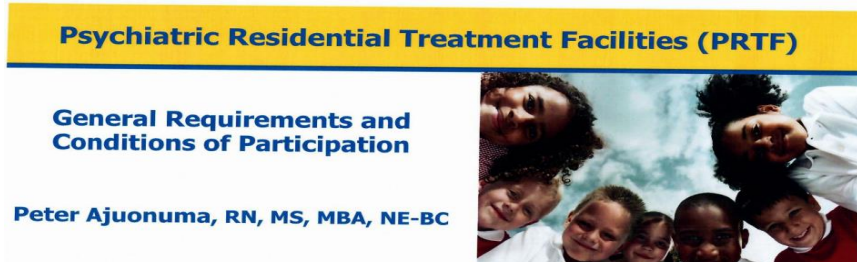
(1) Provided under the direction of a physician

(2) Provided by-

(i) A psychiatric hospital that undergoes a State survey to determine whether the hospital meets the requirements for participation in Medicare as a psychiatric hospital as specified in § 482.60 of this chapter, or is accredited by a national organization whose psychiatric hospital accrediting program has been approved by CMS; or a hospital with an inpatient psychiatric program that undergoes a State survey to determine whether the hospital meets the requirements for participation in Medicare as a hospital, as specified in part 482 of this chapter, or is accredited by a national accrediting organization whose hospital accrediting program has been approved by CMS.

(ii) A psychiatric facility that is not a hospital and is accredited by the Joint Commission on Accreditation of healthcare organizations, the Commission on Accreditation of Rehabilitation Facilities, the Council of Accreditation Services for Families and Children, or by any other accrediting organization with comparable standards that is recognized by the State.

- **The Centers for Medicare and Medicaid Services (CMS) General Staffing Requirements for PRTF**



RTF Basic Surveyor Training Webinar, Version 1.0.0 - Lesson 1: General Requirements for PRTF

The team must be capable of:

1. Assessing the beneficiary's immediate and long-range therapeutic needs, development priorities, and personal strengths and liabilities.
2. Assessing the potential resources of the beneficiary's family;
3. Setting treatment objectives; and
4. Prescribing therapeutic modalities to achieve the plan's objectives

The team must include, at a minimum, either:

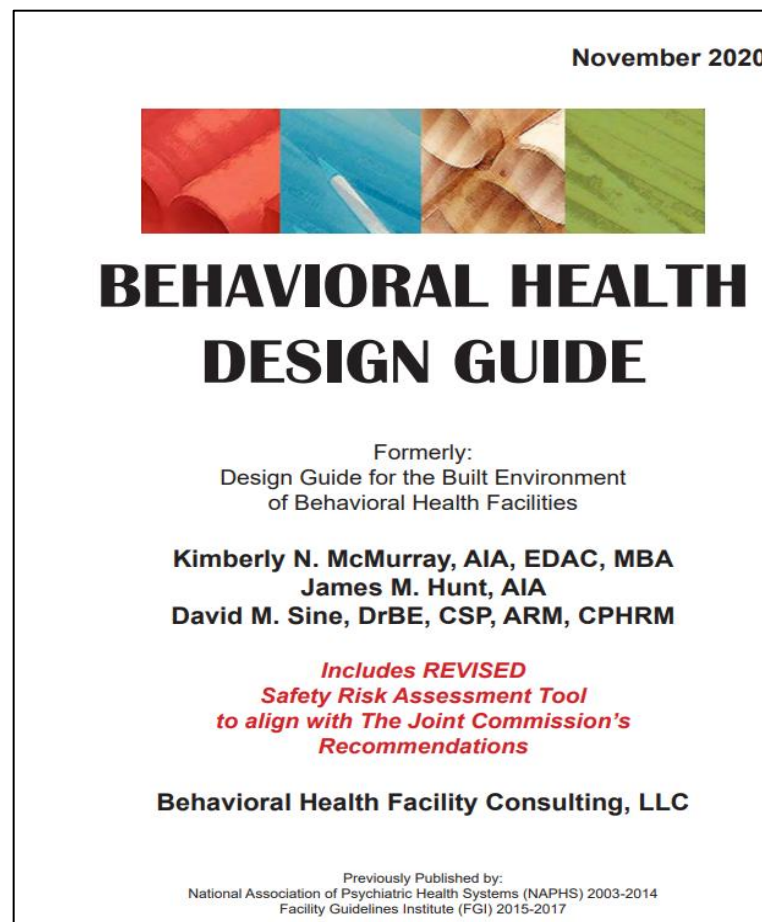
1. A board-eligible or board-certified psychiatrist;
2. A clinical psychologist who has a doctoral degree and a physician licensed to practice medicine or osteopathy; or
3. A physician licensed to practice medicine or osteopathy with specialized training and experience in the diagnosis and treatment of mental diseases, and a psychologist who has a master's degree in clinical psychology or who has been certified by the State or by the State psychological association.

The team must also include one of the following:

1. A psychiatric social worker;
2. A registered nurse with specialized training (in mental health) or one year's experience in treating mealy ill individual.
3. An occupational therapist who is licensed, if required by the State, and who has specialized training or one year of experience in treating mentally ill individuals.
4. A psychologist who has a master's degree in clinical psychology or who has been certified by the state or by state psychological association.

National standards and best practice guidelines were reviewed for more detailed space and design related information on a trauma informed residential treatment facility for adolescents. Key best practice concepts for Trauma Informed Residential Treatment for Adolescents include:

- Individual Sleeping Rooms
- Single Level Housing and Program Areas
- Open Dayroom with Contiguous Sleeping Rooms
- Space for Individual and Group Therapy
- Calming Rooms in Living Units
- Access to Natural and Abundance of Light
- Normative Environmental Character
- Campus Movement-Outdoor Movement and Activity
- Structured Daily Programming-Education, Treatment, Recreation
- Activities at the Living Units and Centrally
- Central Dining
- Site Lines in all Areas
- Suicide Prevention Considerations in all Areas
- Separate From Adult Population



DESCRIPTION OF PROPOSED ADOLESCENT PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY (PRTF)

Overview and Description

The PRTF envisioned for Nebraska is a 24-capacity facility for adolescents with serious and complex behavioral and mental health care needs, as well as physical health needs. These are high risk, high needs adolescents who are not currently accepted in many of the in state and out of state PRTF's because of the complex nature of their treatment needs coupled with aggressive behavior. The facility would provide psychiatric residential treatment services to adolescent males and females, with an average age of 15 to 17 years old, but placement could extend to adolescents up to their 19th birthday. The PRTF is not envisioned for young children.

The average length of stay may vary between 6 to 12 months, or longer for some adolescents. Unlike some PRTF providers in Nebraska, this facility is envisioned to have a much broader criteria for placement and would be considered the highest level of treatment service need in the continuum. The facility that is envisioned should follow not only Nebraska standards but national standards for trauma informed environments for adolescents with the most serious treatment needs and challenging behavior characteristics.

Sample Only Mission Statement-PRTF



New Hope Carolina's - Psychiatric Residential
Treatment Facility
Rock Hill, South Carolina

New Hope... Our Name, Our Promise

Mission

Our central mission is guiding the healing process of children, adolescents, and their families who are burdened by psychological and psychiatric illnesses. We seek those who suffer more than minor maladjustment and whose needs are such that others have been unable to help. At New Hope, care and understanding are informed by knowledge to provide services designed to restore healthy functioning. We promise to:

- Recognize that care delayed is care denied. We will always respond to a child's needs, and those of each child's family and caseworker, promptly and appropriately.
- Provide a safe, secure, healthy, and nurturing environment for every child.
- Respect the rights, needs, expectations, and individual differences of each child, including the need for safe and stable adult relationships.
- Promote an atmosphere of continuous personal and professional growth.

Philosophy of Care

New Hope maintains a philosophy of care that has evolved over the many years we have served troubled youth and their families. Our philosophy flows directly from our mission and promise statements.

Our values include:

- Treating everyone with dignity and respect
- Creating a therapeutic relationship that puts the needs of the youth first
- Providing individualized treatment for each youth in a safe and stable setting
- Actively engaging families in therapy and program activities
- Using evidenced-based models whenever possible
- Promoting responsibility, autonomy, and competency development through multidisciplinary collaboration and support
- Implementing a humanistic, holistic, and trauma-informed approach to treatment
- Healing pain in ways that foster health and wellbeing
- Providing effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

Source : http://www.newhopetreatment.com/pdf/new_hope_plan_for_clinical_services.pdf

Programs and Services

Program and services envisioned for the PRTF include:

PROGRAMS AND SERVICES

- mental health programs and therapy sessions;
- individual and group therapy;
- educational programs
- literacy program
- tutoring for youth seeking a GED or high school diploma;
- religious programs;
- substance abuse counseling;
- special education classes;
- anger management classes and counseling;
- arts and crafts programs;
- physical education classes;
- narcotics abuse program with meetings and therapy sessions;
- health education;
- life skills programs targeted to age, gender, and need;
- identify community resources with which to provide contact prior to release;
- family awareness and responsibilities;
- parenting programs;
- mentoring programs;
- self-esteem enhancement;
- cultural awareness programs;
- communications skills and enhancing human relations;
- aptitude assessment;
- specialized academic correspondence courses;
- college level courses by correspondence;
- gender specific programs to serve female population;
- English as a second language; and,
- other programs that will assist youth in returning to the community as productive citizens.

Physical Plant and Environmental Characteristics

Physical plant characteristics that are envisioned for the PRTF include:

The interior of the PRTF must provide a comfortable living space with ideally no more than two youth per bedroom; access to outdoor space; room for youth and families to spend time together; and space to accommodate milieu activities, therapy sessions, meetings, and staff offices. Youth and families should know their care teams as well as which staff are on site at any given time, e.g., through name tags, staff shirts, staff photos, etc. Details such as décor and layout should be thoughtfully considered to ensure the environment is trauma-sensitive and promotes a therapeutic milieu. This includes selection of home-like and soothing vs. activating colors and including youth and families in décor decisions as much as possible to increase a sense of choice and self-expression (including youth bringing items from home that meet safety standards).

Source: Community Behavioral Health, "Psychiatric Residential Treatment Facility Performance Standards", August 9, 2019

Site and photo images of an example 16 bed adolescent residential treatment facility in Ft. Worth Texas are included in Appendix A. These images provide a sense of the environmental characteristics of an adolescent residential treatment facility.

Section VI

SPACE PROGRAM, STAFFING REQUIREMENTS AND OPERATIONAL COST FOR ADOLESCENT PRTF

PRTF SPACE ALLOCATION PROGRAM

The space allocation program for the adolescent Psychiatric Residential Treatment Facility complies with or exceeds all standards and licensing requirements summarized in this report. The 24 capacity PRTF program is comprised of:

- (2) 8 bed living units with single occupancy sleeping rooms
- (1) 8 bed living unit with ADA Compliant single occupancy (but sized for 2 if needed) sleeping rooms
- (1) Shared space to serve all 24 residential capacity including treatment and counseling, therapeutic programming, administration, education and recreation, visitation as well as all other support service areas such as food service/dining, medical, and building support.

A summary of the spaces included in each of these components includes:

- **(2) Eight Bed Living Units**

Each of the (2) eight bed living units have:

- (8) single occupancy sleeping rooms
 - (1) dayroom
 - (2) single occupancy bathrooms-toilet/sink/shower (one with tub)
 - (1) group/multipurpose room
 - (1) interview room
 - (1) staff office/workroom
 - (1) sensory/calming room
 - supply/storage/janitor areas
 - laundry/linen
 - outdoor recreation area off living unit
- **(1) Eight Bed ADA/Handicap Compliant Living Unit with:**
 - (8) single occupancy ADA/Handicap compliant sleeping rooms
 - (1) dayroom
 - (2) single occupancy ADA/Handicap compliant bathrooms-toilet/sink/shower (one with tub)
 - (1) group/multipurpose room
 - (1) interview room
 - (1) staff office/workroom
 - (1) sensory/calming room
 - supply/storage/janitor areas
 - laundry/linens
 - outdoor recreation area off living unit
 - **(1) Shared Use Central Support Programs and Services Component:**
 - Administration and Treatment Staff Offices
 - Intake and Assessment Area

- Dining and Kitchen
- Education Area with (3) classrooms and support space
- Gym and Recreation Area
- Group Rooms and Visitation Space
- Exam Room
- Medication Storage
- Multipurpose Room
- Music/Arts Room
- General and Bulk Storage
- Maintenance Office/Storage

Table 20 shows the detailed list of spaces in the program. The programmed 24 capacity adolescent PRTF is 31,030 Building Gross Square Feet.

