HB1012
3-19-25

North Dakota State Hospital

Design Update: March 19, 2025

NORTH Dakota Be Legendary | TEGRA GROUP | Mortenson | JLG ARCHITECTS

Mike Van Klei
Tegra Group

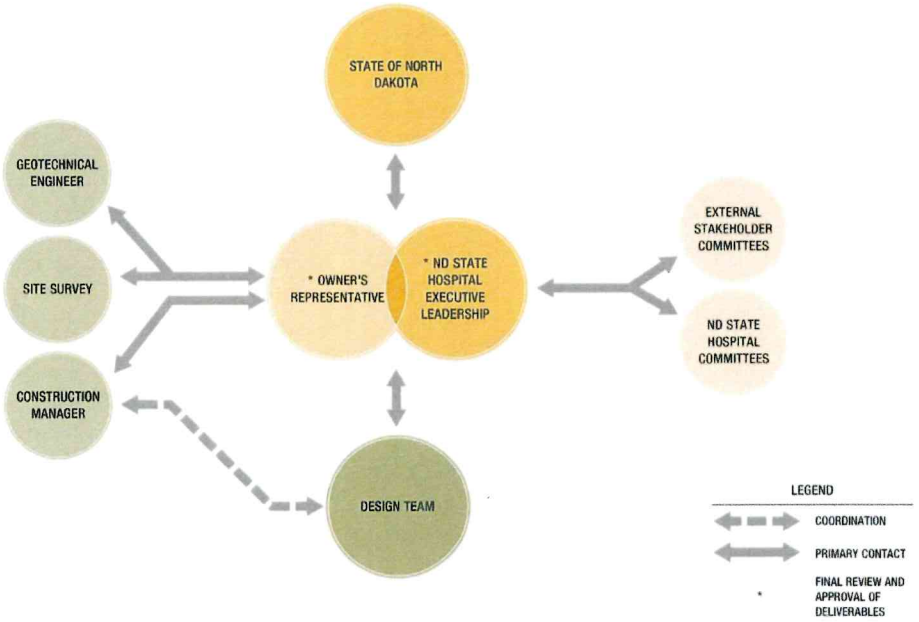
Joanna Slominski
Mortenson

Frank Pitts *(Virtual/Remote)*
architecture +

Mark Honzay
JLG Architects

OWNER	OWNER REPRESENTATIVE	CONSTRUCTION MANAGER	DESIGN TEAM
NORTH Dakota Be Legendary.™	TEGRA GROUP	Mortenson	

TEAM ORGANIZATION



JLG Architects
Architect of Record
Project Manager
Furniture Planning & Design

architecture +
Behavioral Health Design Expert
Furniture, Equipment, Signage Planning & Design

Heyer Engineering
Structural Engineer

Interstate Engineering
Civil Engineer
Site Survey

CMTA
Mechanical Engineer
Electrical Engineer

Confluence
Landscape Architect

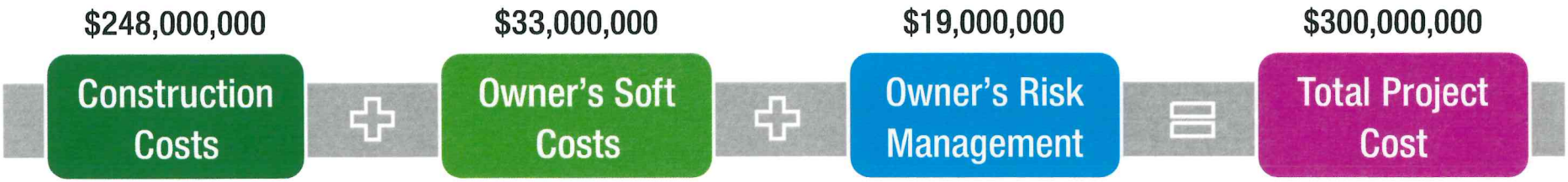
Foodservice Concept Design
Food Service Designer

Service	Description	Vendor	Step 1 Through $12.5M	Step 2 (+3M) $12.5M to $15.5M
SOFT COSTS			$ 12,193,125	$ 2,697,676
Site Investigation			$ 140,900	$ -
Environmental Investigations	Phase I Assessment	Terracon	$ 3,900	
Geotechnical Investigations	Soil Borings & Analysis	Terracon	$ 85,000	
Site Survey		Interstate Engineering	$ 24,000	
Wetland Delineation Study		Interstate Engineering	$ 28,000	
Professional Fees			$ 11,982,225	$ 2,697,676
Architect & Engineering	Predesign	Design Team	$ 625,000	
Architect & Engineering	Food Service - Current Ops	Design Team	$ 5,810	$ 3,927
Architect & Engineering	Schematic Design	Design Team	$ 2,942,400	
Architect & Engineering	Design Development	Design Team	$ 5,712,000	
Architect & Engineering	Construction Documents	Design Team	$ 1,390,747	$ 2,017,437
Architect & Engineering	Furniture Design	Design Team	$ 159,575	$ 40,925
Architect & Engineering	Medical Equip Design	Design Team	$ 40,000	$ 25,396
Architect & Engineering	Wayfinding & Signage Design	Design Team	$ 10,000	$ 33,250
Architect & Engineering	Kitchen Shell Design	Design Team		$ 5,698
Architect & Engineering	Low Voltage Design	Design Team	$ 204,058	$ 183,652
Design Reimbursables		Design Team	$ 70,483	$ 25,500
Physics* (X-Ray)				$ 10,000
MEP Systems Commissioning				$ 20,570
Building Envelope Commissioning				$ 85,867
Project Management Services			$ 735,000	$ 220,000
Project Management Services Reimbursables			$ 17,553	$ 5,254
Facility Tours			$ 35,000	
Mock Ups			$ 34,600	$ 20,200
Low Voltage / Technology / Audio/Video			$ 70,000	$ -
NDIT Fees			$ 70,000	
CONSTRUCTION COSTS			$ 306,875	$ 200,875
Construction	Preconstruction	Mortenson	$ 306,875	$ 108,125
State Health Department Plan Review and Permit Fees				$ 92,750
OWNER HELD CONTINGENCIES & ALLOWANCES			$ -	$ 101,449
Owner Contingency				$ 57,971
Design Contingency				$ 43,478
GRAND TOTAL			$ 12,500,000	$ 3,000,000

OUTCOME OF THE 68TH NORTH DAKOTA LEGISLATIVE ASSEMBLY

- State of ND approved resources to begin design of new state hospital
- JLG Architects was engaged to lead the design process
- Began design process in July of 2023
- JLG teamed with architecture+ out of New York - National psychiatric hospital design expert
- The team was asked to lead an open, engaging, and collaborative design process
- Listen to NDSH and ND HHS stakeholders and users, understand current and future needs
- Understand challenges, goals, opportunities
- Benchmarked program against national public psychiatric hospitals and evidence-based design solutions
- State Procured Owners Representative – Tegra and Construction Manager – Mortenson to understand the construction and total project cost for the determined design solution

PROJECTED TOTAL PROJECT COSTS



The Design Process

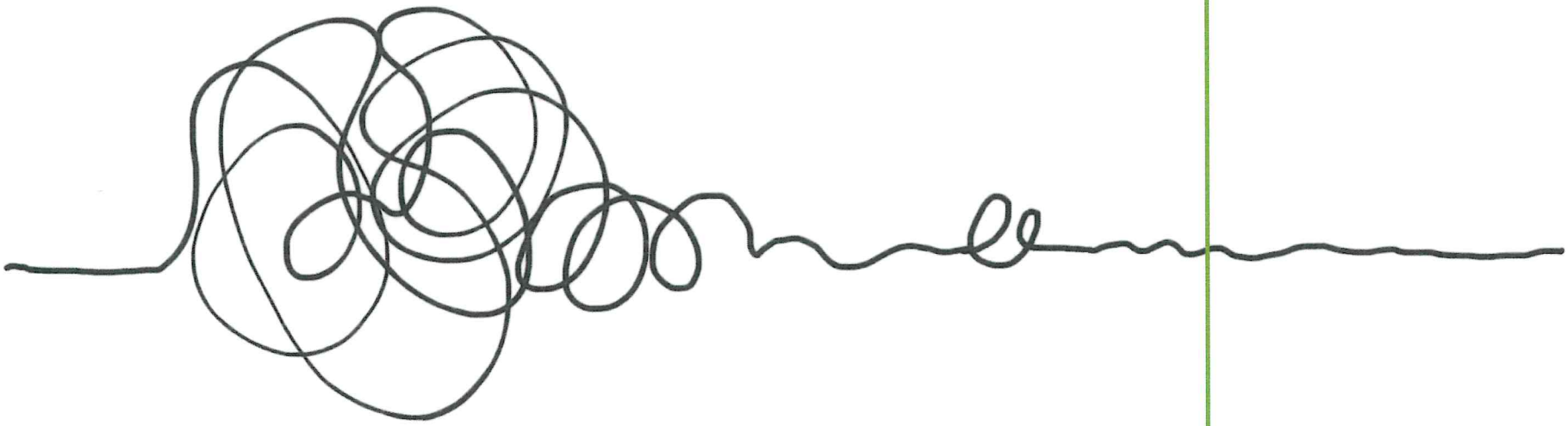
Site Selection & Design Overview

Benchmarks & Cost Validation

Project Scope Update

DESIGN PHASES

WE ARE HERE



PREDESIGN

Understand the Problem
Establish the Program
Understand the Budget
Evaluate the Site