Table 20					
Component: Nebraska Adolescent Psychiatric Residential Treatment Unit- 1.000					
Proposed 24 Capacity Facility					
Space No.	Area Description	Net Area (s.f.)	Number of Units	Subtotal Net Area (s.f.)	Comments
<u>Administration</u>					
1.000	Psychiatrist	120	1	120	
1.001	Clinical Director/Psychologist	120	1	120	
1.002	Occupational Therapist	120	1	120	
1.003	Supervisor of Therapy	120	1	120	additional therapist offices at program/group room area
1.004	Programs/Recreation Coordinator	120	1	120	
1.005	Treatment Staff Office	300	1	300	Shared use; workstations, lockers, kitchenette, lounge space w/comfortable furnishings; copier/scan/printer, supplies; capacity for 3 to 4 persons; secured-staff access only
1.006	Compliance/Quality Control	100	1	100	
1.007	Copy/File/Workroom	120	1	120	Secured file area; copier, printer, supply storage adjacent
1.008	Administrative/Business Offices	100	4	400	Admin Support; Fiscal, HR, Accts/Purchasing
1.009	Security Station	80	1	80	w/video camera monitoring station
1.010	Nurse Screening/Exam	120	1	120	w/sink; registered nurse
1.011	Medication Storage	80	1	80	secured; w/sink and frig; adjacent to nurse exam/screening
1.012	Medical Equipment Storage	150	1	150	
1.013	General Storage	120	1	120	locked, office supplies
1.014	Staff Restroom/ADA	70	2	140	
<u>Intake/Assessment</u>					
1.015	Assessment/Meeting/Small Group Room	200	1	200	6 capacity; capability to video conference w/family and outside agencies; shelving for orientation materials; table with chairs; couch
1.016	Restrooms/Public Use/ADA	70	1	70	

Space No.	Area Description	Net Area (s.f.)	Number of Units	Subtotal Net Area (s.f.)	Comments
Large Group Room/ Dining/Programs					
1.017	Entry Vestibule	40	1	40	at entrance to facility
1.018	Large Group Room/Dining	1200	1	1,200	24-30 total capacity; movable round table tops for 6; also used for visiting other activities; adjacent to kitchen
1.019	Therapist Office/ Counseling/Interview	100	3	300	adjacent to large group room; used by therapists for private visits and other staff interviews/meetings; glazed surface on door with view to large group room
1.020	Locked Storage	140	1	140	locked storage for program materials/AV equip; religious/volunteer materials; adjacent to large group room/dining
1.021	Multipurpose Room	400	1	400	smaller group activity/group counseling; off large group room/dining area
1.022	Art/Music/Pet Therapy Room	400	1	400	w/sink, sound absorbing materials, special flooring for pet therapy, storage cabinets; 6-8 capacity
1.023	Gym	2,400	1	2,400	
1.024	ADA Restrooms	70	3	210	youth, staff, visitor
1.025	Janitor Closet	40	1	40	
Education					
1.026	Teacher Workroom	200	1	200	copier, supplies, printer, workstations, coffee counter, restroom
1.027	Principal	120	1	120	
1.028	Registrar/Admin	80	1	80	
1.029	School Counselor	100	1	100	
1.030	IEP/Coordinator	100	1	100	
1.031	IEP/Interview Room	120	1	120	
1.032	Classrooms	500	3	1,500	8 students and instructor; locked storage cabinets ; shelving for materials; sink; table at back of classroom for one on one tutoring
1.033	Youth Restrooms	60	2	120	
1.034	Janitor Closet	40	1	40	serves dining and kitchen
Kitchen					
1.035	Kitchen	400	1	400	adjacent to large group room/dining; define equipment
1.036	Kitchen Storage	150	1	150	w/shelving; locked; washer/dryer
1.037	Janitor Closet	40	1	40	serves kitchen and dining
Storage					
1.037	Indoor Storage Room	200	1	200	youth items; clothing closet; general storage/supplies
1.038	Maintenance Office/Storage	160	1	160	shared maintenance? (depends on location)
1.039	Outside Storage Room	200	1	200	recreation equipment and separate area for youth storage (bikes, skate boards, etc.)
1.040	Bulk Storage	300	1	300	loading dock access
Subtotal - Admin, Programs, Services				11,440	
Subtotal - DGSF x 35% Department Grossing Factor				15,444	

Subcomponent: (2) General Resident Living Units- (8) single bedrooms each - Total Capacity 16 beds					
1.041	Entry Vestibule	40	1	40	secure entrance into living unit
1.042	Sleeping Rooms	85	8	680	(80SF required by standards) bed, closet, writing surface, chair, natural light; partial operable window; controls for lighting (not florescent), speakers in ceiling for music
1.043	Bathroom	70	1	70	toilet, sink, shower
1.044	Bathroom	90	1	90	ADA accessible; toilet, sink, shower, tub
1.045	Dayroom/Commons	400	1	400	50sf/youth; w/library alcove, comfortable seating, table tops for games/study, 2 work stations, 2 rocking chairs, TV area, natural lighting, view to outdoor area; sound absorption materials
1.046	Small Group Room	120	1	120	4 to 6 capacity
1.047	Interview Room	80	1	80	
1.048	Therapist/Counselor Office	100	1	100	
1.049	Staff Station	60	1	60	at commons area
1.050	Beverage Station	40	1	40	sink, frig, counter and shelving at commons area
1.051	Supply Storage-Locked	100	1	100	supplies, hygiene, program and activities storage
1.052	Locked Medication Cabinet	40	1	40	locked cabinets; adjacent to beverage station
1.053	Sensory/Calmng Room	100	1	100	quiet w/soft furnishings; bean bag chair, dim lighting, neutral color, sound system, air diffuser
1.054	Laundry Room	60	1	60	near commons, w/shelving and capability to lock area; 2 residential grade washers and dryers
1.055	Laundry/Linen Storage	60	1	60	
1.056	Staff Toilet	60	1	60	
1.057	Janitor Closet	40	1	40	
1.058	Outdoor Recreation Area	-	-	-	outdoor area visible from commons; controlled access by staff
Subtotal - (1) 8 Bedroom Single Occupancy Housing Unit				2,140	
Subtotal - DGSF x 40% Department Grossing Factor				2,996	
TOTAL General Resident Living Units DGSF x 2 UNITS				5,992	

Subcomponent: (1) Specialized/ADA Resident Living Unit-(8) single bedrooms- Total Capacity 8 Beds					
1.059	Entry Vestibule	40	1	40	secure entrance into living unit
1.060	Sleeping Rooms (ADA)	120	8	960	ADA, bed, closet, writing surface, chair, natural light; partial operable window; control for lighting (not florescent); toilet/sink.
1.061	Bathroom	70	1	70	toilet, sink, shower
1.062	Bathroom	90	1	90	ADA accessible; toilet, sink, shower, tub
1.063	Dayroom/Commons	400	1	400	50sf/youth; w/library alcove, comfortable seating, table tops for games/study, 2 work stations, 2 rocking chairs, TV area, natural lighting, view to outdoor area; sound absorption materials
1.064	Small Group Room	120	1	120	4 to 6 capacity
1.065	Interview Room	80	1	80	
1.066	Therapist/Counselor Office	100	1	100	
1.067	Staff Station	60	1	60	at commons area
1.068	Beverage Station	40	1	40	sink, frig, counter and shelving at commons area
1.069	Supply Storage-Locked	100	1	100	supplies, hygiene, program and activities storage
1.070	Locked Medication Cabinet	40	1	40	locked cabinets; adjacent to beverage station
1.071	Sensory/Calmng Room	100	1	100	quiet w/soft furnishings; bean bag chair, dim lighting, neutral color, sound system, air diffuser
1.072	Laundry Room	60	1	60	near commons, w/shelving and capability to lock area; 2 residential grade washers and dryers
1.073	Laundry/Linen Storage	60	1	60	
1.074	Staff Toilet	60	1	60	
1.075	Janitor Closet	40	1	40	
1.076	Outdoor Recreation Area	-	-	-	outdoor area visible from commons; controlled access by staff
Subtotal - (1) Specialized Resident Living Unit 8 Bedroom Single Occupancy Housing Unit				2,420	
Subtotal - DGSF x 40% Department Grossing Factor				968	
TOTAL Spealized/ADA Living Unit DGSF x 1 UNIT				3,388	
HOUSING SUPPORT DGSF				15,444	
> (2) General Resident 8 Bedroom Living Unit				5,992	
> (1) Specialized Resident Living Unit				3,388	
SUBTOTAL DGSF				24,824	
BUILDING GROSS FACTOR (25%)				6,206	
TOTAL BUILDING GROSS				31,030	

PRTF ESTIMATED STAFFING REQUIREMENTS

Table 21 shows the estimated staffing requirements for the 24 capacity PRTF. This complies with staffing requirements in Nebraska DHHS standards and licensing requirements for treatment staff as well as a 1:4 awake hours ratio and 1:6 night staff to adolescent ratio for direct care/security staff at the PRTF.

Table 21 PRELIMINARY STAFFING ESTIMATE NEBRASKA DHHS ADOLESCENT TREATMENT FACILITY			
Title	Positions	Hiring Salary By Position	Notes
ADMINISTRATION			
Psychiatrist	1		
Clinical Director/Psychologist	1		
Operations Manager	1		
Occupational Therapist	1		
Quality Compliance Monitoring	1		
Administrative Assistant	1		
HR/Fiscal/Procurement	3		
Community Coordinator	1		
Security Supervisor	5.4		factored position-1 on each of 3 shifts/24/7)
Subtotal Administration	15.4	0	
TREATMENT PROGRAMS AND EDUCATION			
Clinical Director -see above			
Supervisor of Therapy	1		
Therapists			part of living unit staffing--see below
School Principal	1		
Registrar	1		
School Counselor/Social Worker	1		
Teachers	4		
IEP Coordinator	1		
Administrative Assist	1		
Subtotal - Treatment Programs and Education	10	0	
RECREATION/GYM			
Activity Supervisor	1		
PE Teacher	1		
Subtotal - Recreation/Gym	2	0	
FOOD SERVICE/DINING			
Food Service Manager	1		
Food Service Worker	2		
Subtotal - Food Service/Dining	3	0	
MEDICAL			
Registered Nurse Supervisor	1		contract ?
Licensed Practical Nurse	2		define shifts and coverage
Admin /Medical Records	0.5		or shared duties with other positions in Admin?
Physician Office - In House or Contracted?			additional office space for contract physicians
Subtotal - Medical	3.5	0	
WAREHOUSE/MAINTENANCE/GROUNDS			
Buildings, Grounds and Maintenance Supervisor	1		contract?
Maintenance/Custodial/Grounds/Storage Worker	2		Define? Separate Janitorial or contract?
Subtotal - Warehouse/Maintenance/Grounds	3	0	
HOUSING UNITS - (3) Eight Single Room Living Units -Total Capacity 24 Adolescents			
Housing Unit Manager	1		serves (3) 8 bed living units
Therapist-Behavioral Health Practitioner?	6		1 per living unit on 1st and 2nd shift
Youth Security Specialist II	32.4		Factored positions-1:4 ratio day and 1:6 ratio night
Subtotal - Housing Units	39.4	0	
TOTAL	76.3	0	
NOTES:			
1. Factored Positions Require 24/7 coverage 365 days/year. A factor of .8 is applied to the positions by shift to indicate number of staff required.			
<i>Source: Chinn Planning, Inc.</i>			

PROBABLE COST OF OPERATION

Table 22 shows the total personnel cost based on the staffing plan and salary for various positions for the proposed PRTF. This includes salary and fringe benefit factor to account for health, vacation, sick, and other benefits. The total estimated personnel cost for the 24-bed PRTF is estimated to be \$2,862,624.09.

Table 22 PRELIMINARY STAFFING COST ESTIMATE NEBRASKA DHHS ADOLESCENT TREATMENT FACILITY - TOTAL CAPACITY 24					
Title	Positions	Hiring Salary By Position	Annual Salary	38% Benefit Factor	Salary + Benefits
ADMINISTRATION					
Psychiatrist	1	\$160.58	\$334,006.40	\$126,922.43	\$460,928.83
Clinical Director/Psychologist	1	\$61.16	\$127,212.80	\$48,340.86	\$175,553.66
Facility Operating Manager	1	\$43.20	\$89,853.92	\$34,144.49	\$123,998.41
Occupational Therapist	1	\$36.67	\$76,273.60	\$28,983.97	\$105,257.57
Quality Compliance Monitoring	1	\$18.33	\$38,122.24	\$14,486.45	\$52,608.69
Administrative Assistant	1	\$16.02	\$33,317.44	\$12,660.63	\$45,978.07
HR/Fiscal/Procurement	3	\$26.41	\$54,930.72	\$20,873.67	\$75,804.39
Community Coordinator	1	\$18.33	\$38,122.24	\$14,486.45	\$52,608.69
Security Supervisor	5.4	\$19.91	\$41,419.04	\$15,739.24	\$57,158.28
Subtotal Administration	15.4		\$833,258.40	\$316,638.19	\$1,149,896.59
TREATMENT PROGRAMS AND EDUCATION					
Clinical Director -see above					
Supervisor of Therapy	1	\$28.07	\$58,379.36	\$22,184.16	\$80,563.52
Therapists					
School Principal	1	\$40.87	\$85,009.60	\$32,303.65	\$117,313.25
Registrar	1	\$18.33	\$38,124.32	\$14,487.24	\$52,611.56
School Counselor/Social Worker	1	\$20.98	\$43,646.72	\$16,585.75	\$60,232.47
Teachers	4	\$25.22	\$52,457.60	\$19,933.89	\$72,391.49
IEP Coordinator	1	\$25.22	\$52,457.60	\$19,933.89	\$72,391.49
Administrative Assist	1	\$16.02	\$33,317.44	\$12,660.63	\$45,978.07
Subtotal - Treatment Programs and Education	10		\$363,392.64	\$138,089.20	\$501,481.84
RECREATION/PHYSICAL EDUCATION					
Activity Supervisor	1	\$20.38	\$42,392.48	\$16,109.14	\$58,501.62
PE Teacher	1	\$25.22	\$52,457.60	\$19,933.89	\$72,391.49
Subtotal - Recreation/Gym	2		\$94,850.08	\$36,043.03	\$130,893.11
FOOD SERVICE/DINING					
Food Service Manager	1	\$ 17.35	\$36,088.00	\$13,713.44	\$49,801.44
Food Service Worker	2	\$ 12.90	\$26,832.00	\$10,196.16	\$37,028.16
Subtotal - Food Service/Dining	3		\$62,920.00	\$23,909.60	\$86,829.60
MEDICAL					
Registered Nurse Supervisor	1	\$34.88	\$72,556.64	\$27,571.52	\$100,128.16
RN/LPN	2	\$31.26	\$65,027.04	\$24,710.28	\$89,737.32
Admin /Medical Records	0.5	\$16.02	\$33,317.44	\$12,660.63	\$45,978.07
Physician Office - In House or Contracted?		\$159.54	\$331,843.20	\$126,100.42	\$457,943.62
Subtotal - Medical	3.5		\$502,744.32	\$191,042.84	\$693,787.16
WAREHOUSE/MAINTENANCE/GROUNDS					
Buildings, Grounds and Maintenance Supervisor	1	\$19.53	\$40,630.72	\$15,439.67	\$56,070.39
Maintenance/Custodial/Grounds/Storage Worker	2	\$15.86	\$32,990.88	\$12,536.53	\$45,527.41
Subtotal - Warehouse/Maintenance/Grounds	3		\$73,621.60	\$27,976.21	\$101,597.81
HOUSING UNITS - (3) Eight Single Room Living Units -Total Capacity 24 Adolescents					
Housing Unit Manager	1	\$22.57	\$46,947.68	\$17,840.12	\$64,787.80
Therapist-Behavioral Health Practitioner	6	\$25.46	\$52,950.56	\$20,121.21	\$73,071.77
Behavioral Tech (position to be classified)	32.4	\$21.00	\$43,680.00	\$16,598.40	\$60,278.40
Subtotal - Housing Units	39.4		\$143,578.24	\$54,559.73	\$198,137.97
TOTAL	76.3		\$2,074,365.28	\$788,258.81	\$2,862,624.09
NOTES:					
1. Factored Positions Require 24/7 coverage 365 days/year. A factor of .8 is applied to the positions by shift to indicate number of staff required.					
<i>Source: Chinn Planning, Inc.</i>					

Table 23 shows the total operational cost, including non-personnel operating costs estimated at 25% of total annual operational cost. Total annual operational cost for the PRTF is estimated at \$3,816,833.20, which translates to a per diem rate of \$435.71.