SCHEMATIC DESIGN

Refine the Project Scope
Define Space Relationships
Define the Flow of Spaces
Identify Basic Building Systems
Verify the Project Budget

DESIGN DEVELOPMENT

Develop Detailed Plans, Sections, Elevations
Refine Exterior Image/Character
Establish Finishes
Coordinate Building Systems
Confirm Budget
Mock-Ups

CONSTRUCTION DOCUMENTS

Develop Construction Details and Product Specs
Final Systems Coordination
Perform Final Quality Assurance Review
Verify Construction Cost and Project Budget
Issue for Plan Review and Bidding

THE WHY

IMPROVED CARE & EXPERIENCE

- Increase client capacity without significant staff increases
- Increased capacity will contribute to reducing the wait list for admissions
- Improve client & staff safety, security and well-being
- Modern healthcare facility design, appropriate technology, enhanced security and modern amenities including private client rooms, advanced treatment areas, and therapeutic spaces

EFFICIENCY

- The building will be more efficient to maintain, heat, and cool
- More efficient and concise layout which will make it easier to safely and effectively staff the facility
- Consolidated building footprint which will reduce time, staff redundancy, and steps, allowing staff to care for clients more effectively

COST-EFFECTIVE SOLUTION

- Renovating the existing building to the level that's needed is cost prohibitive
- Renovation would be a significant disruption and will likely reduce bed capacity during a long construction period
- New location will visually disassociate the hospital from JRCC, but would still allow specific service agreements & efficiencies to remain
- More cost effective to operate, staff, and maintain a single 295,815 SF facility vs. the existing multi-building 546,037 SF NDSH campus.

1 HENRY LAHAUG BUILDING
142,762 SF

2 NEW HORIZONS BUILDING
75,485 SF

3 GM BUILDING
82,670 SF

4 LRC BUILDING
40,800 SF

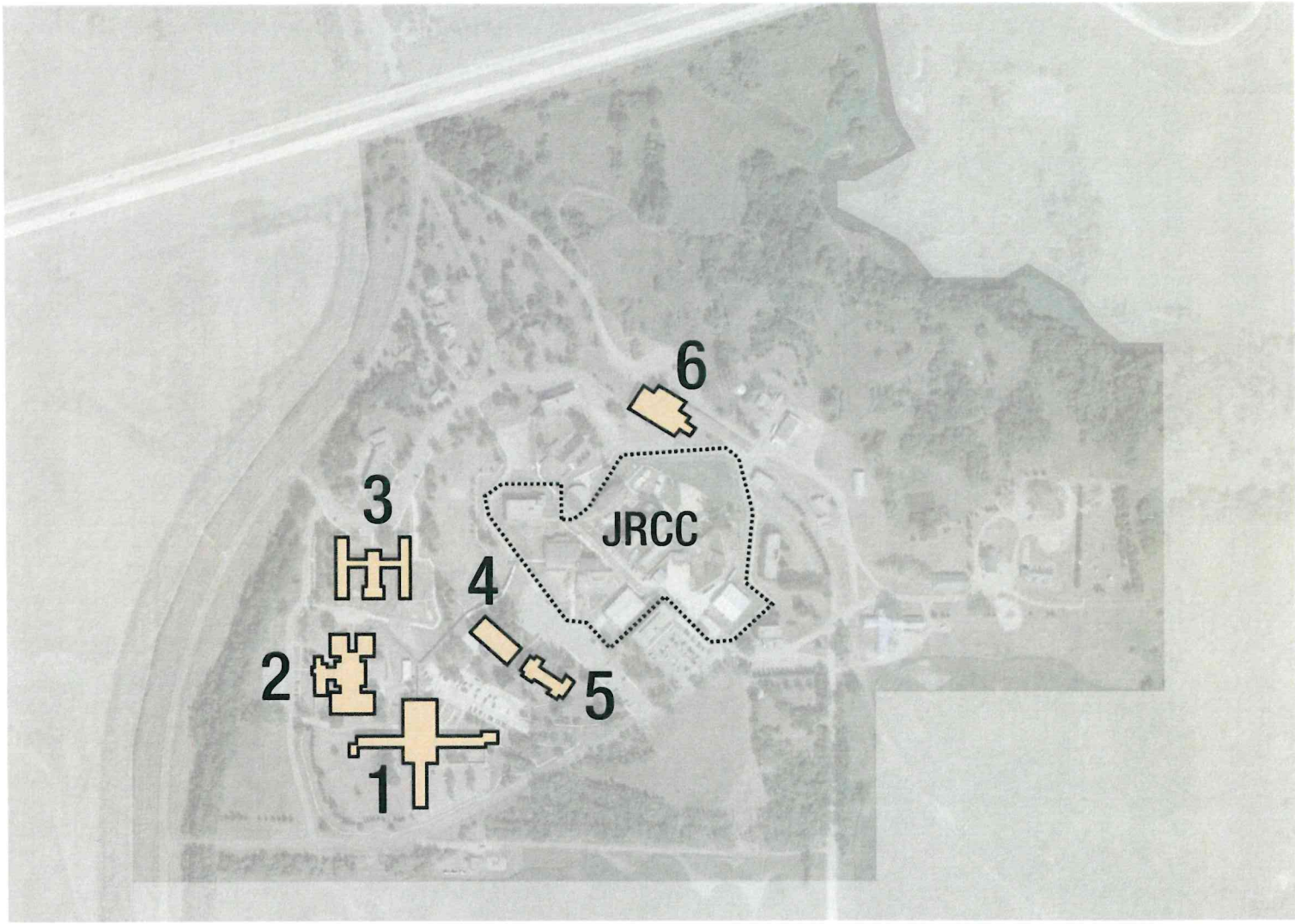
5 16 WEST BUILDING
39,900 SF

6 POWER PLANT BUILDING
40,085 SF

24 ADDITIONAL BUILDINGS
124,335 SF

TOTAL EXISTING
546,037 SF

NEW HOSPITAL PROGRAM
295,815 SF



OPERATING AND MAINTENANCE COSTS

Location	Size (SF)	Plant Ops, Capital Improvements, Emergency Repairs	Utilities	Total	Notes
Existing Campus	546,037	$3,875,360	$1,278,688	$5,154,048	2022/2023 Biennium actual costs
New Hospital	295,815	$857,503	$1,180,332	$2,037,835	Projected costs (calculated in 2022/2023 dollars)
			Project Operating Savings Per Biennium	**$3,116,213**	**Calculated in 2022/2023 dollars**

DEFERRED MAINTENANCE COSTS (EXISTING NDSH CAMPUS)

Location (Current Campus)	Cost	Notes
LaHaug Building	$16,500,000	Data from "NDSH Building Use" report. Date Unknown
Learning Resource Center	$5,250,000	Data from "NDSH Building Use" report. Date Unknown
16 West – Engineering Offices	$6,320,000	Data from "NDSH Building Use" report. Date Unknown
GM Building (SOTEP)	$10,250,000	Data from "NDSH Building Use" report. Date Unknown
New Horizons	$6,750,000	Data from "NDSH Building Use" report. Date Unknown
Swimming Pool	$1,940,000	Data from "NDSH Building Use" report. Date Unknown
Total of Current Campus	**$47,010,000**	**Data from "NDSH Building Use" report. Date Unknown**

The Design Process

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Project Scope Update

PROJECT STAKEHOLDERS

STATE OF NORTH DAKOTA

Wayne Salter	NDHHS Commissioner
Sara Stolt	NDHHS Deputy Commissioner

ND STATE HOSPITAL EXECUTIVE LEADERSHIP

Pam Sagness	NDHHS Behavioral Health Executive Director
Dr. Eduardo Yabut	Medical Director
Aaron Olson	Superintendent

OWNER'S REPRESENTATIVE

TEGRA GROUP

Mike Van Klei	Director
Carolyn Wolf	Director
Connie Shields	FFE Coordinator

ND STATE HOSPITAL GOVERNING BODY

Pam Sagness	Chair
Aaron Olson	Superintendent
Dr. Eduardo Yabut	Medical Director
Carlotta McCleary	Executive Director
Karen Rohr	Representative
Courtney Peterson	Assistant CFO
Jeff Stenseth	Operation Director
Wayne Salter	NDHHS Commissioner

ND STATE HOSPITAL COMMITTEES

ND Health & Human Services:

Jonathan Alm	Chief Legal Officer
Robert Hobbelman	Director of Technology
Amy Jangula Johnson	Procurement Officer

User Group Assembly/Steering Committee:

Dr. Eduardo Yabut	Medical Director
Aaron Olson	Superintendent
Jeff Comer	Plant Services
Deb Eissinger	QM Director
Melanie Flynn	Director of Res. Services
Beth Satrom	Director of Nursing

User Group: Inpatient Services

Beth Satrom	Director of Nursing
Cari Hanson	Admissions
Kim Matroni	Director of IPS
Cora Courage	Clinical Director
Jessica Graves	Nursing
Carrie Christianson	Nursing/RA

User Group: Adjunct Therapy

Kim Matroni	Director of IPS
Cindy Sperle-Gee	Volunteers
Michael Jan	Library
Joy Johnson	Chaplain

User Group: Clinical Ancillaries

Sara Odin	Radiology/Dental
Jodi Ronningen	Lab Director
Sash Krapp	Lab
Amy Johnson	Pharmacy Director
Jessica Graves	IC/CC
Mackenzie Hanson	Nutrition Services

ND STATE HOSPITAL COMMITTEES

User Group: SOTEP

Melanie Flynn	Director of Res. Services
Katie Banet	Residential Services

User Group: I.T. Med. Records

Eric Ova	IT
Jeremy Drew	IT
Deb Eissinger	QM Director
Jim Cofield	QM
Sheila Moser	Edu/Staff Development

User Group: Facilities MGMT

Joshua Miller	Safety
Larry Culp	Safety & Security
Jeff Comer	Plant Services
Jessica Graves	IC/CC
Javier Dialo	Environmental Services
Amanda Krueger	Central Service Inventory

User Group: Administration

Donna Aukland	Asst CFO
Ruleen McMillan	Admin Assistant
Carie Hanson	Admission/Switchboard
Kelly Rode	Court Proceedings
Bernice Monson	Business Office
Mary Pinlac	Business Office

EXTERNAL STAKEHOLDER COMMITTEES

State and Local AHJ:

Karla Aldinger	NDHSS Director
Tom Blackmore	Jamestown Inspector
Jim Reuther	Jamestown Fire Chief
Doug Nelson	State Fire Marshal

EXTERNAL STAKEHOLDER COMMITTEES

Invited Legislator:

Michelle Strinden	Representative
Alisa Mitskog	Representative
Karen Rohr	Representative
Robin Weisz	Representative
Jon Nelson	Representative
Bernie Satrom	Representative
Don Vigesaa	Representative
Mitch Ostlie	Representative
Sean Cleary	Senator
Kyle Davison	Senator
Tim Mathern	Senator
Judy Lee	Senator
Dick Dever	Senator
Terry Wanzek	Senator
Cole Conley	Senator

ND DOCR:

Chad Pringle	JRCC Warden

NDIT:

Doran Eberle	
John Sheldon	Communications Manager
Doug Hay	
Tana Sorgaard	IT Team Lead
Brian Hieber	

North Dakota Forest Service:

Lezlee Johnson	Team Lead

State Historical Society of North Dakota:

Andrew Clark	Director/Deputy SHPO
Kimberly Jondahl Director	
Bill Peterson	Director/ND SHPO

Stutsman Title:

Jenny Mathias	Title Processor

Stutsman Rural Water District

Geneva Kaiser	General Manager
Jesse Hewson	Distribution Manager

PROJECT TEAM – DESIGN AND CONSTRUCTION CONSULTANTS

DESIGN TEAM

JLG Architects	**Architect of record**
Todd Medd	Principal In Charge
Mark Honzay	Principal
Michael Vetter	Project Manager
Shauntel Fett	Project Architect
Helen White	Job Captain
Zoe Huber	Job Captain
Jill Yn	Job Captain
Zach Nelson	Project Associate
Kerry Kennedy	Project Associate
Madeline Knoll	Intern Architect
architecture +	**Behavioral Health Expert**
Francis Pitts	Principal
Michael Bergen	Principal
Alethea Splittgerber	Senior Project Coor.
Hiroki Sawai	Project Architect
Julie Borden	Interior Designer
Lauren Brock	Interior Designer
Malik Sanders	Job Captain
Interstate Eng.	**Civil Engineer**
Travis Dillman	Principal Engineer
Ben Aaseth	Project Engineer
Heyer Engineering	**Structural Engineer**
Darren Neff	Principal
Isabella Skoblik	Engineer Intern
CMTA	**Mechanical Engineer**
Steve Hoepfner	Project Manager
Jorge Fossland	Mechanical Designer
CMTA	**Electrical Engineer**
Tony Nelson	Director Operations
Derek Gooselaw	Electrical Designer
Ben Larson	Electrical Designer

DESIGN TEAM

Confluence	**Landscape Architect**
Maelo Maldonado	Principal
Laura Bowles	Associate
FCD	**Food Service Designer**
Bryce Van Klein	Principal
Emily Rebb	BIM Manager
JLG/a+	**Furniture Planning & Design**
Karen Mutschelknaus	Designer
Jessi Larson	Designer
Alison Carlson	Designer
Sara Wengert	Principal
Julie Borden	Interior Designer
Lauren Brock	Interior Designer
architecture +	**Equipment Planning & Design**
Sara Wengert	Principal
Julie Borden	Interior Designer
Lauren Brock	Interior Designer
Architecture +	**Signage Planning & Design**
Michael Bergen	Principal
Hiroki Sawai	Project Architect
Julie Borden	Interior Designer
TBD	**Low Voltage**
TBD	
TBD	**Enclosure**
TBD	
TBD	**Commissioning**

CONSTRUCTION MANAGER

Mortenson	
Joanna Slominski	General Manager
Travis Cleem	Project Executive
Kevin Heisdorffer	Senior Design Phase Manager
Kevin Smith	MEP Design Phase Manager
Brian Boe	General Superintendent
Rachel Iverson	Project Manager

GEOTECHNICAL ENGINEER

Terracon	
Bill Olson	Department Manager
Hilary Clifton	Senior Associate
Jason Bivens	Project Manager

SITE SURVEY & WETLANDS DELINEATION

Interstate Engineering	
Travis Dillman	Principal Engineer
Ben Aaseth	Project Engineer
Nick Chicos	Survey Manager
Jason Bivens	Project Manager

KEY LEGISLATOR, GOVERNING BODY, GOVERNOR'S OFFICE, AND COMMUNITY ENGAGEMENT DATES

2023

Kick-off Meeting with HHS Commissioner
August 8, 2023
Governing Body Meeting
September 11, 2023
Governor's Office Meeting
December 19, 2023

Jamestown City & Public Community Engagement
June 25, 2024

2024

SD Workshop #2 - Legislator Design Update Meeting
February 6, 2024
Governing Body Meeting
March 11, 2024
Governor's Office & HHS Commissioner On site Meeting
April 17, 2024
NDSH Staff Engagement & Legislator Design Update Meeting
May 8 - 9, 2024
DD Workshop #2 - Legislator Design Update Meeting
June 4, 2024
Jamestown City & Public Community Engagement
June 25, 2024
ND HHS Budget Decision Package
August 2024
DD Package Submission
August 16, 2024
Governor's Office Design Update Meeting
October 24, 2024
Governor's Office Review Meeting
November 4, 2024
Governor's Office & Legislator Design Update Meeting
November 14, 2024

- Over 110 meetings between design & construction team and key stakeholders
- Governing Body Updates Every Quarter

ND State Hospital Staff Engagement
May 8-9, 2024

PROJECT GUIDING PRINCIPLES

"OUR MISSION IS DEDICATED TO THE CARE, TREATMENT, AND SUPPORT OF EACH INDIVIDUAL'S JOURNEY TOWARD WELLNESS AND RECOVERY WITHIN A SAFE ENVIRONMENT THAT PROMOTES REINTEGRATION IN THE COMMUNITY."

RECOVERY

Foster the reintegration of clients into the community by empowering them to develop the skills and awareness needed to lead successful lives despite illness or injury. The building should facilitate this by ensuring separation from the prison system and incorporating features like enclosed courtyards, outdoor spaces, and natural light to create a supportive environment.

REINTEGRATION

Facilitate individualized reintegration at various levels by designing a home-like environment, offering access to community spaces, creating a familiar and less traumatizing setting, and providing a testing ground for tailored caregiver-patient interactions.

SAFETY

Prioritize comprehensive safety for staff, clients, visitors, contractors, and the community by implementing anti-ligature measures, minimizing blind spots, ensuring the proximity of staff to clients, and integrating alert systems, duress systems, and tracking mechanisms for both clients and staff.