Table 23	
PER DIEM COST ESTIMATE	
NEBRASKA DHHS ADOLESCENT TREATMENT FACILITY - TOTAL CAPACITY 24	
Title	Salary + Benefits
Personnel Cost Estimate (75% of cost)	\$2,862,624.90
Non-Personnel Cost Estimate (25% of cost)	\$954,208.30
Total Cost Estimate	\$3,816,833.20
Annual Cost Per Bed	\$159,034.72
Per Diem Cost	\$435.71
Source: Chinn Planning, Inc.	

Section VII

CONCLUSION AND RECOMMENDATION

CONCLUSION AND RECOMMENDATION

Adolescents being sent out of state to PRTF's are coming from the welfare and juvenile justice systems in Nebraska, or both. These are the most difficult adolescents in Nebraska's child welfare and juvenile justice agencies to place when out of home placement is necessary. This is due to high levels of aggressive behavior with extensive mental health treatment and for some physical health needs.

The 162 licensed PRTF placements in Nebraska are mostly located in the Omaha and Lincoln area. Adolescents from the child welfare and juvenile justice that require out of home placement are often placed in these facilities, but private provider placement criteria exclude many of the high risk/high needs adolescents that require placement. These include adolescents with aggressive and violent behavior that have experienced trauma and out of home placement from an early age. There are also waitlists for private provider placements in Nebraska, and Medicaid and other funding determination can impact on placement.

There are currently 38 Nebraska adolescents that are placed in out of state PRTF's. This includes 12 from DHHS Children and Family Services, and 26 from Juvenile Probation and Court Services. Based on discussions with clinical and other treatment staff the number of adolescents in placement could be reduced, especially if Group Home capacity increased in Nebraska.

The average length of stay in out of state PRTF's varies but can range from 4 to 6 months, or sometimes longer. Some PRTF placements are as far away as Tennessee and South Carolina, making family involvement in treatment in a meaningful way very difficult. The total annual expenditure in 2019 for these placements was \$9,105,789.48.

Based on the analysis in the report, a plan for a 24 Capacity 31,000 Building Gross Square Feet Psychiatric Residential Treatment Facility was developed. The PRTF would serve high risk/high needs adolescents that are currently placed in out of state PRTF's. The facility could serve males and female, with average age 16-18. The facility would have three (8) bed housing units with single occupancy rooms. One of the 8 bed living units is sized to accommodate ADA and other specialized health care needs or allow for two adolescents in a room if deemed necessary for operational reasons. The facility would require roughly 76 staff to operate, at an estimated annual operational cost of \$3,816,833.20 or per diem rate of \$435.71. Operational cost savings may be realized if the facility is located on an appropriate existing campus to share some support services such as maintenance, warehouse/storage, food service, laundry, grounds and janitorial services.

The choice that Nebraska faces related to reducing or eliminating out of state PRTF placements for adolescents is expanding criteria and targeting private PRTF provider placements in Nebraska for acceptance of adolescents with high levels of risks and needs, or development of a new facility for that same purpose. The profile characteristics of adolescents that would be placed in the facility as well as space and staffing requirements are presented in this report to assist the state of Nebraska in making that decision.

Appendix VII

APPENDIX A - ACH CHILD & FAMILY SERVICES ADOLESCENT RESIDENTIAL TREATMENT FACILITY, FT. WORTH, TX

APPENDIX A - ACH CHILD & FAMILY SERVICES ADOLESCENT RESIDENTIAL TREATMENT FACILITY, FT. WORTH, TX

EXISTING BUILDING

- Adolescent Residential Treatment Facility
- Renovation of Existing Building on 4 Acre Site
- 16 Bed Capacity
- Youth Age 13-17 Years Old
- 6-12 Months Average Length of Stay

Site Analysis



ACH RESIDENTIAL TREATMENT CENTER

Site Plan

Site Plan Option 1



ACH STUDENT UNION

Plan Option C

16 Beds, Individual Baths

PROGRAM KEY

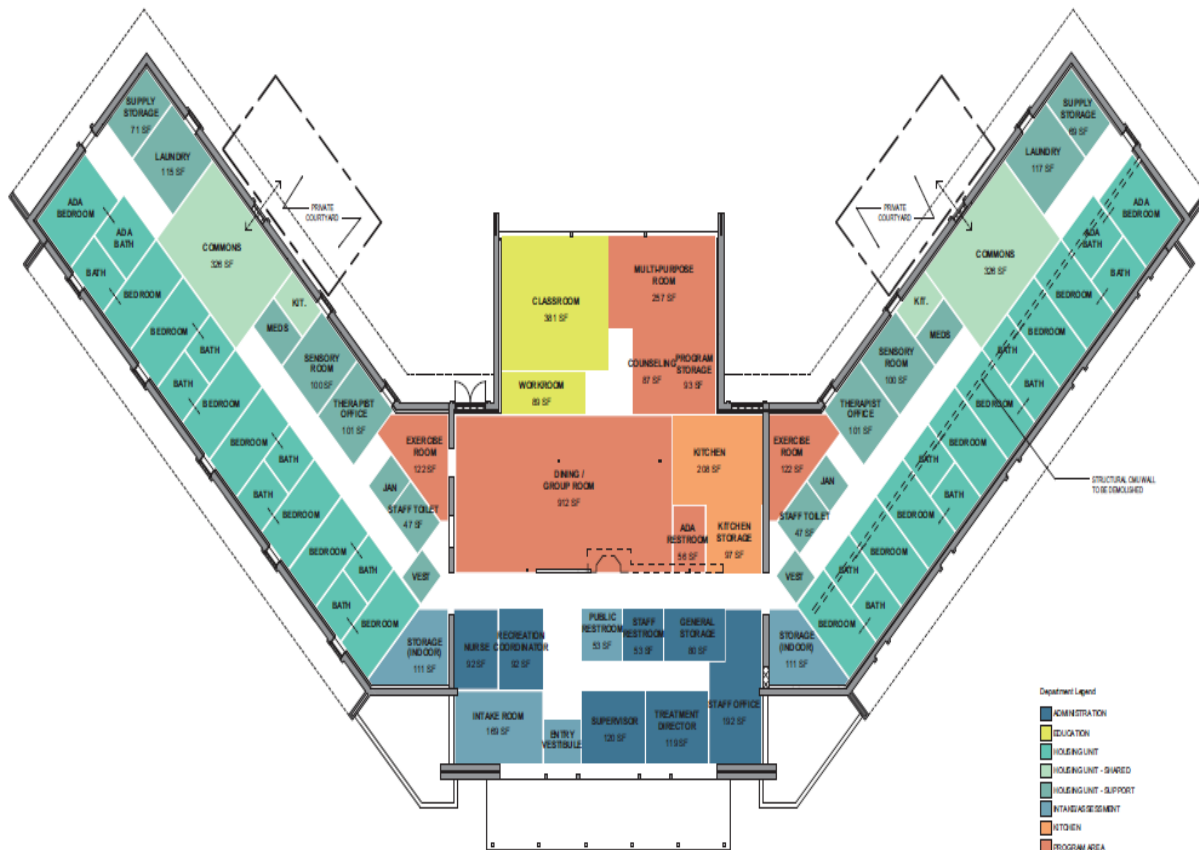
Intake	●
Administration	●
Shared/Group Space	●
Kitchen	●
Housing Unit - Resident Rooms	●
Housing Unit - Commons	●
Housing Unit - Support	●
Education	●

MISSING IN THIS SCHEME:

Classroom	400 SF
Counseling/Interview	100 SF
Staff Restroom	50 SF
(4 Resident Rooms)	200 SF
(4 Resident Bathrooms)	340 SF

- > Some rooms are smaller per adjusted population
- > Exercise & Resident Storage are split into two rooms, one on each wing
- > Structural CMU wall at North wing would have to be removed

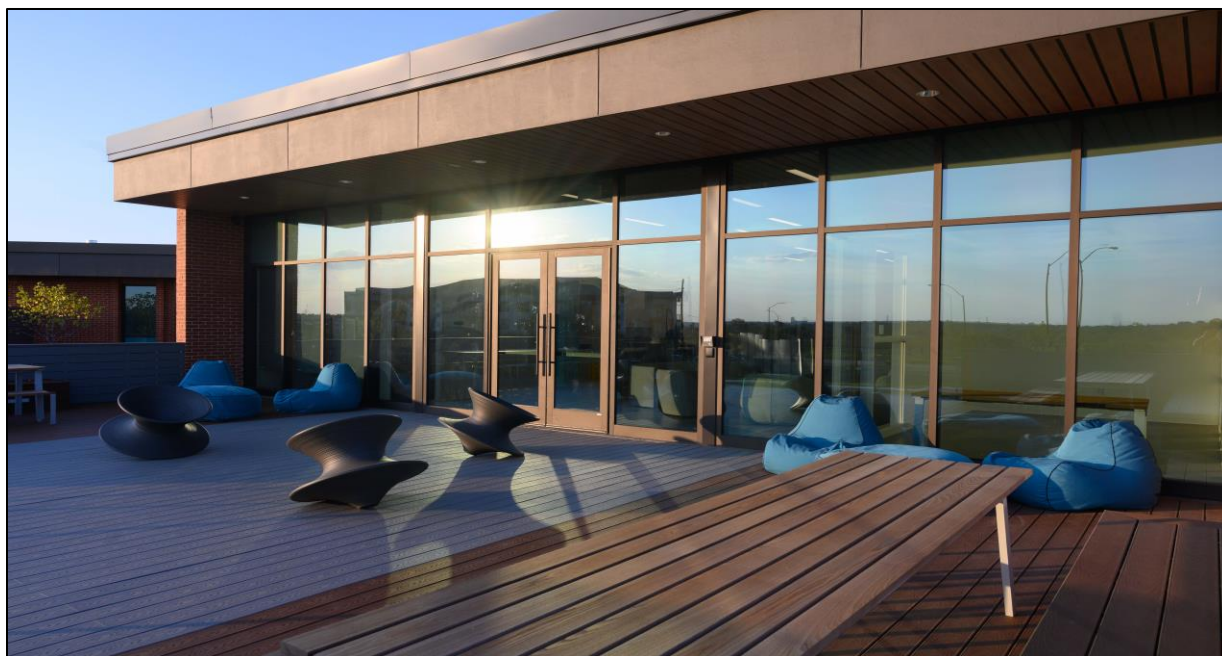
SCALE: NTS



POST RENOVATION PHOTOS



Front Entrance



Back Porch



Sleeping Room



Hallway



Dining Room



Day Room



Bathroom



Nebraska Department of Administrative Services
State Building Division
&
Nebraska Department of Health and Human Services

Nebraska DHHS – Needs Assessment and Cost Analysis
Adolescent Psychiatric Treatment Unit
Lincoln Regional Center Campus

Final Report
November 4, 2021

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EXECUTIVE SUMMARY

PROCESS

The process began with two starting points; one included establishing the program and the other included examining campus options for the potential location of the proposed Adolescent Psychiatric Treatment Unit. The task of assessing existing buildings and looking at options for a potential Adolescent Psychiatric Treatment Unit has been a collaborative effort between Altus, our team of Engineers with Specialized Engineering Solutions (SES), Chinn Planning, Inc and the helpful Lincoln Regional Center Staff.

Chinn Planning, Inc began with gathering data and combined with the best practices for delivering care for this patient group, establish program needs. This effort leads to developing the square footage requirements to support the space requirements.

As Chinn Planning began their effort, the Altus team of architects and engineers began an evaluation of the existing facilities on the Lincoln Regional Center campus. As part of the assessment and evaluation process, Altus looked at building age, structural integrity, mechanical, plumbing, and electrical infrastructure, current use, site relationship, square footage, and current use.

Buildings which were assessed included only those which are currently used for psychiatric care or could potentially be converted. The buildings include:

1. Building 3, Used for Men's Acute Psychiatric Services (MAPS)
2. Building 5, Used for Men's Forensic Psychiatric Services (MFS)
3. Building 7, Unused/Abandoned
4. Building 10, Used for Women's Acute Psychiatric 7 Forensic Services (WAPFS)
5. Building 14, Used for Sex Offenders Services (SOS/PT)

In addition to looking at existing buildings, Altus looked at the options of building a new one-story building on the campus. Two locations which meet the land area required included:

1. Demolishing of the Abandoned Building 7 and construction a new facility at this location.
2. Constructing a new building north of Building 14 parking on the old Building 15 site. The original utility tunnel still extends to this location.

CRITERIA

The Design Criteria for New Adolescent Psychiatric Treatment Unit:

1. Building Program
 - a. 31,030 Building Gross Square Feet (BGSF)
 - b. 2 standard 8-Bed Single Occupancy Housing Unit
 - c. 1 Specialized/ADA 8-Bed Single Occupancy Housing Unit
 - d. Administrative Suite
 - e. Intake/Assessment Area
 - f. Combination of Large Group and Dining Rooms
 - g. Education Suite
 - h. Serving Kitchen
 - i. Storage
 - j. Gymnasium

2. Functional Needs
 - a. Single Story Preferred
 - b. Outdoor Recreation
 - c. Accessible for Parent Involvement & Off Campus Programs
 - d. Separated from other on Campus Programs
 - e. Open, residential setting.

SOLUTIONS

Looking at all buildings, we let the criteria drive us to the final options.

Building 3

The Men's Acute Psychiatric Services (MAPS) is currently in Building 3. Looking at access, and a separation from the remainder of the campus, this building meets the needs. The overall size of Building 3 meets the needs from an available square footage but is missing a gymnasium. The facility will need improvements for anti-ligature, patient room improvements, and open up the plan for better visibility for patient and staff safety. The preference is to have a single-story building for this program. However, due to the fact this building is three-stories, the extra square footage will be needed to accommodate the inefficiencies of circulation. The current condition of this building is not sensitive to Adolescent needs but can be corrected with extensive interior renovations. In the project cost analysis, the associated cost of renovating another building to accommodate the relocation of the MAPS Patient group is not included.

Building 5

The Men's Forensic Psychiatric Services (MFS) is in Building 5 located in the southwest corner of the campus. The space requirements of converting this existing building to an Adolescent Psychiatric Care, presents several challenges. Due to the "Y" shape of the building, It is not possible to accommodate three separate patient bed wings on the same level. This building will require conversion and extensive renovation to meet what is considered a typical standard of care for this population group. Another challenge, the floor elevations are not level at first floor. There are ramps and stairs connecting the changes in floor elevations. The stairs and ramps create a potential safety condition for staff and patients. The building wings are narrow and are not easily redesigned to accommodate a comfortable living area for the adolescent. Looking strictly at the building area, Building 5 is much larger than needed when compared to the program requirements. This excessive square footage drives the discussion to look at options as to what programs could be jointly located along side this Adolescent Care Unit. Due to the amount of space needed to relocate the MFS program, it is felt this building would not be a well-suited solution for the new Adolescent program.

Building 7

For the Building 7 location, Altus looked at this building with two different approaches. One, can the building be renovated and converted to the new Adolescent facility, or two, should this building be demolished with a new structure built in its place.

Looking at the existing configuration of the building, the structural challenges, and building code deficiencies, it was evident the building is not structurally sound and safe for occupying. For these reasons, rebuilding versus renovation in this location is the viable alternative. The building site is located partially segregated from the other care units on the campus, thus limiting the potential for contact with adult patients. However, the location is to the back of the campus limiting the desired ease of welcoming parents that participate in an adolescent's care. Due to the existing site conditions, slope of the site, and ease of construction. It is recommended to build the new structure south of the existing structure and expanding the adjacent parking over the old building's location. A major advantage for this option, there are no lost beds and there isn't a need for the relocation of an

existing program on the site. Another advantage, similar to the North Site Option, rather than letting an existing building shape dictate the function inside, with a new building the plan and function will dictate the building's configuration. The interior design will allow for both patient and staff safety, as well as the new mechanical systems which will address issues such as the ability to isolate portions of buildings.

Building 10

The Women's Acute Psychiatric & Forensic Services (WAPFS) is currently located in Building 10. This building is currently undergoing a renovation project which will improve the mechanical systems as well as correct many of the anti-ligature items in patient areas of the building. Of all of the existing buildings on campus, this building comes the closest to meeting the desired program needs such as meeting required square footage and rooms sizes. However, there are needs that will need to be met to accommodate the best practice care for adolescents. In adolescent treatment facilities, there is a greater need for a gymnasium for physical activities. To meet the need of a gymnasium, an addition would need to be included to meet this requirement. Excluded from the estimated project cost, the extensive construction cost associated with the relocation of the WAPFS program.

Building 14

Building 14, is used for Sex Offenders Services (SOS/PT). this building is geared to the accommodations of treating a specific patient type, and with that, it is difficult to mix in other patient types. Due to the challenges with this building, such as mixing of patient populations, limited usable area in the building, and the cost of adding vertical circulation to maintain a separation of populations and a number of other factors, an extensive study of this building was not done.

North Site (Building 15 Site)

The construction of a new facility to support the Adolescent program has a number of positive factors as compared to the renovation of an existing building. The North Site Option would locate the new facility at the location of the demolished Building 15. Constructing a new building allows the design of a State-of-the-Art treatment center focused on Adolescent Care. The new building would be single story, built with a residential feel which is less intimidating to the patient. Rather than letting the shape of an existing building dictate the function inside, the plan and function of a new building will dictate the building's configuration. A single-story design will allow for both patient and staff safety, as well as the new mechanical systems which will address issues such as the ability to isolate portions of buildings. With today's current COVID situation, mechanically you would be able to provide a design allowing for an area to isolate patients within the building.

The location of the building site is partially segregated from the other care units on the campus, thus limiting the potential for contact with adult patients. Also, with this location the public access would be direct from S. Folsom Street without the need to have Parents & Visitors commute through the campus. There is a negative associated with this location. A small area on the north edge of the campus is currently shown in a fringe flood zone as identified on the current FEMA Floodplain Management Interactive Map. The Fringe zone is defined as an area having a "0.2 Percent Annual Chance Flood Hazard, Zone X". With this zone classified as Fringe, there are design considerations which can be addressed, thus mitigating, or reducing the area potential of future flooding.

LINCOLN REGIONAL CENTER - CAMPUS ORIENTATION PLAN
LINCOLN, NEBRASKA

**New Building
 North Site Option
 (Original Location
 of Building 15)**

Building 14

Building 9

Building 10

Building 11

Building 7

Building 3

Building 1

Building 5



ORIENTATION PLAN
 SCALE: NOT TO SCALE

BUILDING 3 EVALUATION

Building Data:

Name:	Building 3		
Year Built:	1950's		
Planned Use (12/2021):	Men's Acute Psychiatric Services (MAPS)		
Stories	Ground, Main, Second		
Level/Building Area	Ground:	14,500 BGSF	
	Main Level:	14,500 BGSF	
	Second Level:	<u>14,500 BGSF</u>	
	Total:	43,500 BGSF	Excludes Tunnels/Exterior Airshafts
Exterior Amenities:	Fenced/Secured Exterior Recreation, Approx. 5,300 SF		

Condition of the building mechanical and plumbing infrastructure.

1. General

- a. Selective renovation scheduled for early 2022. No planned upgrades to mechanical systems as part of this renovation.

2. HVAC

- a. Substantial upgrades to mechanical systems will be required if renovating this building to a new use. Additional cooling capacity and replacement of most air handling systems would be required as part of a major renovation of the building.
- b. Heating source for the building is steam supplied from the central plant through the tunnel system.
- c. Cooling source for the building is chilled water supplied from an air-cooled York chiller (~30-ton).
- d. Air handlers utilize steam heating coils and chilled water coils. AH-3 is in fair condition with useful life remaining. AH-1,2 located in the basement of the facility are nearing the end of useful life.
- e. Steam radiators supply perimeter heat in portions of the building.
- f. HVAC controls mostly outdated and in need of upgrades.

3. Plumbing

- a. Plumbing is in fair condition with no major water, sanitary, or vent issues reported. Replacement of original plumbing distribution should be considered as part of a major renovation.
- b. Domestic hot water is supplied to the building from the central plant through the tunnel system.
- c. No storm drainage issues reported as it relates to drainage systems internal to the building.

4. Fire Protection

- a. Building appears to be fully sprinkled. Most resident areas have tamper proof heads and piping installed in an enclosure system.

Condition of the building electrical and fire alarm infrastructure.

1. Electrical Service:

- a. The normal electrical service is served by a 12.470 kV – 208Y/120V 3 Ph, 4 W customer owned pad-mount transformer located on the southeast side of the building. This pad-mount transfer is of modern construction and was installed in 2004.

2. Service Equipment:
 - a. The normal electrical service enters a 1600A, 208Y/120V 3 phase, 4 wire Square D switchboard. This switchboard is modern and in good condition. The switchboard appears to have available breaker space. There are no apparent deficiencies with the equipment and are likely to have parts available.
3. Generator:
 - a. The building is served from an existing outdoor diesel-powered generator with capacity to serve only emergency loads. The Owner has a project planned to replace the existing generator and Automatic Transfer Switches (ATS) with a 400 kW Caterpillar Generator and Optional Standby and Emergency Branches. This construction is scheduled to start after Building 10 construction is complete.
 - b. The distribution from the indoor generator is fed from a single Emergency ATS. This Onan ATS appears to be of modern construction. The Owner reported no issues with branch separation.
4. Electrical Distribution:
 - a. Panels distributed throughout the building are a mixture of different vintages. Most normal powered panels are Federal Pacific, appear to be from original construction and are outdated, unlikely to still have parts available, and are in poor condition. Most of these panels either do not or have minimal space for future circuit breakers. This equipment should be replaced as part of any future project to maintain reliable electrical service to the building.
 - b. Panels on emergency power are from 1995, are of modern construction, and in good condition. Most of these panels have available breaker space. There are no apparent deficiencies with the equipment. These panels likely have parts available at this time but may begin to have issues in the next 10 years.
5. Lighting:
 - a. Interior lighting appears to be mostly linear fluorescent T8 and T12 lamp luminaires. Linear fluorescent fixtures with T12 lamping make up less than 50% of the fixtures within the building. No LED fixtures are utilized.
 - b. Exterior egress lighting is minimal and doesn't appear to reach the public way with adequate normal or emergency lighting levels. Additional wall packs, bollards, and/or pedestrian scale poles may be required to meet NFPA 101 requirements.
6. Lighting Controls:
 - a. Automatic lighting controls do not appear to be provided within the interior of the building.
 - b. Exterior lighting is controlled via standalone timeclocks.
7. Voice/Data:
 - a. Existing phone systems are digital throughout the building.
 - b. The Owner is currently upgrading all phone systems to VoIP across campus.
8. Overhead Paging (Public Address):
 - a. The overhead paging system is old and outdated. The system appears to still be functional and has interfaces between new VoIP phone systems and the existing overhead paging system headend equipment.
 - b. The Owner has a project planned to provide a new Fire Alarm system with integrated Mass Notification to replace this aging system. The existing overhead paging system will remain temporarily while phone systems are upgraded to VoIP across campus.
9. Access Control:
 - a. The access control system appears to be modern and functional. The Owner reported no issues with the current system. The existing system is Johnson Controls.
10. Security Surveillance:
 - a. The security surveillance system appears to be a modern IP based system. The Owner reported no issues with the current system. The existing system is Johnson Controls.

11. Fire Alarm:

- a. The fire alarm system appears to be modern and functional. The building appears to have appropriate visual and audible coverage throughout utilizing horns and strobes. The existing system is a Notifier (By Honeywell) system.
- b. The Owner has a project planned to provide a new voice/tone speaker-based Fire Alarm system with integrated Mass Notification to replace the existing system. This construction is scheduled to start after Building 10 construction is complete.

Condition of the building structural integrity.

1. The building is structurally sound. Built in the 1950's it is constructed to typical standards of that time period. It has a concrete structural system which includes concrete columns, and a concrete floor and joist system. The system is sound; however, this type of construction does not lend itself to efficient remodeling. In this case, the floor-to-floor dimensions are shallow, thus it is difficult to improve mechanical systems, maintain a comfortable ceiling height and have the space for the increased mechanical systems depth to improve air flows which are dictated with today's codes and standards.

Consideration of the building conditions and function.

1. Materials used in the 50's included glazed concrete and tile block for corridor walls along with lath & plaster for walls and ceiling. The products are durable, but from an appearance standpoint, the materials are industrial and cold. Working these types of materials during construction increases the complexity and cost.
2. Due to the typical types of construction when this building was built, wall construction was such that they were not insulated well if at all. With this construction type, it is difficult the renovate and get the newest code required building insulation for building comfort. Other challenges including replacing doors for the required door width, increased patient, and staff toilets for ADA accessibility, increasing corridor width, improving security measures, plus other safety measures used in behavioral health facilities today.
3. In adolescent treatment facilities, there is a greater need for a gymnasium for physical activity such as space for an indoor basketball area. Small areas with exercise equipment do not generally meet the need for adolescent care. The program which was developed calls for a 2,400 SF gymnasium which does not exist in this location.

Patient and Staff Safety considerations.

1. Due to the potential risk for an adolescent in care either seriously injuring themselves, or with the potential of suicide, a complete renovation incorporating anti-ligature fixtures would need to be done, as well as creating the three 8 bed units with improved visibility for monitoring.

Building Site – Location & Relationship to other buildings.

1. Mixing proximity of Adolescent centers with Adult Centers is generally not recommended, thus having easy access, and keeping the population separated, Building 3 meets this need better than the remainder of the existing buildings. Building 3 is located just north of the Corrections Department Building 1 along South Folsom Street. Access onto Sugarbarry Lane from S. Folsom Street may be the easiest to adapt compared to the remained of the existing buildings.

Building functional use considerations.

1. The Facility Program for an Inpatient Adolescent Psychiatric Program identifies a 24-bed facility consisting of two 8-bed (Standard Sized Patient Rooms) units, plus an 8-bed unit with oversized rooms to accommodate patients with a higher acuity level for care. The program identifies a need for a single-story facility of about 31,000 BGSF. The facility program established by Chinn is developed based upon the assumption this would be built in a single-story. Due to Building 3 being multistory, there are lost efficiencies, thus for construction cost estimating purposes it is anticipated the majority of the building will be renovated to convert to a building which can be used for an Inpatient Adolescent Psychiatric Program.
2. Currently used as an Acute Men's Care Unit, this building has patient rooms which are used as semi-private rooms. For Adolescent Care, the typical standard and best practice is to design the facility as all private rooms.

Design and Construction Considerations Converting Building 3

1. The space requirements of converting this existing building intended for Acute Men's Care (MAPS) to the Adolescent Psychiatric Care, much of this building will require conversion and renovation, plus the addition of a 2,400 DGSF Gymnasium.
2. In addition, the beds currently assigned as MAPS will need to be relocated to another location on the campus. A design program for a new MAPS program will need to be developed to establish actual space needs, future location and identify specific criteria for this unit. This cost associated for the MAPS relocation is not identified in the construction project estimate for converting this building to the Inpatient Adolescent Psychiatric Treatment Services Unit.

BUILDING 5 EVALUATION

Building Data:

Name:	Building 5
Year Built:	1950's
Planned Use (12/2021):	Men's Forensic Psychiatric Services (MFS)
Stories	Ground, Main, Second
Level/Building Area	Ground: 8,360 BGSF
	Main Level: 26,102 BGSF
	Second Level: <u>21,764 BGSF</u>
	Total: 56,226 BGSF Excludes Tunnels/Exterior Airshafts
Exterior Amenities:	1. Three areas with Fenced/Secured Exterior Recreation, Approx. 56,000 SF
	2. Separate building for Offices is in the west recreation area. (Approx. 3,800 GSF). This

Condition of the building mechanical and plumbing infrastructure.

1. General
 - a. Project upcoming to improve ligature resistance in building.
2. HVAC
 - a. Heating source for the building is steam supplied from the central plant through the tunnel system.
 - b. Cooling source for the building is through packaged DX roof-top-air handlers and 1 indoor air handling unit located in the basement. The roof units are in good condition with useful life remaining. The basement air handling unit is nearing the end of useful life.
 - c. Depending on exact space use, all or portions of the existing HVAC system could be reused if building is repurposed for new use.
3. Plumbing
 - a. Domestic hot water is provided from the central plant through the tunnel system.
 - b. Plumbing is in fair condition with no major water, sanitary, or vent issues reported. Replacement of original plumbing distribution should be considered as part of a major renovation.
4. Fire Protection
 - a. Building appears to be fully sprinkled. Most resident areas have tamper proof heads and piping installed in a steel enclosure system.

Condition of the building electrical and fire alarm infrastructure.