FLEXIBILITY & EFFICIENCY

Maximize space flexibility and efficiency by creating adaptable units capable of shifting or opening specialized care, incorporating smart technology, and strategically placing spaces to enable more efficient and responsive healthcare delivery, and ensuring a dynamic response to changing needs.

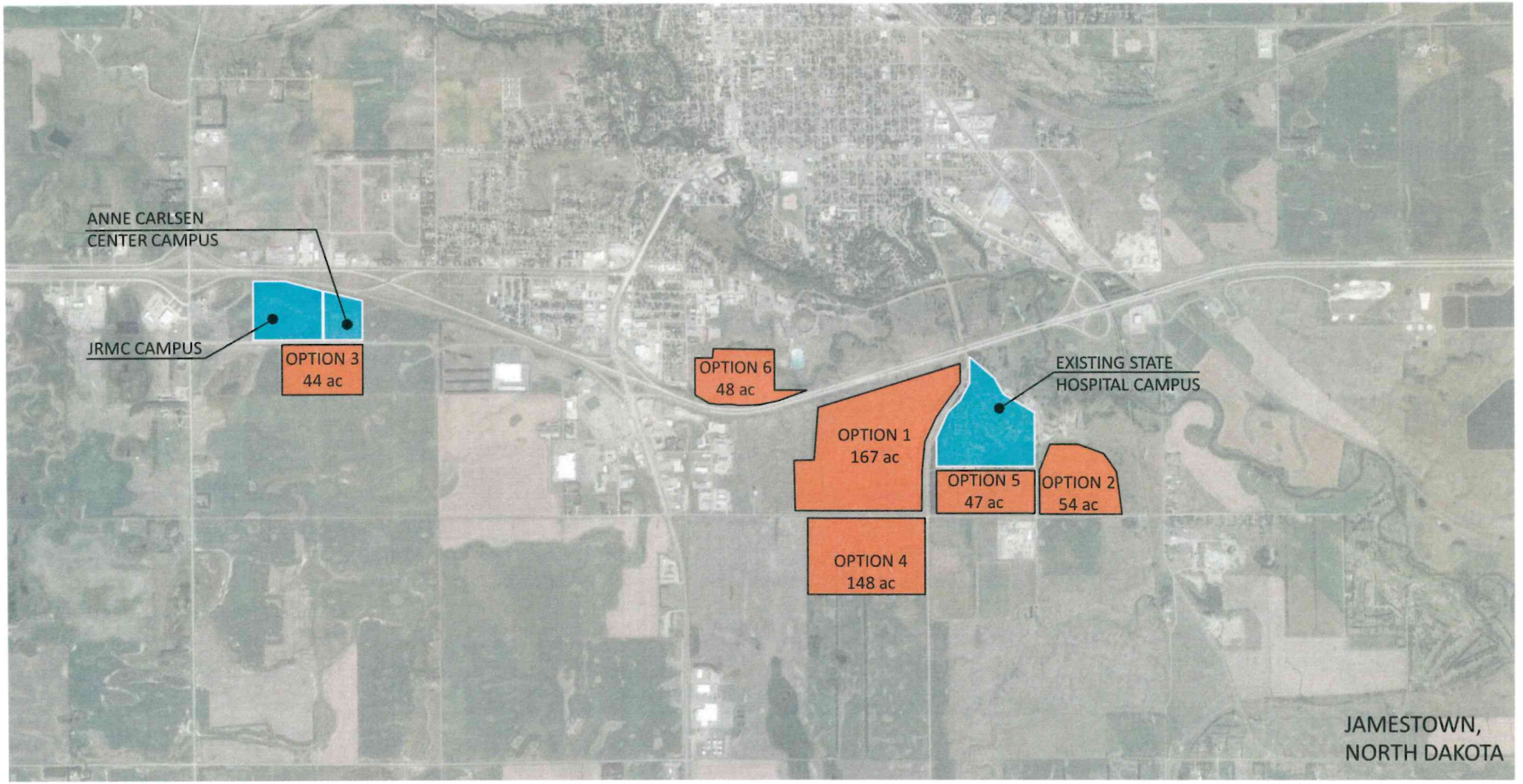
COURAGE EVOLUTION & EXPLORATION

Leverage research insights to design an innovative and entirely new environment that actively supports clients in their recovery, fostering a space that encourages courage, exploration, and personal evolution rather than merely rebuilding or rehashing existing models.

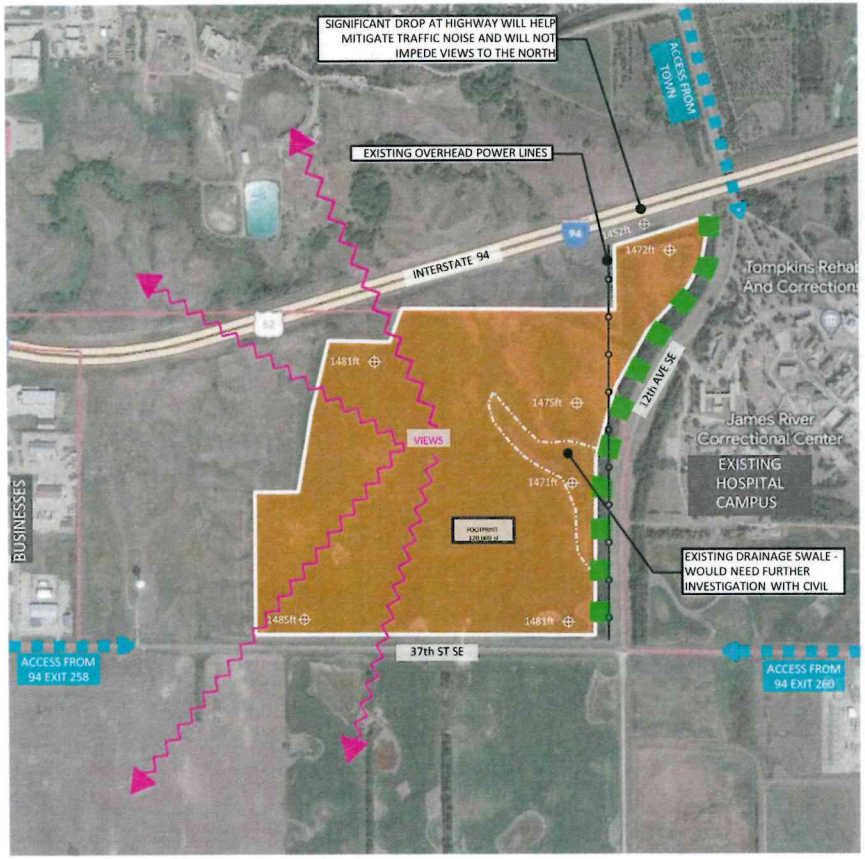
CLIENTS FIRST

Prioritize clients by placing their needs and experiences at the forefront of every aspect so that decisions are centered on enhancing the overall client experience.

INTEGRATION · EQUITABLE COMMUNITIES · WELL-BEING · CHANGE · DISCOVERY · ECOSYSTEMS · WATER · ENERGY · RESOURCES · ECONOMY



NORTH DAKOTA STATE HOSPITAL | SITE SELECTION



SIZE: 136 ACRES

OWNER: ND State Hospital. Currently Operated by Reimers General Partnership

MAIN ACCESS ROAD/INTERSECTION: Access could be from12th Ave or 37th St

ZONING: Out of City Limits - One Mile Extraterritorial Limits POC (Public, Open Development and Conservation District)

STATS:

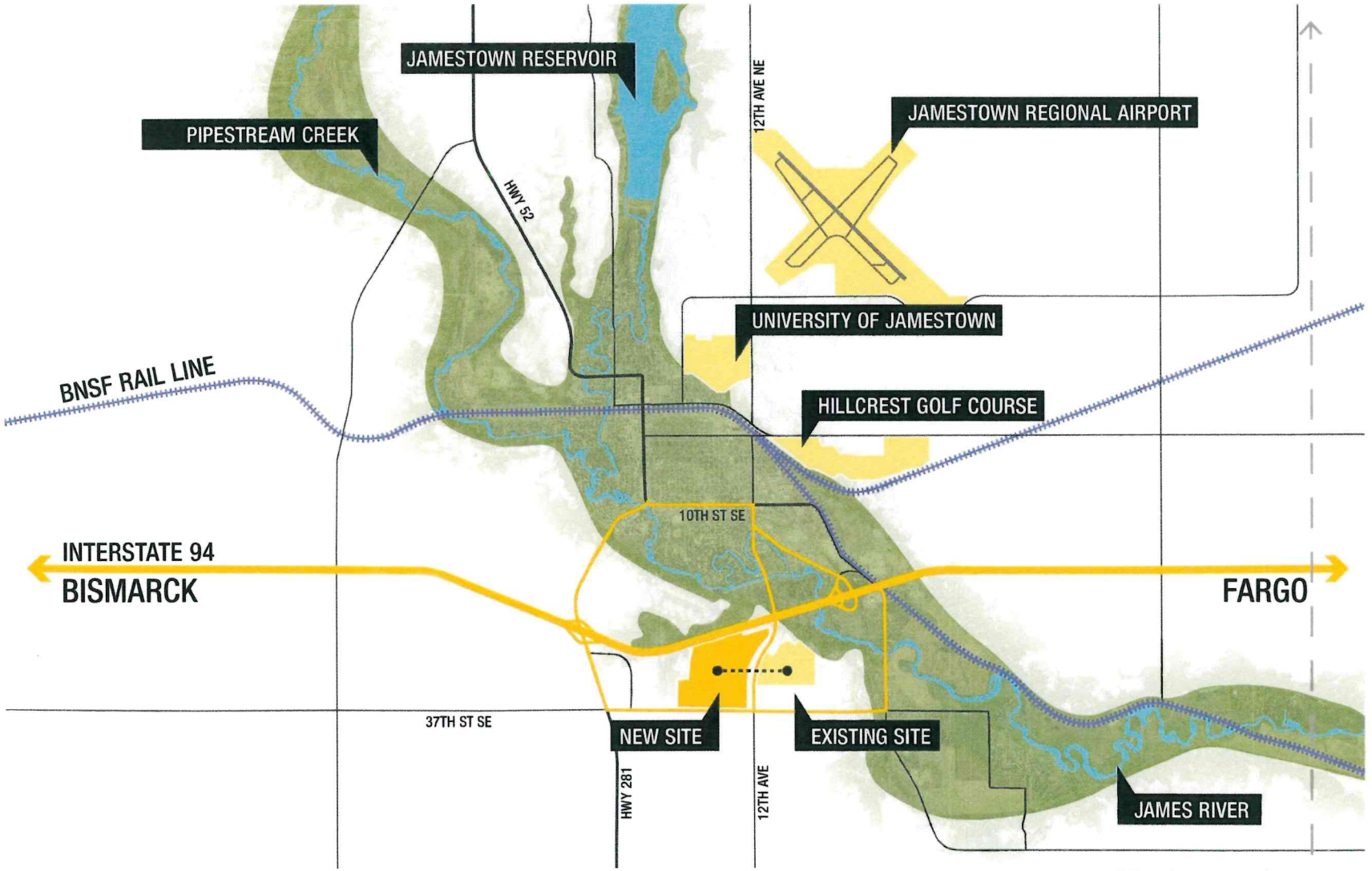
- Owned by the State of ND: Yes
- Within City Limits: Portion of lot is.
- Distance to Existing Hospital: 0.8 miles
- Distance to JRMC: 3.2 miles
- Excellent Vehicle access from Interstate and City
- Minimal site elevation change
- Easy access to Water & Sewer
- Adjacent land: Public, Agriculture
- Minimal Interstate noise pollution

PROS:

- Close proximity to existing/remaining campus functions
- Scenic Views
- Near main traffic corridor but elevated above
- Thick tree line on east side of site
- Excellent Vehicle access from Interstate and City
- Large, relatively flat site.

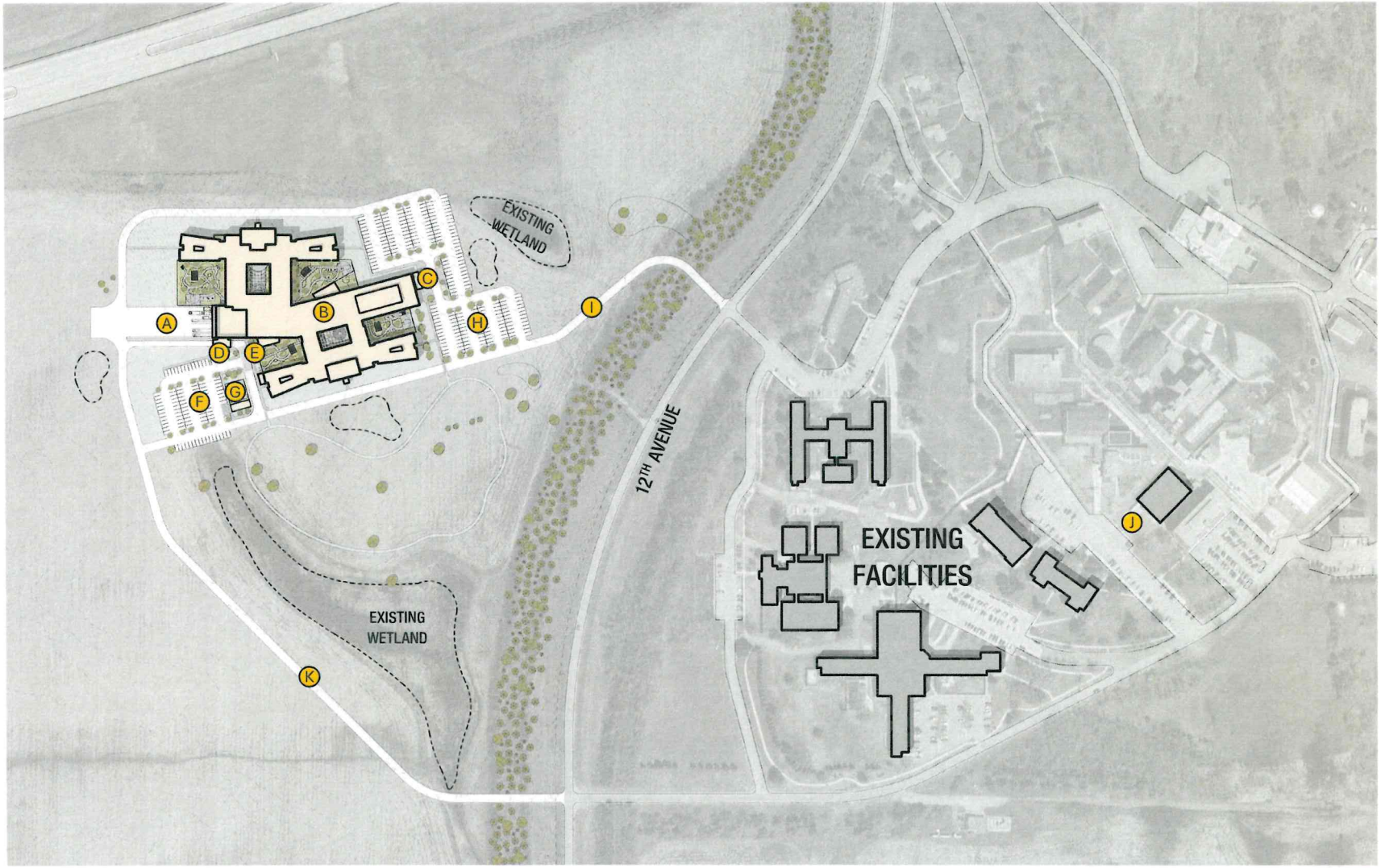
CONS:

- Proximity to Correctional Center
- Potion of lot outside of City limits
- Minimal Interstate noise pollution