1. Electrical Service:
 - a. The normal electrical service is served by a 12.470 kV – 208Y/120V 3 Ph, 4 W customer owned pad-mount transformer located on the east side of the building. This pad-mount transfer is of modern construction and was installed in 2004.
2. Service Equipment:
 - a. The normal electrical service enters a 1600A, 480Y/277V 3 phase, 4 wire Federal Pacific switchboard. This switchboard is outdated, unlikely to still have parts available, and are in poor condition. The switchboard appears to have minimal available breaker space. This equipment should be replaced as part of any future project to maintain reliable electrical service to the building.
3. Generator:

- a. The building is served from an existing outdoor diesel-powered 500 kW Caterpillar generator with capacity to serve emergency and critical loads. The generator was installed in 2005.
 - b. The distribution from the indoor generator is fed from two ATs, Life Safety and Critical. These Caterpillar ATs are of modern construction. The Owner reported no issues with branch separation.
4. Electrical Distribution:
- a. Panels distributed throughout the building are Square D, are of modern construction, are likely to still have parts available, and are in fair condition. Most of these panels have minimal space for future circuit breakers. There are no apparent deficiencies with the equipment.
 - b. Panels on emergency power are from 2005, are of modern construction, and in good condition. Most of these panels have available breaker space. There are no apparent deficiencies with the equipment.
5. Lighting:
- a. Interior lighting appears to be mostly linear fluorescent T8 lamp luminaires. No LED fixtures are utilized.
 - b. Exterior egress lighting is minimal and doesn't appear to reach the public way with adequate normal or emergency lighting levels. Additional wall packs, bollards, and/or pedestrian scale poles may be required to meet NFPA 101 requirements.
6. Lighting Controls:
- a. Automatic lighting controls do not appear to be provided within the interior of the building.
 - b. Exterior lighting is controlled via standalone timeclocks.
7. Voice/Data:
- a. Existing phone systems are digital throughout the building.
 - b. The Owner is currently upgrading all phone systems to VoIP across campus.
8. Overhead Paging (Public Address):
- a. The overhead paging system is old and outdated. The system appears to still be functional and has interfaces between new VoIP phone systems and the existing overhead paging system headend equipment.
 - b. The Owner has a project planned to provide a new Fire Alarm system with integrated Mass Notification to replace this aging system. The existing overhead paging system will remain temporarily while phone systems are upgraded to VoIP across campus.
9. Access Control:
- a. The access control system appears to be modern and functional. The Owner reported no issues with the current system. The existing system is Johnson Controls.
10. Security Surveillance:
- a. The security surveillance system appears to be a modern IP based system. The Owner reported no issues with the current system. The existing system is Johnson Controls.
11. Fire Alarm:
- a. The fire alarm system appears to be modern and functional. The building appears to have appropriate visual and audible coverage throughout utilizing horns and strobes. The existing system is a Notifier (By Honeywell) system.
 - b. The Owner has a project planned to provide a new voice/tone speaker-based Fire Alarm system with integrated Mass Notification to replace the existing system. This construction is scheduled to start after Building 3 construction is complete.

Condition of the building structural integrity.

1. Similar to Building 3, Building 5 is structurally sound. Built in the 1950's it is constructed to typical standards of that time period. It has a concrete structural system which includes concrete columns, and a concrete floor and joist system. The system is sound; however, this type of construction does not lend itself to efficient remodeling. In this case, the floor-to-floor dimensions

are shallow, thus it is difficult to improve mechanical systems and have the space for the increased mechanical systems depth to improve air flows which are dictated with today's codes and standards.

2. Unlike other buildings on campus, Building 5 at first floor requires steps and ramps for access to the patient room bed wings. There is an approximate floor elevation change of 2 feet between the group room (open area) and the bed wing.

Consideration of the building interior conditions and function.

1. This building has a building gross square footage of 56,226 BGSF which is approximately 25,000 SF more than the needed 31,000 SF programmed for the Adolescent Care Unit. This building also has security measures which are different than desired for adolescents.
2. Materials used in the 50's included glazed concrete and tile block for corridor walls along with lath & plaster for walls and ceiling. The products are durable, but from an appearance standpoint, the materials are industrial and cold. Working these types of materials during construction increases the complexity and cost.
3. Due to the typical types of construction when this building was built, wall construction was such that they were not insulated well if at all. With this construction type, it is difficult the renovate and get the newest code required building insulation for building comfort. Other challenges including replacing doors for the required door width, increased patient, and staff toilets for ADA accessibility, increasing corridor width, improving security measures, plus other safety measures used in behavioral health facilities today.
4. In this building there is a desired gymnasium for physical activity and socializing activities, however, circulation is confining with a series of narrow corridors connecting the bed wings to commons space, treatment areas and recreation rooms.
5. As noted in the structural integrity, there is a floor elevation change between areas. For Adolescent Care, this condition is not conducive to monitoring the patients.

Patient and Staff Safety considerations.

1. Due to the potential risk for an adolescent in care either seriously injuring themselves, or with the potential of suicide, a complete renovation incorporating anti-ligature fixtures would need to be done, as well as creating the three 8 bed units with improved visibility and monitoring.

Building Site – Location & Relationship to other buildings.

1. Mixing proximity of Adolescent centers with Adult Centers is generally not recommended, thus having easy access, and keeping the population separated, Building 5 is internal to the campus, thus is not ideal for scheduled parental support, conducting outdoor activities, plus increasing the exposure to adult patients.

Building functional use considerations.

1. The Facility Program for an Inpatient Adolescent Psychiatric Program identifies a 24-bed facility with 8 of the beds (Patient Rooms) designed and sized to accommodate a patient with a higher acuity level for care. The program identifies a need of about 31,000 BGSF single-story building. As stated above this building exceeds current programmed square footage need. With keeping the adolescent population separated from the other adult patient units, the mix or repurpose of the unneeded space limits the options. The options would be limited to functions such as administrative space.
 - a. Converting the unused space to an administrative use will require additional cost as well as creating a need to add adult care beds elsewhere.

Design and Construction Considerations Converting Building 5

1. The space requirements of converting this existing building used for Men's Forensic Care (MFS) to the Adolescent Psychiatric Care, present challenges. This building will require conversion and extensive renovation to meet what is considered a typical standard of care for this population group. With the "Y" shape of the building, It is not possible to accommodate three separate patient bed wings.
2. Conversion of this building would In addition, require the relocation of the current MFS program. In order to establish a project cost associated with relocating this program, a design program for a new MFS program will need to be developed. The MFS program will establish actual space needs, future location and identify specific criteria for this unit. This cost associated for the MFS relocation is not identified in the construction project estimate for converting this building to the new Inpatient Adolescent Psychiatric Treatment Services Facility.

Estimated Project Cost To Convert Building 5 To The Inpatient Adolescent Psychiatric Unit.

1. To convert the existing MFS unit in building 5 is not considered an option.
 - a. The building BGSF exceeds the actual need by approximately 25,000 BGSF.
 - b. This building has long narrow wings and is not compact. Due to the existing building shell, the potential layout required spaces are not well suited to this building configuration. For an adolescent program, staffing has unique challenges. Monitoring the Adolescents will be a staffing challenge.
 - c. This building has floor level changes which will add to the difficulty of monitoring patients and moving those that need assistance.

BUILDING 7 EVALUATION

Building Data:

Name: Building 7
Year Built: Original Structure (Front Building): 1930's
Kitchen/Dock West Expansion: 1950's
Current Use: Abandoned (Unoccupied for 8 years)
Stories: Ground, Main, Second
Building Area: Unknown, Drawings not available.
Exterior Amenities: Loading Dock on the west side of building.

Condition of the building mechanical and plumbing infrastructure.

1. General
 - a. Building is currently abandoned.
 - b. Full replacement of all mechanical and plumbing systems is recommended if building is repurposed to new use.
2. HVAC
 - a. HVAC equipment is currently not operating and appears to be in poor condition and beyond its useful life.
3. Plumbing
 - a. Building currently has water turned off to the building. Fixtures are in poor condition.
4. Fire Protection
 - a. Building is not sprinkled.

Condition of the building electrical and fire alarm infrastructure.

1. Electrical Service:
 - a. The normal electrical service is served by a 12.470 kV – 208Y/120V 3 Ph, 4 W customer owned pad- mount transformer located on the northwest side of the building. This pad-mount transfer is of modern construction and was installed in 2004.
2. Service Equipment:
 - a. The normal electrical service enters an 800A, 240D/120V 3 phase, 4 wire Square D switchboard. This switchboard is of modern construction, likely to still have parts available, and in good condition. The switchboard appears to have available breaker space. The service disconnecting means is a bolted pressure switch. This switch can become problematic if it is not maintained properly and exercised regularly.
3. Generator:
 - a. The building is not served from an existing generator. The Owner has no plans for future projects to add a generator. Future projects should include adding a new generator to back up the entire building within the project scope.
4. Electrical Distribution:
 - a. Panels distributed throughout the building are Square D, are of modern construction, are likely to still have parts available, and are in good condition. Most of these panels have adequate space for future circuit breakers. There are no apparent deficiencies with the equipment.
5. Wiring Methods
 - a. Wiring devices throughout the residential portion of the building are surface mounted and dated. All wiring devices should be replaced within this portion of the building during any future renovation.
6. Lighting:
 - a. Interior lighting appears to be mostly incandescent within the residential portions of the building and linear fluorescent T12 lamp luminaires within the Kitchen areas. Light fixtures

are outdated and would require replacement throughout the entire building. No LED fixtures are utilized.

- b. Exterior egress lighting is not provided and doesn't reach the public way with adequate normal or emergency lighting levels. Additional wall packs, bollards, and/or pedestrian scale poles may be required to meet NFPA 101 requirements.

7. Lighting Controls:

- a. Automatic lighting controls do not appear to be provided within the interior of the building.
- b. Exterior lighting controls were not observed.

8. Voice/Data:

- a. Existing phone systems are outdated and would require complete replacement throughout the building.
- b. The Owner is currently upgrading all phone systems to VoIP across campus. Future projects should include upgrading the phone system within the project scope.

9. Overhead Paging (Public Address):

- a. An overhead paging system was not observed within the building.

10. Access Control:

- a. An access control system was not observed within the building.
- b. Future projects should include adding an access control system within the project scope.

11. Security Surveillance:

- a. A security surveillance system was not observed within the building.
- b. Future projects should include adding a security surveillance system within the project scope.

12. Fire Alarm:

- a. The fire alarm system is outdated and likely not functional. The building lacks sufficient visual and audible coverage throughout.
- b. Future projects should include adding a new voice/tone speaker-based Fire Alarm system with integrated Mass Notification to replace the existing system.

Condition of the building structural integrity.

1. The 1930's portion of this building has been unoccupied for approximately 8 years and the west addition which was built in the 1950's was last occupied between 5 and 6 years ago.
2. The exterior dock on the west side of the building is used occasionally since it can accommodate the greater height of trucks without lifts.
3. At this time the State Fire Marshal's Office (SFM) will not allow occupancy of this building.
 - a. The building does not have adequate stair access for exiting in case of emergency. There is just one stair located at the front entry of the building. The front entry stair is non-code compliant.
 - b. The building does not have or cannot meet current Life Safety System requirements.
4. Structural Condition:
 - a. In the original 1930's building, the structural system is a combination of wood framing, concrete and block.
 - i. The Front Building has a combination of both a clay tile hipped roof and a flat rock ballasted roof. Due to the building damage, it appears there are numerous roof leaks which has caused structural damage including sections of heavy thick set plaster ceilings to fail.
 - ii. The areas where the floor system is wood framed, the structure is not exposed for observation, but the floors are "spongy" and not suitable for occupancy. It is likely the structural deterioration is due to a combination of termite and water infiltration.
 - iii. Where wood materials are exposed, there is visible termite damage.

Consideration of the building interior and exterior conditions and function.

1. The building's exterior walls are a combination of brick, block, and concrete with a brick veneer. The brick facade is in poor condition.
2. The window systems are wood frame with single pane glass. There is extensive termite damage to the windows, and glass panels are broken.
3. The front building has a clay tile roof. The underlayment and structure, supporting the roof are in poor condition.
4. The areas of flat roof are rock ballasted and have exceeded the life expectancy of this type of roof. Due to the current roof damage, it would be expected to find damaged roof structure if it was exposed to view.
5. It appears the exterior walls are non-insulated.
6. Building Interior:
 - b. There is a combination of interior wall systems ranging from wood framed to glazed block. Walls are covered with plaster. An environmental report is not available, but there was a period when asbestos was mixed with plaster for various reasons, so there is a reasonable chance it exists within the walls.
 - c. Due to the water leaks in the building, there is a chance mold will be discovered in walls, below floor finishes and other hidden building areas.

Challenges to Reuse Building for an Adolescent Psychiatric Treatment Services Unit

1. Reuse of this building is not considered an option due to the building code deficiencies as well as the actual condition of the building.
2. The building is located partially segregated from the other care units on the campus, thus limiting the potential for contact with adult patients, but the location is to the back of the campus limiting the desired ease of welcoming parents that participate in an adolescent's care.
3. The option for this location would be to demolish the existing building and to rebuild a new one-story structure. The parking for the new building would overlay a portion of the old building's location.

BUILDING 10 EVALUATION

Building Data:

Name:	Building 10		
Year Built:	1970's		
Planned Use (12/2021):	Women's Acute Psychiatric & Forensic Services (WAPFS)		
Stories	Ground, Main, Second		
Level/Building Area	Ground:	15,850 BGSF	
	Main Level:	15,850 BGSF	
	Second Level:	<u>15,850 BGSF</u>	
	Total:	47,550 BGSF	Excludes Tunnels/Exterior Airshafts
Exterior Amenities:	1. Fenced/Secured Exterior Recreation, Approx. 3,100 SF		

Current Building Condition & Use

1. This building currently has a renovation project in process. This project includes:
 - a. Updating ligature hardware for doors & door hardware,
 - b. Upgrading plumbing fixtures to anti-ligature,
 - c. Updating the fire alarm system,
 - d. There are HVAC systems improvements,
 - e. Lighting upgrade and,
 - f. Building finishes (painting, flooring & ceilings).
2. To accommodate this project, the patient census has been limited thus allowing the WAPFS program to be temporarily relocated to Building 3. Once complete, the WAPFS will move back to this location.
3. The Campus Kitchen continues to function at full capacity on the ground floor of this building during the construction of the areas on the floors above.
4. At Level 1, the Dental Clinic and Administrative Offices continue to operate during the construction process.
5. At Level 1, the patient service areas are currently under construction due to the Ligature and Fire Alarm project.

Condition of the building mechanical and plumbing infrastructure.

1. General
 - a. Building is currently under renovation with upgrades to portions of the mechanical and plumbing systems.
 - b. Portions of these systems could be reused if building is repurposed to a new use.
2. HVAC
 - a. Heating source for the building is steam supplied from the central plant through the tunnel system.
 - b. Cooling source for the building is through 2 air-cooled chillers located on the roof. Trane chiller is 150-ton and nearing the end of its useful life. York chiller is 200-ton and in new condition.
 - c. Building is currently being converted from 2-pipe to 4-pipe fan coils. Most are new.
 - d. Air handler AH-1 located in the basement utilizes steam heat and chilled water. Unit is in poor condition and nearing the end of useful life.
 - e. Penthouse air handler utilizes steam and hot water and is nearing the of useful life.
 - f. Makeup air unit located on grade outside kitchen area is in fair condition with useful life remaining.

3. Plumbing
 - a. Domestic hot water is provided from the central plant through the tunnel system.
 - b. Plumbing is in fair condition with no major water, sanitary, or vent issues reported.
4. Fire Protection
 - a. Building is sprinkled, utilizes a combination of black steel and plastic sprinkler pipe.

Condition of the building electrical and fire alarm infrastructure.

1. Electrical Service:
 - a. The normal electrical service is served by a 12.470 kV – 208Y/120V 3 Ph, 4 W customer owned pad-mount transformer located on the northeast side of the building. This pad-mount transfer is of modern construction and was installed in 2004.
2. Service Equipment:
 - a. The normal electrical service is currently being replaced as part of a construction project.
3. Generator:
 - a. A new generator to back up the entire facility is currently being added as part of a construction project.
4. Electrical Distribution:
 - a. Panels distributed throughout the building are General Electric, are outdated, unlikely to still have parts available, and are in poor condition. Most of these panels either do not or have minimal space for future circuit breakers. This equipment should be replaced as part of any future project to maintain reliable electrical service to the building.
 - b. Panels on emergency power are currently being replaced as part of a construction project.
5. Lighting:
 - a. Interior lighting appears to be mostly linear fluorescent T8 lamp luminaires. No LED fixtures are utilized.
 - b. Exterior egress lighting is minimal and doesn't appear to reach the public way with adequate normal or emergency lighting levels. Additional wall packs, bollards, and/or pedestrian scale poles may be required to meet NFPA 101 requirements.
6. Lighting Controls:
 - a. Automatic lighting controls do not appear to be provided within the interior of the building.
 - b. Exterior lighting is controlled via standalone timeclocks.
7. Voice/Data:
 - a. Existing phone systems are VoIP throughout the building. The system is new, and the Owner has reported no issues with the system.
8. Overhead Paging (Public Address):
 - a. The overhead paging system is old and outdated. The system appears to still be functional and has interfaces between new VoIP phone systems and the existing overhead paging system headend equipment.
 - b. The fire alarm system is currently being replaced as part of an existing project. A new voice/tone speaker-based Fire Alarm system with integrated Mass Notification is currently being installed to replace this aging system. This construction is scheduled to be completed this year. The existing overhead paging system will remain temporarily while phone systems are upgraded to VoIP across campus.
9. Access Control:
 - a. The access control system appears to be modern and functional. The Owner reported no issues with the current system. The existing system is Johnson Controls.
10. Security Surveillance:
 - a. The security surveillance system appears to be a modern IP based system. The Owner reported no issues with the current system. The existing system is Johnson Controls.

11. Fire Alarm:

- a. The fire alarm system is currently being replaced as part of an existing project. A new voice/tone speaker-based Fire Alarm system with integrated Mass Notification is currently being installed. This construction is scheduled to be completed this year.

Condition of the building structural integrity.

1. The building is structurally sound. Built in 1971 it is built to typical standards of that time period. It has a concrete structural system which includes concrete columns, and a concrete floor and joist system. The system is sound; however, unlike other buildings on the campus, this building has slightly greater floor-to-floor dimensions allowing for modifications of the mechanical systems above the ceiling.

Consideration of the building interior conditions and function.

1. This building is currently under construction with modifications to the mechanical system, electrical upgrade, installation of anti-ligature fixtures and door modifications. Due to the extent of this construction effort, finishes in the building are being refreshed.
2. In adolescent treatment facilities, there is a greater need for a gymnasium for physical activity such as space for an indoor basketball area. Small areas with exercise equipment do not generally meet the need for adolescent care. The program which was developed calls for a 2,400 SF gymnasium which does not exist in this location.

Patient and Staff Safety considerations.

1. With the completion of the current anti-ligature project, which is in progress, the improvements will help to provide a safer patient environment.
2. The practice of delivery Adolescent Care is different than adult care. Because of age differences, maturity levels and other factors, patient safety needs will differ from those of Adults. For the needs of an Adolescent Unit, we anticipate plan modifications to improve visibility, thus improving patient safety.
3. Due to the configuration of this building's "T" shape, creating the new three 8 bed units with improved visibility and monitoring at second floor will be extensive.

Building Site – Location & Relationship to other buildings.

1. Mixing proximity of Adolescent centers with Adult Centers is not recommended, thus having easy access, and keeping the population separated is preferred. Building 10 is centrally located on the campus with limited direct access from S. Folsom Street. For perception and access, better accessibility for this program is desired.
2. The Facility Program for an Inpatient Adolescent Psychiatric Program identifies three 8-bed units with one of the units designed and sized to accommodate patients requiring a higher acuity level for care. In total, the program identifies a need of about 31,000 BGSF for a single-story building.
 - a. Currently Building 10 has an area of 47,550 BGSF. The Campus kitchen is located on the ground floor of the building and occupies approximately 5,100 DGSF. The Staff Cafeteria is also located at ground level and occupies approximately 2,000 DGSF. The Campus Dental Clinic is located at First Floor and occupies approximately 1,700 DGSF.
3. Gymnasium and Recreation Area; on the plan study, the new gym and outdoor recreation area is shown on the south side of the building. This portion of the site allows direct access from building 10 without having to go to ground floor, thus reducing potential security risk.

Design and Construction Considerations Converting Building 10

1. The space requirements of converting this existing building intended for Acute Women's Care (WAPFS) to the Adolescent Psychiatric Care, much of this building will require conversion and renovation, plus the addition of a 2,400 DGSF Gymnasium.
2. In addition, the beds currently assigned as WAPFS, will need to be relocated to another location on the campus. A design program for a new WAPFS will need to be developed to establish actual space needs, future location and identify specific criteria for this unit. This cost associated for the WAPFS relocation is not identified in the construction project estimate for converting this building to the Inpatient Adolescent Psychiatric Treatment Services Unit.

BUILDING 14 EVALUATION

Building Data:

Name:	Building 14		
Year Built:	1940's		
Current Use:	Sex Offenders Services (SOS/PT)		
Stories	Ground, Main, Second, Third		
Level/Building Area	Ground:	22,790	BGSF
	Main Level:	22,575	BGSF
	Second Level:	22,457	BGSF
	Third Level:	22,442	BGSF
	Total:	90,264	BGSF Excludes Tunnels/Exterior Airshafts
Exterior Amenities:	Fenced/Secured Exterior Recreation, Approx. 23,280 SF		

Building Use:

1. The Ground Level of this building has both staff offices and Gymnasium, Group Space, Storage & Meeting areas.
2. Main Level has Patient Rooms, Meeting/Support Rooms
3. Second Level has Patient Rooms, Meeting/Support Rooms
4. Third Level is currently used for Storage.

Condition of the building mechanical and plumbing infrastructure.

1. HVAC
 - a. Heating source for the building is steam supplied from the central plant through the tunnel system. A steam to hot water converter station distributes heating hot water throughout the building.
 - b. Cooling source for the building is through 2 air-cooled chillers. Trane unit is nearing the end of its useful life. York unit is 250-ton and new. Both units have remote evaporators.
 - c. Building ventilation air is provided through 2 air handlers in fair condition with years of useful life remaining.
 - d. Building has a mix of 4-pipe fan coils and 2-pipe fan coils.
 - e. Portions of these systems could be reused if building is repurposed to a new use.
2. Plumbing
 - a. Domestic hot water is provided from the central plant through the tunnel system.
 - b. Plumbing is in fair condition with no major water, sanitary, or vent issues reported.
3. Fire Protection
 - a. Building is sprinkled, utilizes a combination of black steel and plastic sprinkler pipe.

Condition of the building electrical and fire alarm infrastructure.

1. Electrical Service:
 - a. The normal electrical service is served by a 12.470 kV – 208Y/120V 3 Ph, 4 W customer owned pad- mount transformer located on the north side of the building. This pad-mount transfer is of modern construction and was installed in 2004.
2. Service Equipment:
 - a. The normal electrical service enters a 1000A, 480Y/277V 3 phase, 4 wire Square D exterior switchboard serving as the main service disconnecting means. This switchboard serves another 1000A switchboard within the generator enclosure. There are no apparent deficiencies with the equipment and are likely to have parts available.
 - b. The Optional Standby ATS serve an 800A GE switchboard within the building that was the previous service disconnecting means. This switchboard feeds a 600A Cutler Hammer switchboard from 1986. These switchboards are outdated, unlikely to still have parts

available, and are in poor condition. This equipment should be replaced as part of any future project to maintain reliable electrical service to the building.

3. Generator:
 - a. The building is served from an existing outdoor diesel-powered 600 kW Caterpillar generator with capacity to serve the entire building. The generator was installed in 2005.
 - b. The distribution from the indoor generator is fed from three ATSS, Chiller, Optional Standby, and Emergency. These Caterpillar ATSS are of modern construction. The Owner reported no issues with branch separation.
4. Electrical Distribution:
 - a. Panels distributed throughout the building are a mixture of different vintages. Most normal powered panels are Square D, GE, Cutler Hammer, or Federal Pacific.
 - b. The Square D panels are of modern construction, and in good condition. Most of these panels have available breaker space. There are no apparent deficiencies with the equipment. These panels likely have parts available.
 - c. The GE, Cutler Hammer, and Federal Pacific panels vary from installation in the 1980s to 2001. These panels are outdated, unlikely to still have parts available, and are in poor condition. Most of these panels either do not or have minimal space for future circuit breakers. This equipment should be replaced as part of any future project to maintain reliable electrical service to the building.
5. Lighting:
 - a. Interior lighting appears to be mostly linear fluorescent luminaires with LED replacement lamps. No LED fixtures with integral optics are utilized.
 - b. Exterior egress lighting is minimal and doesn't appear to reach the public way with adequate normal or emergency lighting levels. Additional wall packs, bollards, and/or pedestrian scale poles may be required to meet NFPA 101 requirements.
6. Lighting Controls:
 - a. Automatic lighting controls do not appear to be provided within the interior of the building.
 - b. Exterior lighting is controlled via standalone timeclocks.
7. Voice/Data:
 - a. Existing phone systems are digital throughout the building.
 - b. The Owner is currently upgrading all phone systems to VoIP across campus.
8. Overhead Paging (Public Address):
 - a. The overhead paging system is old and outdated. The system appears to still be functional and has interfaces between new VoIP phone systems and the existing overhead paging system headend equipment.
 - b. The Owner has a project planned to provide a new Fire Alarm system with integrated Mass Notification to replace this aging system. The existing overhead paging system will remain temporarily while phone systems are upgraded to VoIP across campus.
9. Access Control:
 - a. The access control system appears to be modern and functional. The Owner reported no issues with the current system. The existing system is Johnson Controls.
10. Security Surveillance:
 - a. The security surveillance system appears to be a modern IP based system. The Owner reported no issues with the current system. The existing system is Johnson Controls.
11. Fire Alarm:
 - a. The fire alarm system appears to be modern and functional. The building appears to have appropriate visual and audible coverage throughout utilizing horns and strobes. The existing system is a Notifier (By Honeywell) system.
 - b. The Owner has a project planned to provide a new voice/tone speaker-based Fire Alarm system with integrated Mass Notification to replace the existing system. This replacement of the Fire Alarm Control Panel has begun. Devices will be replaced throughout the entire facility over time.

Condition of the building structural integrity.

1. The building is structurally sound. Built in the 1940's, it is built to typical standards of that time period. It has a concrete structural system which includes concrete columns, and a concrete floor and joist system. This is the largest of the buildings on this campus. Each floor is approximately 22,500.

Consideration of the building interior conditions and function.

1. This building is largest on campus and house offices for the facility staff in a portion of ground floor. The majority of the building is used for the SOS/PT program. Approximately one-half of third floor (top floor) is currently used for storage.

Patient and Staff Safety considerations.

1. With the limited elevator access in this building, it is difficult to combine this patient population group with others. If at some point other patient population groups are combined in this building, the recommendation for the renovation would include adding isolated vertical circulation. However in this scenario, combining an Adolescent program is not recommended.

Building Site – Location & Relationship to other buildings.

1. Mixing proximity of Adolescent centers with Adult Centers is not recommended, thus having easy access, and keeping the population separated is a must. Building 14 has good access for public access from S. Folsom Street.
2. The Facility Program for an Inpatient Adolescent Psychiatric Program identifies three 8-bed units with one of the units designed and sized to accommodate patients requiring a higher acuity level for care. In total, the program identifies a need of about 31,000 BGSF for a single-story building.
 - a. Currently Building 14 has an area of over 90,000 BGSF. Due to the size of the building, other uses would need to be determined which could jointly occupy the building.
 - b. With the limited availability of elevators and this being a four-level building, adding a new elevator shaft would be recommended if this building is used for Adolescent Care.

Design and Construction Considerations Converting Building 14

1. Due to the overall size of the building, the difficulty of coming up with an acceptable joint occupant and developing a plan which would work within this building footprint, converting this building is not recommended.

GENERAL INFORMATION – ADDITIONAL BUILDINGS ON CAMPUS

BUILDING 1 EVALUATION

Building Data:

Name: Building 1
Year Built: Not identified
Current Use: Corrections Department Office Building
Stories: Ground, Main, Second
Level/Building Area: Not Calculated for this Study.
Exterior Amenities: Parking for Administrative Staff

Comments:

1. Building 1 is currently used as an Office for the Corrections Department and is outside of this study.

BUILDING 9 EVALUATION

Building Data:

Name: Building 9
Year Built: Not identified
Current Use: LRC Administration Building
Stories: Ground, Main
Level/Building Area: Ground: 15,400 BGSF
Main Level: 15,400 BGSF
Total: 30,800 BGSF Excludes Tunnels/Exterior Airshafts
Exterior Amenities: Parking for Administrative Staff

Comments:

1. Building 9 is currently used as an office building for LRC Administration and is outside of this study.

BUILDING 11 EVALUATION

Building Data:

Name:	Building 11		
Year Built:	1950's		
Current Use:	Physical Plant		
Stories	Main		
Level/Building Area	Boiler:	5,200 BGSF	
	Maintenance:	2,800 BGSF	
	Maintenance:	<u>2,750 BGSF</u>	
	Total:	10,750 BGSF	Excludes Tunnels/Exterior Airshafts
Exterior Amenities:	1. Staff Parking		

Building Use:

This building houses the boilers as well as the adjacent structure which provides space for facility maintenance.