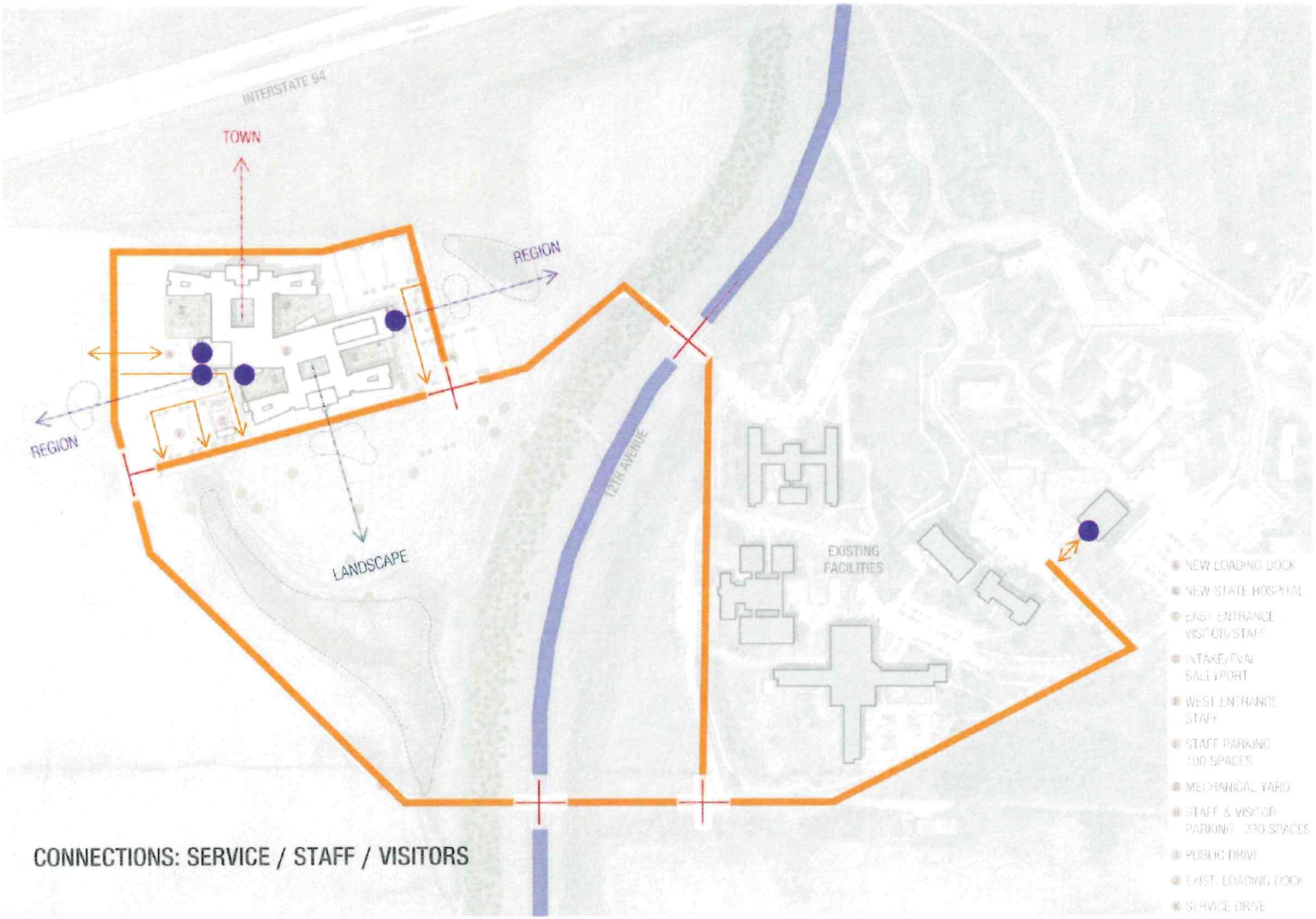


NORTH DAKOTA STATE HOSPITAL | PROJECT SITE VICINITY MAP

- (A) NEW LOADING DOCK
- (B) NEW STATE HOSPITAL
- (C) EAST ENTRACE – VISITOR/STAFF
- (D) INTAKE/EVALUATION SALLYPORT
- (E) WEST ENTRANCE - STAFF
- (F) STAFF PARKING – 100 SPACES
- (G) MECHANICAL YARD
- (H) STAFF & VISITOR PARKING – 230 SPACES
- (I) PUBLIC DRIVE
- (J) EXISTING LOADING DOCK
- (K) SERVICE DRIVE



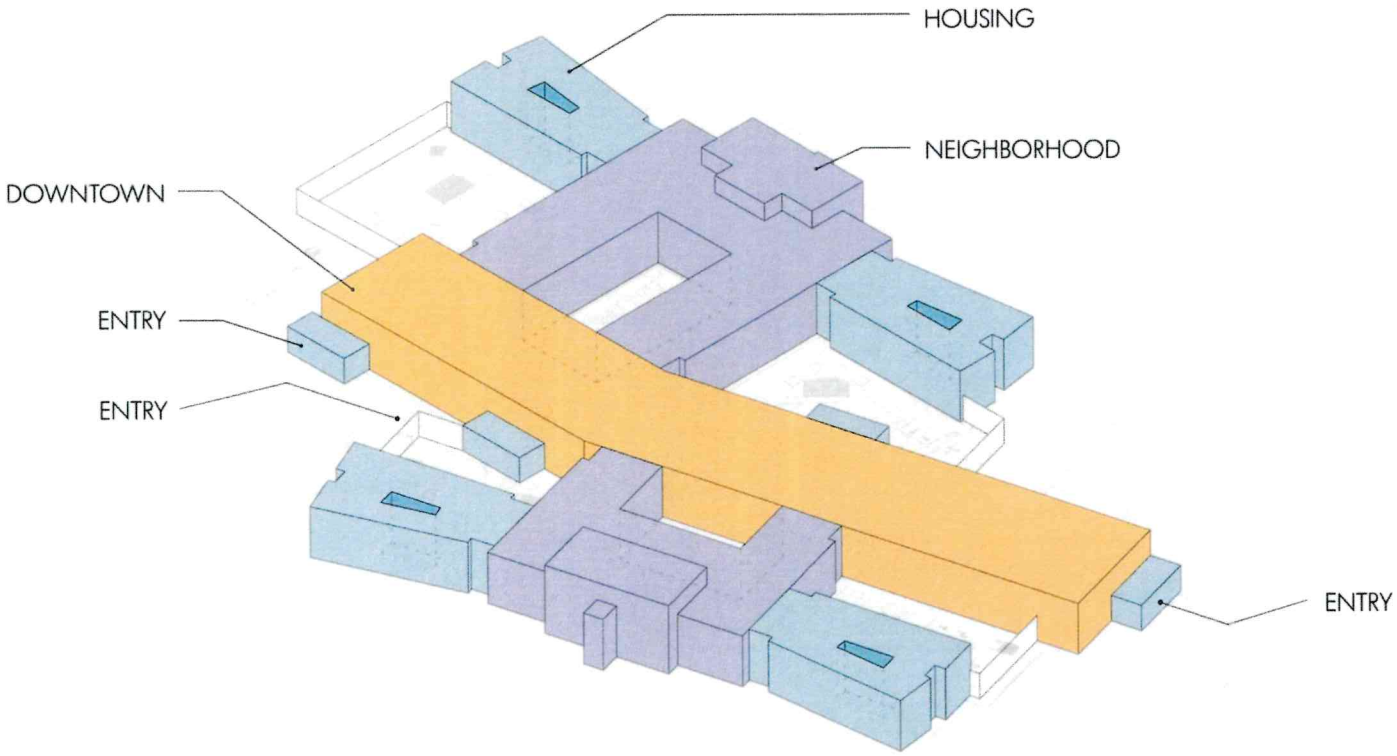
NORTH DAKOTA STATE HOSPITAL | SITE PLAN



NORTH DAKOTA STATE HOSPITAL | SITE CONNECTIONS

BUILDING CONCEPT: A HEALING COMMUNITY SETTLED IN THE LIGHT AND LANDSCAPE ABOVE JAMESTOWN

The building is organized around three major programs: Housing, Neighborhood, and Downtown. This organization mimics the sequence in a typical town with Downtown as the primary hub or heartbeat of the facility, servicing as the primary connections to the outside. The Neighborhoods, serve as a transition from the active Downtown to the more intimate spaces of the Housing wings.

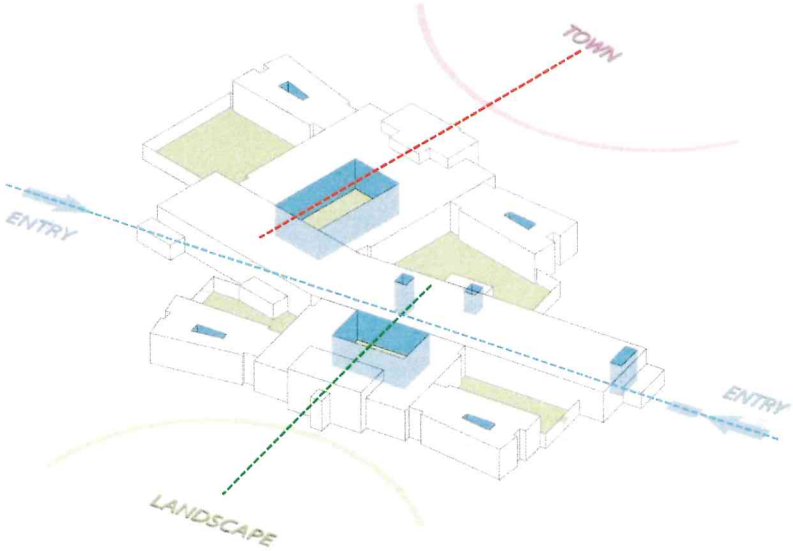


100% PRIVATE BEDROOMS

- Improved sleep.
- Reduction in general violence and aggression
- Reduction in person-on-person patient room predation
- Increased social interaction and therapy participation
- Infection control (having an all-private environment was a boon during the pandemic)
- Greater flexibility in room assignment and resulting higher occupancy rates and shorter wait times for hospitalization
- Improved patient satisfaction
- Reduced average length of stay
- Easier to use a patient-safe bathroom door while safeguarding patient toileting privacy in a private bedroom

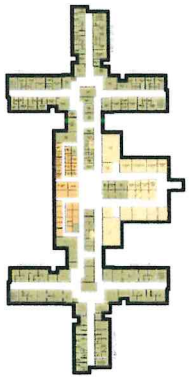
CONNECTIONS: MOVEMENT/DAYLIGHT/VIEW

As part of the healing experience, access to natural light and outdoor space is an important goal. Each Housing wing hosts a central lightwell with adjacent quiet spaces to bring sunlight into the center of these areas. Each of the Neighborhoods then provides access to dedicated courtyards for different patient groups, simultaneously providing more access to views and light.

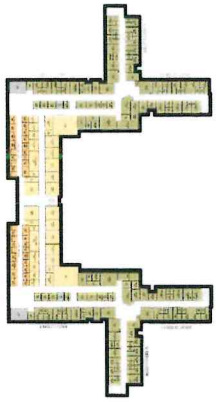


INPATIENT UNIT (IPU) LAYOUT ANALYSIS

The design team, NDSH Leadership, and NDSH staff reviewed 7 options on layouts for the Inpatient Units. The 'WEDGE' layout was selected for various reasons related to patient care and safety and also was the most efficient layout.



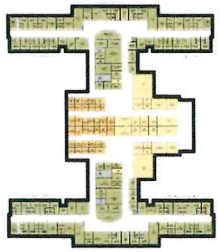
IPU – t
43,142 SF
50 BEDS
863 SF/BED



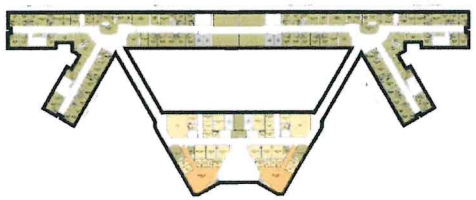
IPU – L
46,504 SF
50 BEDS
930 SF/BED

IPU – BAR 1
50,211 SF
50 BEDS
1,004 SF/BED

IPU – BAR 2
46,312 SF
50 BEDS
926 SF/BED



IPU – FLATTEN T
43,912 SF
50 BEDS
878 SF/BED

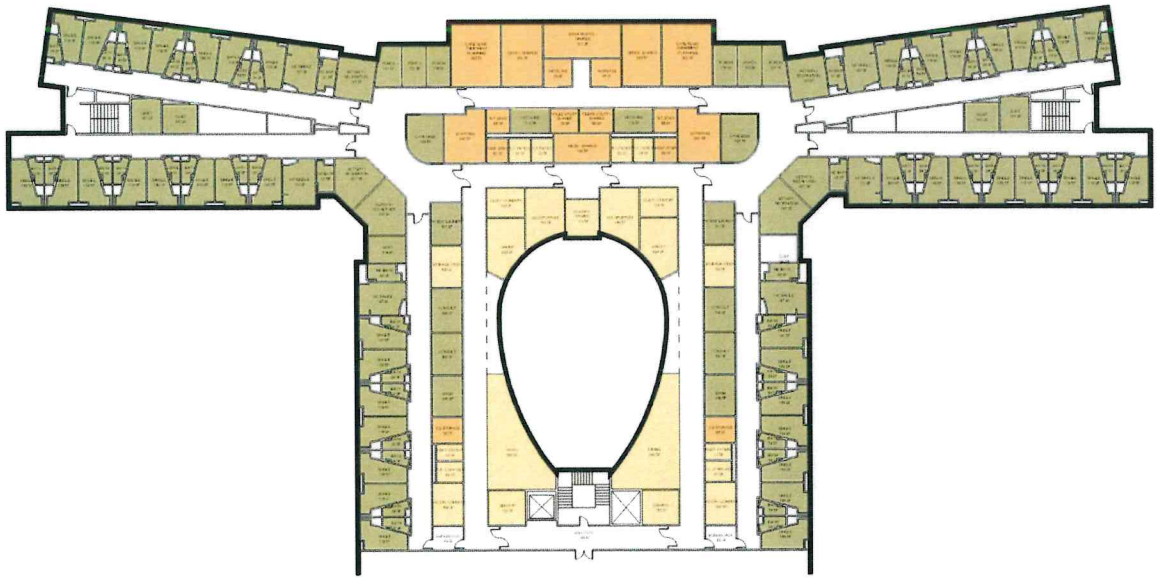


IPU – Y
51,884 SF
50 BEDS
1,038 SF/BED

SELECTED DESIGN

IPU – WEDGE
38,445 SF Unit SF
50 BEDS # of Beds
769 SF/BED SF per BED

INPATIENT UNIT (IPU) LAYOUT ANALYSIS



SELECTED DESIGN

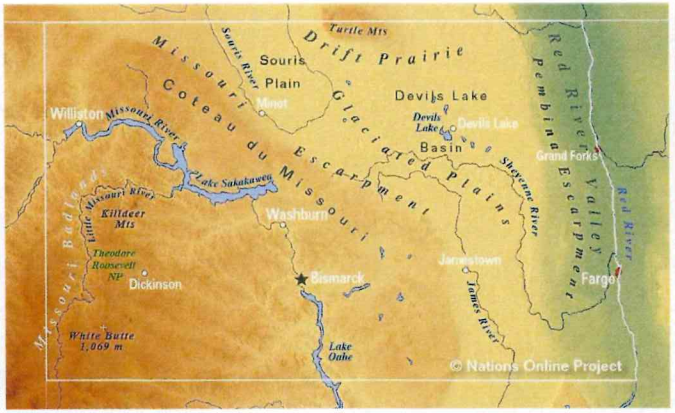
IPU – WEDGE

38,445 SF	**Unit SF**
50 BEDS	# of Beds
769 SF/BED	SF per BED

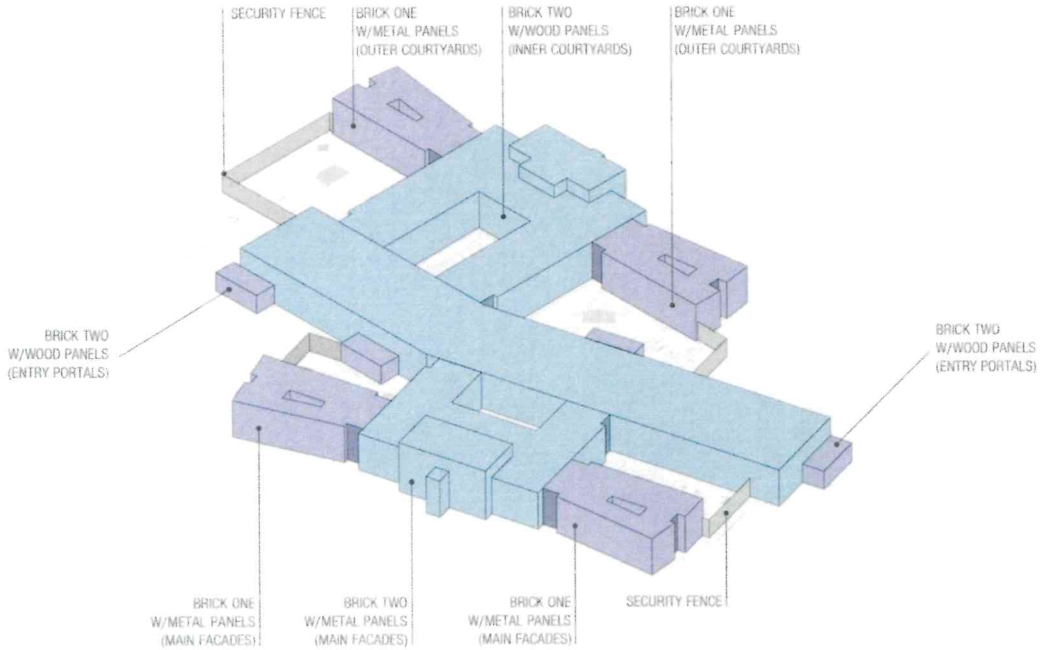
- Selected by NDSH staff and leadership as most aligned to care model
- Most efficient construction/cost
  - Smallest footprint
  - Smallest wall to floor ratio
  - Least expensive option
- Efficient to staff: No client bedrooms are across the hall from each other – less client agitation = less staff intervention
- Evidence Based Care Results: 7 to 9 client subclusters allow smaller relationship circles = less disruption and conflict

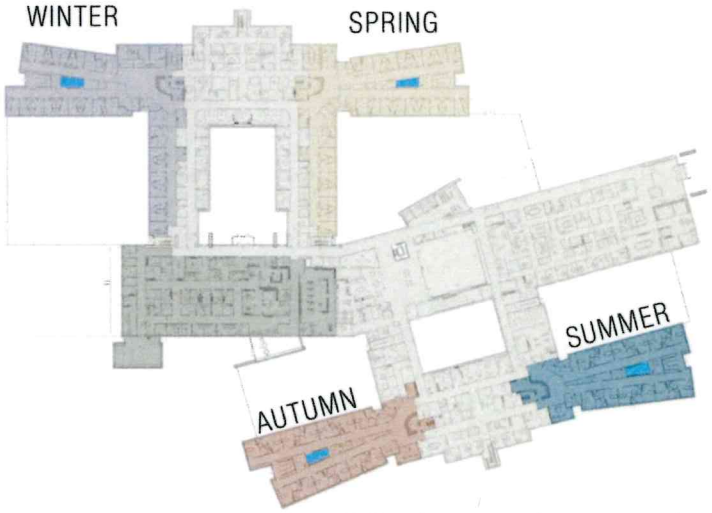
REGIONAL CONTEXT

The new facility is being planned south of Interstate 94, overlooking the James River Valley and surrounding glaciated plains. The design draws inspiration from the North Dakota prairies and the existing brick structures within Jamestown, celebrating the state's culture and history.