Comments:

1. Central heating source equipment and domestic hot water source equipment for the campus is located in this building. One of the two domestic water heat exchangers needs replacement the other is in fair condition with useful life remaining. Steam boilers have undergone recent burner upgrades and have many useful years remaining.
2. Capacity of the central heating and domestic water source equipment have ample capacity to serve the new 31,000 SF facility being considered. A majority of the steam and hot water distribution piping to the new facility could utilize the existing tunnel system.

CAMPUS ELECTRICAL AND COMMUNICATIONS

1. Normal Utility Power:
 - a. Campus normal power is served from Lincoln Electric System (LES), with service entering the site at the Southeast corner of the property. This is the service demarcation point for LES and the only meter for the entire campus.
 - b. Electrical distribution is fed to the buildings on site utilizing underground 12.47 kV medium voltage distribution. Pad-mount Owner transformers feed each building. Electrical distribution was upgraded in 2004 and is in good condition.
2. Communications:
 - a. Communications connections are provided between each building, utilizing existing underground tunnels to route fiber optic and copper communications connections.

NORTH SITE (BUILDING 15 SITE) EVALUATION

Building Data:

Name:	Building 15
Year Built:	Not Applicable
Current Use:	Building Previously Demolished
Stories	None
Level/Building Area	None
Exterior Amenities:	1. Unused Parking

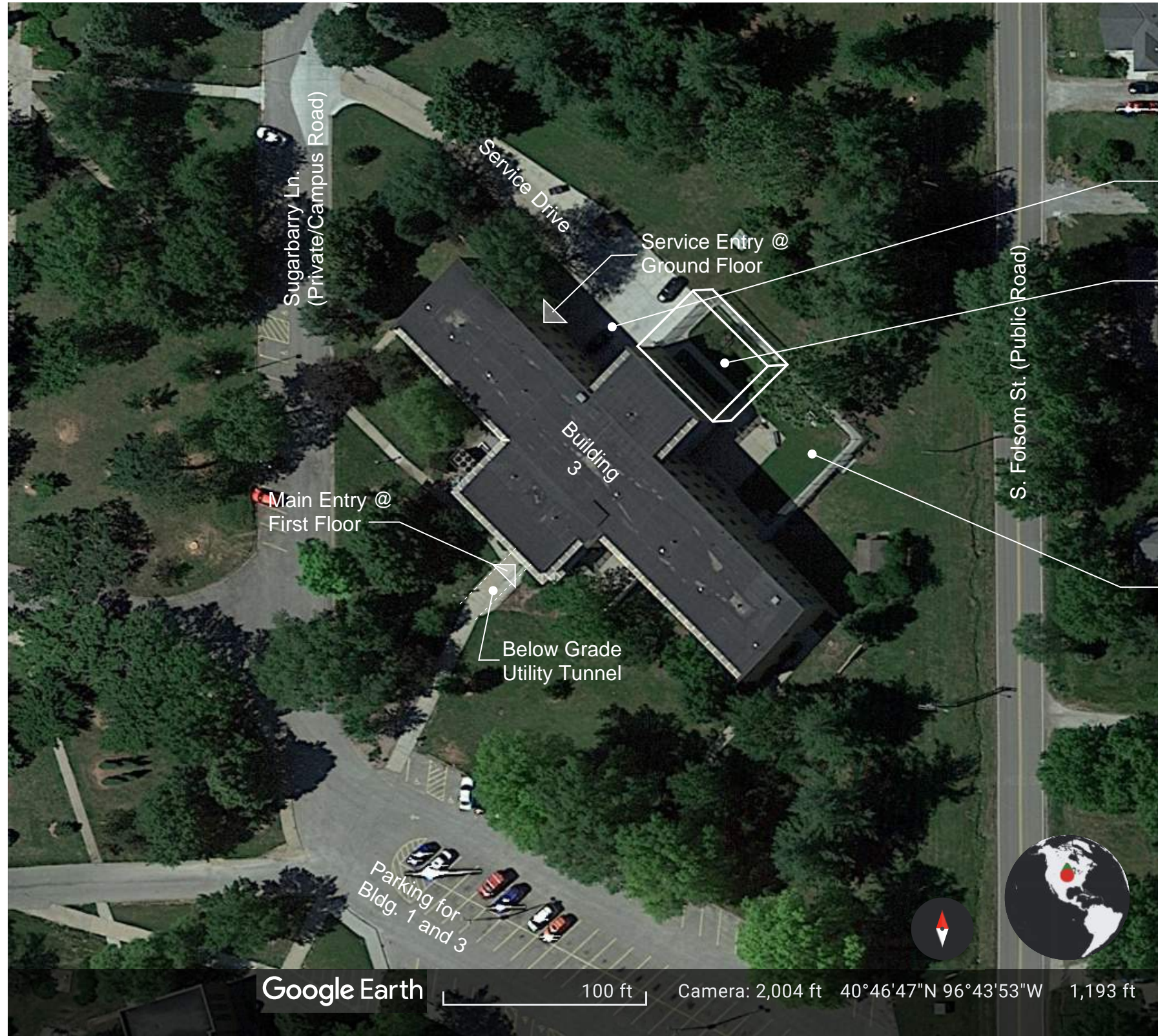
Building Use:

At one time Building 15 was located north of Building 14 parking lot. Building was demolished and site is unused.

Due to the space available, Altus looked at the option of adding a new single-story building at this location.

Design Considerations for a New One-story Adolescent Care Unit

1. We have studied the option of locating a new building on this campus which would be in line with the “Best Practices” approach identified by Chinn Planning and called out at the beginning of this section titled Executive Design Option Narrative.
2. North of building 14 there was a building demolished at this location in recent years. This location is close to street access, it can be segregated from the rest of the campus, and the patient orientation can be directed to north-northwest looking to nature and the peacefulness it brings.
3. The negative to this location is its proximity to Building 14. Design would need to include a visual barrier from the south. Parking and traffic flow can be set where the rest of the campus becomes a non-factor.
4. Regarding the demolished building which once stood here, the physical plant tunnel still extends to this location, however, the piping/utilities would need to be replaced at this location.
5. This option eliminates the need to replace beds from other programs



Building 3	
Ground Level	14,500 BGSF
Main Level	14,500 BGSF
Second Level	14,500 BGSF

Delivery Access (Laundry/Meals/Mail/Etc.)

Gymnasium Addition

Fenced/Secured Exterior Recreation Approx. 5,300 SF
- Access to recreation area is from ground level.

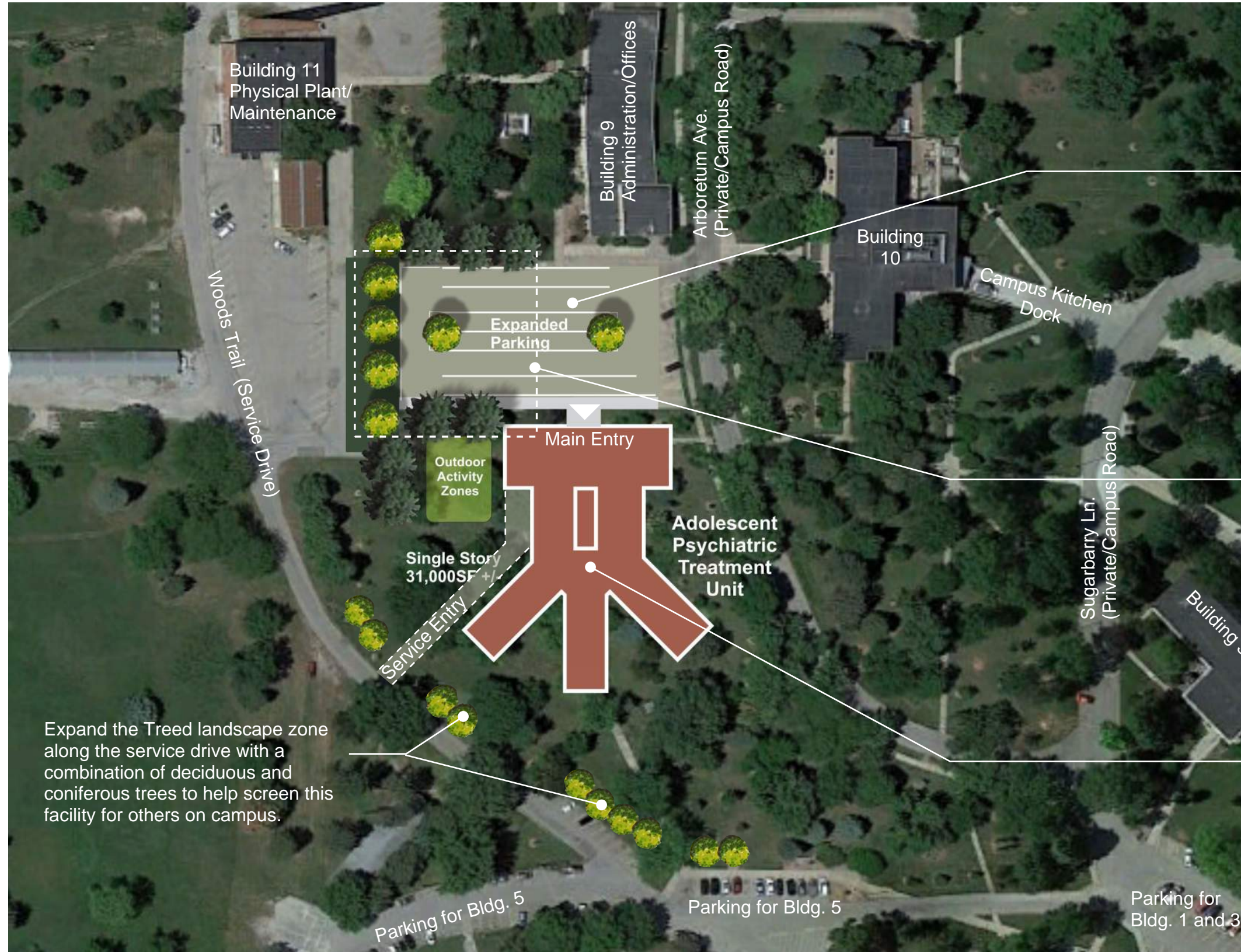
Google Earth

100 ft

Camera: 2,004 ft 40°46'47"N 96°43'53"W 1,193 ft



BUILDING 3 - SITE MAP
SCALE: NOT TO SCALE



Existing parking lot serving Building 10 to be expanded to accommodate the "New" Building 7

Due to existing condition of the current Building 7, it would be raised for construction of this new building and associated parking. (Dashed line indicates approximate location of Building 7.)

New single story 31,000 BGSF +/- facility located south of the Bldg. 9 Parking lot. The Entry in this scheme is located to the north off of the parking for easy visitor access. The "daytime" zone with exercise area, class rooms, group rooms, kitchen/dining are located in the north portion of the building. The three residential zones are located to the south end with views in the treed area.

Expand the Treed landscape zone along the service drive with a combination of deciduous and coniferous trees to help screen this facility for others on campus.


BUILDING 7 - SITE PLAN NARRATIVE
 SCALE: NOT TO SCALE



Lincoln Regional Center Campus
 Building 3

Ground Level	14,500 BGSF
Main Level	14,500 BGSF
Second Level	14,500 BGSF

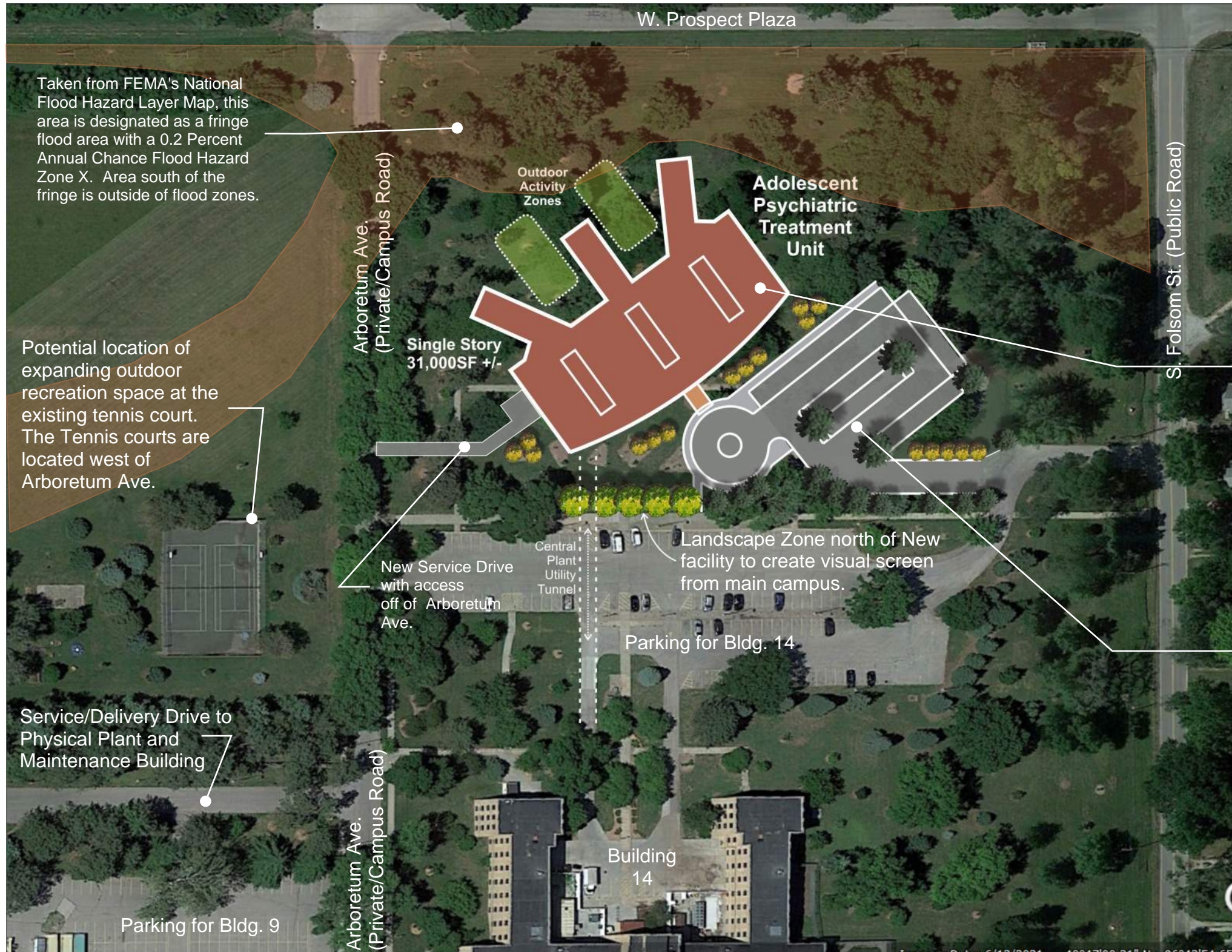
Google Earth

Imagery date: 6/13/21 - newer

100 ft

Camera: 2,222 ft 40°46'51"N 96°43'54"W 1,186 ft

BUILDING 10 - SITE MAP
 SCALE: NOT TO SCALE



Taken from FEMA's National Flood Hazard Layer Map, this area is designated as a fringe flood area with a 0.2 Percent Annual Chance Flood Hazard Zone X. Area south of the fringe is outside of flood zones.

Potential location of expanding outdoor recreation space at the existing tennis court. The Tennis courts are located west of Arboretum Ave.

Service/Delivery Drive to Physical Plant and Maintenance Building

Program Summary

Department/Area Description	Net Square Feet (NSF)	Departmental Gross Square Feet (NSF + GF)
Administration	2,210	2,984
Intake/Assessment	270	365
Group Rooms/Dining/Programs	5,130	6,926
Education	2,380	3,213
Kitchen	590	797
Storage	860	1,161
8 Bed Single General Occ. Unit #1	2,140	2,996
8 Bed Single General Occ. Unit #2	2,140	2,996
8 Bed Single Specialized Occ. Unit #3	2,420	3,388
Subtotal		24,824
Building Grossing Factor (25%)		6,206
TOTAL BUILDING GROSS SQAURE FOOTAGE (BGSF)		31,030

New single story 31,000 BGSF +/- facility to be located south of the Fringe Flood zone. The Entry in this scheme is located to the southwest towards the new parking for easy visitor access. The "daytime" zone with exercise, area, class rooms, group rooms, kitchen/dining are located in the southeast portion of the building. The three residential zones are located to the north with views to the treed area.

Rebuild existing unused deteriorating parking to service the new Adolescent Psychiatric Treatment Unit for Staff, and visitors. Visitor's access is easy directly off of S. Folsom Street.

BUILDING NEW - NORTH SITE OPTION
SCALE: NOT TO SCALE

Program Summary			
Nebraska DHHS			
Inpatient Adolescent Psychiatric Treatment Facility			
Department/Area Description		Net Square Feet (NSF)	Departmental Gross Square Feet (NSF + GF)
Administration		2,210	2,984
Intake/Assessment		270	365
Group Rooms/Dining/Programs		5,130	6,926
Education		2,380	3,213
Kitchen		590	797
Storage		860	1,161
8 Bed Single General Occ. Unit #1		2,140	2,996
8 Bed Single General Occ. Unit #2		2,140	2,996
8 Bed Single Specialized Occ. Unit #3		2,420	3,388
	Subtotal		24,824
	Building Grossing Factor (25%)		6,206
TOTAL BUILDING GROSS SQAURE FOOTAGE (BGSF)			31,030

* The above Program Summary is a condensed version of the Inpatient Adolescent Psychiatric Treatment Facility Program developed by Chinn Planning, Inc.

PROJECT COST ESTIMATES

The following are estimated "Project Cost" which includes the Construction Cost Estimate

When arriving at a total project cost it is important to understand the difference between Construction Cost and Project Cost. Construction Cost is the amount paid to a contractor (typically a General Contractor) for construction of your project. Construction Cost includes the contractor's cost such as materials and manpower.

Project Cost includes Construction Cost plus what some call "soft cost" such as sales tax (if applicable), land (if purchase is required), permit fees, and fees of design professionals, utility connections (if applicable) and the cost of owner furnished items such as equipment, furnishings, signage, moving expenses and any other items necessary.

For the estimates, the following considerations were taken into account:

1. The Cost estimated for the Asbestos Abatement cannot be totally established until an Environmental Assessment can be completed.
2. Sales Tax is excluded.
3. Assumed project to be competitively bid.
4. Assumed construction to be during normal working hours.
5. The construction costs shall be used for budgeting and planning purposes only and shall not be used as an actual bid as given by a contractor to build the project.
6. With this early project planning, assumptions regarding design and construction had to be made. With the continuation of design, variances and design modifications may be required.
7. Field testing during construction as dictated by either State or Local Building Codes will be required for certain items. This cost may vary due to phasing, re-testing, and scheduling.
8. The construction cost listed is based upon averages for similar construction type. Escalation allowances were made based upon assumptions this project would be bid by end of 2022. As time progresses, escalation percentages bidding climate factors may vary. Due to the number of unknowns, there are a number of contingencies carried within this projected budget.
9. Budget items other than construction cost are based upon national averages. The associated cost may vary due to project size, schedule, Owner's variables, etcetera.

Option to Convert Building 3 to an Adolescent Psychiatric Treatment Unit on the Lincoln Regional Center Campus.

Estimated Project Budget Analysis

Costs Breakdown

Date: November 4, 2021

CATEGORY OF COST

**Convert Building 3 to APT
(Approx. 43,500 BGSF)**

Estimated Construction by Task

Demolition	\$217,500	
New/Renovation	\$10,875,000	
Gymnasium Addition	\$625,000	
Low Voltage & Fire Alarm	\$870,000	
Site Work	\$217,500	
		\$12,805,000

Owner Contingency, Construction Fees and Allowances

Contingency at 10% of estimated Construction Value	\$1,280,500	
Estimated Construction Fees		
1) Third Party Commissioning Agent	\$38,420	
2) Environmental Assessment Consultant	\$25,610	
3) Construction Testing Consultant	\$42,260	
Estimated Allowances		
1) Asbestos Abatement (Estimated Allowance)	\$100,000	
2) Estimated State and Local Permits & Review Fees	\$38,420	
3) Estimated Owners Operational Needs (Start-up, Staff Training, Moving Expenses, Temporary Needs, etc.)	\$32,010	
		\$1,557,220

A/E Professional Fees

Construction Unknowns and Allowances		
1) Estimated Basic Design Fee	\$1,344,530	
2) Printing/Travel/Other Exp.	\$12,810	
3) Construcion Cost Consultant Fee	\$15,570	
		\$1,372,910

Furniture, Furnishings & Equipment (FF&E)

1) Furniture, Furnishings & Equipment	\$256,100	
2) Signage (0.05%)	\$64,030	
		\$320,130

\$16,055,260

Note: The project cost for this option does not include the replace cost of adding beds lost in another building. There will be a substantial cost associated with the renovation of another building to add back the beds lost.

Option to Demolish Building 7 and Reconstruct an Adolescent Psychiatric Treatment Unit on the Lincoln Regional Center Campus.

Project Budget Analysis

Costs Breakdown

Date: November 4, 2021

CATEGORY OF COST

**Building 7 Demo and Replacement
for new APT Building
(Approx. 31,000 BGSF)**

Estimated Construction by Task		
Demolition/Site Prep	\$920,000	
New/Renovation	\$8,680,000	
Low Voltage & Fire Alarm	\$465,000	
Site Work & Parking	\$620,000	
		\$10,685,000
 Owner Contingency, Construction Fees and Allowances		
Contingency at 10% of estimated Construction Value	\$1,068,500	
Construction Fees		
1) Third Party Commissioning Agent	\$38,440	
2) Environmental Assessment Consultant (Building & Tunnel)	\$25,640	
3) Construction Testing Consultant	\$35,260	
Allowances		
1) Asbestos Abatement (Tunnel/Estimated Allowance)	\$25,000	
2) Estimated State and Local Permits & Review Fees	\$53,430	
3) Estimated Owners Operational Needs (Start-up, Staff Training, Moving Expenses, Temporary Needs, etc.)	\$53,430	
		\$1,299,700
 A/E Professional Fees		
Construction Unknowns and Allowances		
1) Estimated Basic Design Fee	\$1,121,930	
2) Consultants Reimb. Exp.	\$106,850	
3) Cost Consultant Fee	\$51,990	
		\$1,280,770
 Furniture, Furnishings & Equipment (FF&E)		
1) Furniture, Furnishings & Equipment (FF&E @ 7.5%)	\$720,750	
2) Signage	\$48,050	
		\$768,800
		\$14,034,270

Option to Convert Building 10 to an Adolescent Psychiatric Treatment Unit on the Lincoln Regional Center Campus.

Estimated Project Budget Analysis

Costs Breakdown

Date: November 4, 2021

CATEGORY OF COST

**Convert Building 10 to APT
(Approx. New 31,000 BGSF)**

Estimated Construction by Task

Demolition	\$310,000	
New/Renovation	\$7,750,000	
Gymnasium Addition	\$625,000	
Low Voltage & Fire Alarm	\$465,000	
Site Work	\$620,000	
	\$9,770,000	\$9,770,000

Owner Contingency, Construction Fees and Allowances

Contingency at 10% of estimated Construction Value	\$977,000	
Estimated Construction Fees		
1) Third Party Commissioning Agent	\$195,400	
2) Environmental Assessment Consultant	\$19,540	
3) Construction Testing Consultant	\$32,240	
Estimated Allowances		
1) Asbestos Abatement (Estimated Allowance)	\$30,000	
2) Estimated State and Local Permits & Review Fees	\$9,770	
3) Estimated Owners Operational Needs (Start-up, Staff Training, Moving Expenses, Temporary Needs, etc.)	\$24,430	
	\$1,288,380	\$1,288,380

A/E Professional Fees

Construction Unknowns and Allowances		
1) Estimated Basic Design Fee	\$1,025,850	
2) Printing/Travel/Other Exp.	\$9,770	
3) Construction Cost Consultant Fee	\$12,880	
	\$1,048,500	\$1,048,500

Furniture, Furnishings & Equipment (FF&E)

1) Furniture, Furnishings & Equipment	\$720,750	
2) Signage	\$48,050	
	\$768,800	\$768,800

\$12,875,680

Note: The project cost for this option does not include the replace cost of adding beds lost in another building. There will be a substantial cost associated with the renovation of another building to add back the beds lost.

Option to Build a New One-story Adolescent Psychiatric Treatment Unit at the north end of the Campus (Original Bldg 15 Site) at the Lincoln Regional Center.

Project Budget Analysis

Costs Breakdown

Date: November 4, 2021

CATEGORY OF COST	North Site Option - New APT Building (Original Bldg 15 Site) (Approx. 31,000 BGSF)	
Estimated Construction by Task		
Demolition/Site Prep	\$155,000	
New/Renovation	\$8,680,000	
Low Voltage & Fire Alarm	\$465,000	
Site Work & Parking	\$310,000	
	\$9,610,000	
Owner Contingency, Construction Fees and Allowances		
Contingency at 10% of estimated Construction Value	\$961,000	
Construction Fees		
1) Third Party Commissioning Agent	\$38,440	
2) Environmental Assessment Consultant (Tunnel)	\$11,530	
3) Construction Testing Consultant	\$72,080	
Allowances		
1) Asbestos Abatement (Tunnel/Estimated Allowance)	\$25,000	
2) Estimated State and Local Permits & Review Fees	\$48,050	
3) Estimated Owners Operational Needs (Start-up, Staff Training, Moving Expenses, Temporary Needs, etc.)	\$48,050	
	\$1,204,150	
A/E Professional Fees		
Construction Unknowns and Allowances		
1) Estimated Basic Design Fee	\$1,009,050	
2) Consultants Reimb. Exp.	\$96,100	
3) Cost Consultant Fee	\$48,170	
	\$1,153,320	
Furniture, Furnishings & Equipment (FF&E)		
1) Furniture, Furnishings & Equipment	\$720,750	
2) Signage (0.05%)	\$48,050	
	\$768,800	
		\$12,736,270

FREQUENTLY USED TERMS

Net Square Feet (NSF):

The NSF is the area of an individual room or the usable floor area that is assigned to a function in an open area. Net square feet for each room are measured from the inside finished surface of surrounding partitions or enclosing elements and from the outline of the floor area for a space in an open area. Net areas do not include partitions or structural elements such as columns or column enclosures, or circulation or access spaces.

Department Gross Square Feet (DGSF):

The DGSF is a measurement of an assemblage of rooms and spaces as assigned to a department or service and includes internal departmental and/or service circulation and partitions, columns and projections enclosing the structural elements of the building within the departmental space. The boundary defining DGSF is drawn from the inside finish of the permanent exterior building walls to the centerline of department-separating wall partitions or to the centerline of corridors which separate and provide access to spaces in adjoining departments.

Building Gross Square Feet (BGSF):

The BGSF is the aggregate area of all enclosed floor areas and supporting structure and certain unenclosed areas which support the function of the building. BGSF includes all DGSF space, as well as the area of the exterior wall and structure; common and service spaces not assigned to a department; enclosed mechanical spaces; vertical circulation spaces including elevators, stairs, and escalators, shafts, and stacks; and any other areas which make up the entire building.

Planned Used:

Currently there are projects in progress which are referred to as the “Ligature and Fire Alarm Projects”. Due to phasing, these projects have required the temporary relocation of patients and services to buildings other than those which are the intended final location. As an example, Building 10 is currently being renovated with the Ligature and Fire Alarm Project in progress. The WAPFS is temporarily located in Building 3 and will move back to Building 10 upon project completion. This study is completed based upon the final location of all programs and services.

Mechanical and Electrical Ratings:

The conditions of the general, mechanical, and electrical systems are categorized as poor, fair, or good and may include energy.

- **Poor:** A rating of poor is justification for immediate remedy and corrective action. Service life of these systems has been reached or exceeded and are broken, unsafe, obsolete or do not meet current code. Such deficiencies can further be classified as either critical or serious where critical represents a pending threat to health and life safety, whereas serious implies an immediate threat other than code or not necessarily a functional deficiency. Implementing recommendations will increase the life safety aspects of the buildings, will reduce further deterioration of the building component, will enhance the energy efficiency of the facility, and will ensure that the building operates as designed be it mechanically or electrically.
- **Fair:** A rating of fair suggests that the system has remaining life of 5 years and may have minor deficiencies that can be funded as part of a capital renewal program. This category includes conditions requiring appropriate attention to preclude predictable deterioration or potential downtime and the associated damage or higher costs if deferred further.
- **Good:** A rating of good represents systems with remaining life cycle exceeding 5 years that have no significant deficiencies. Implementing recommendations in this category will either improve use of the hospital and/or reduce long term maintenance.