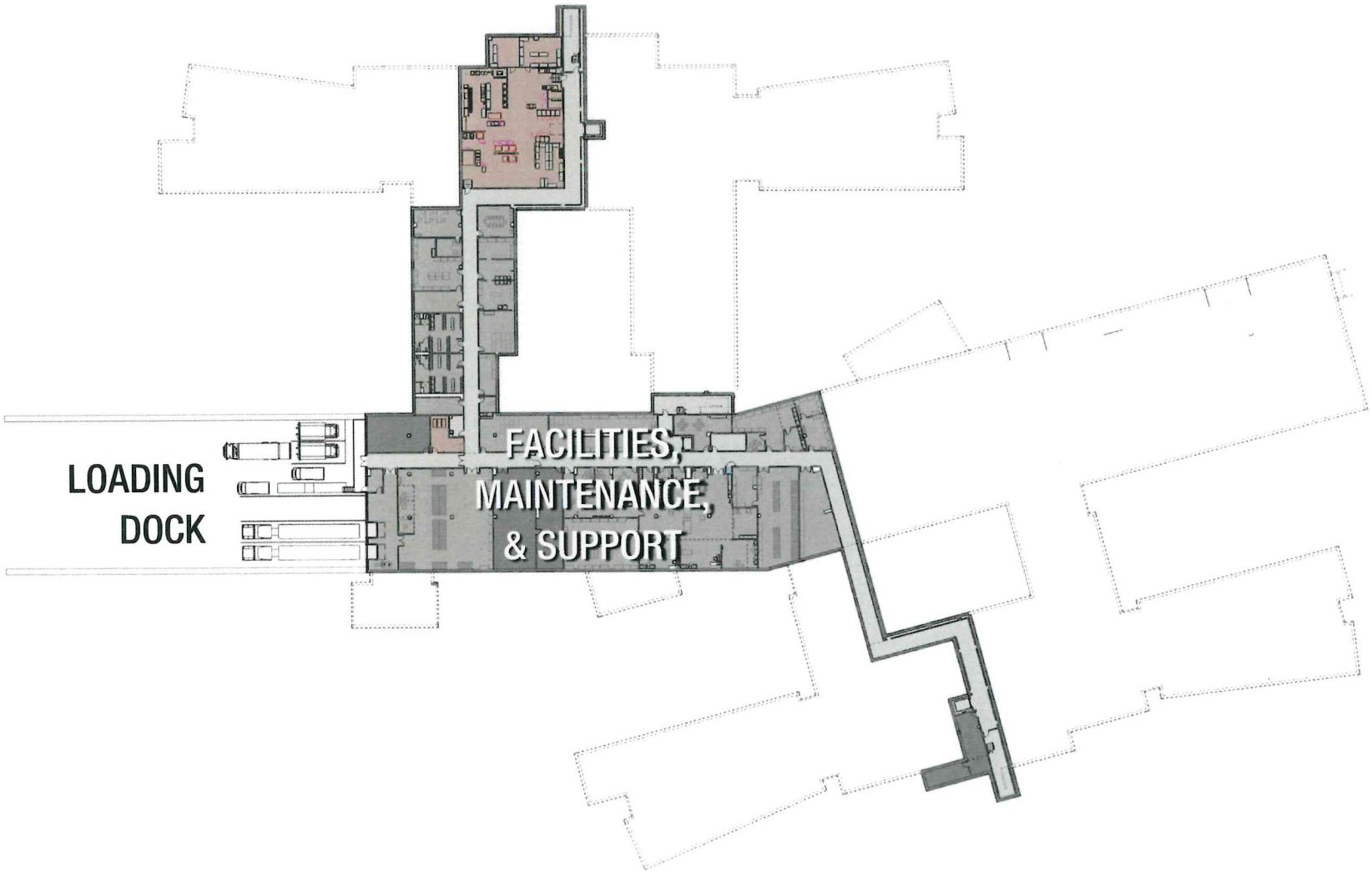


MATERIAL THEME

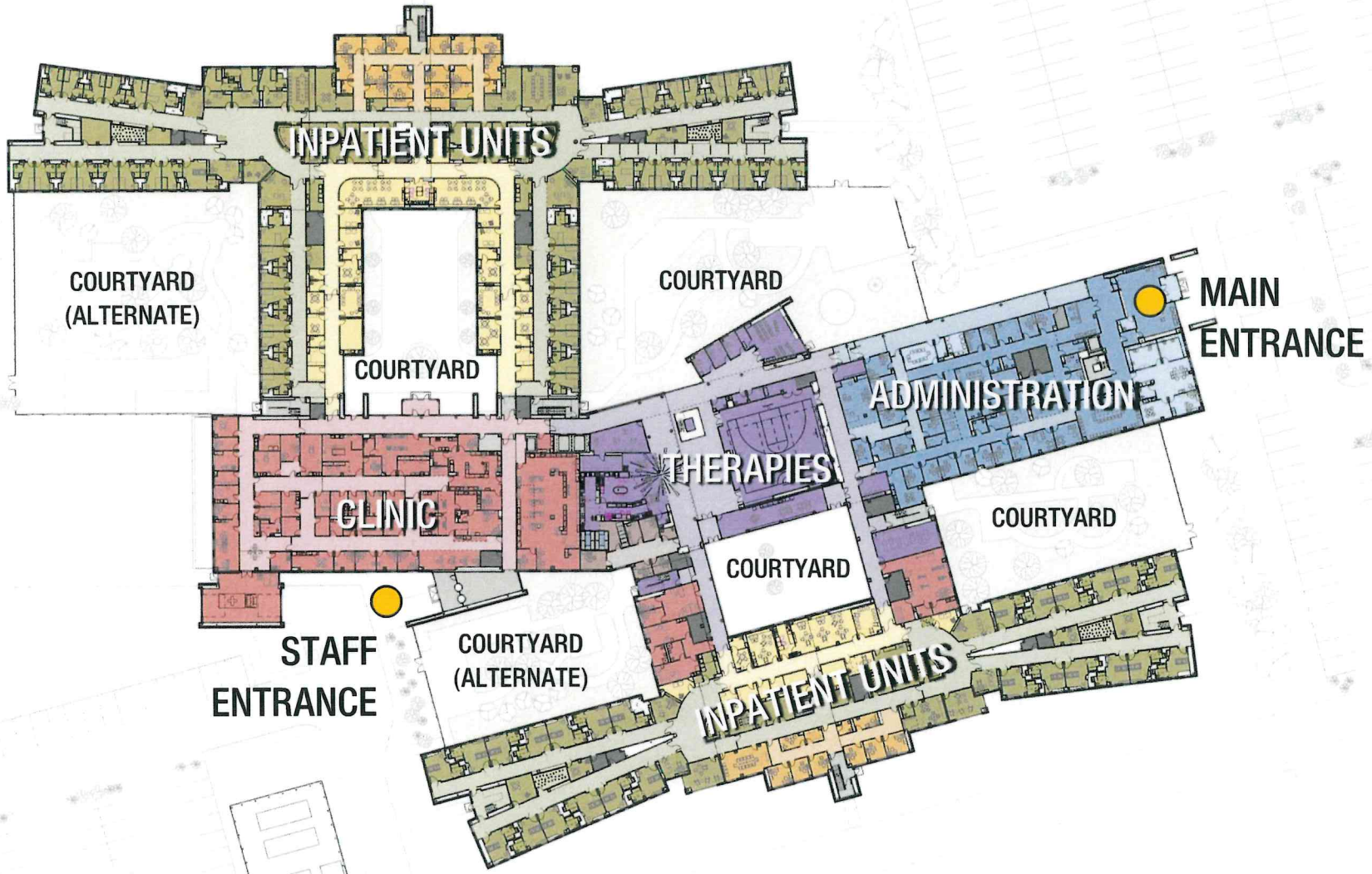




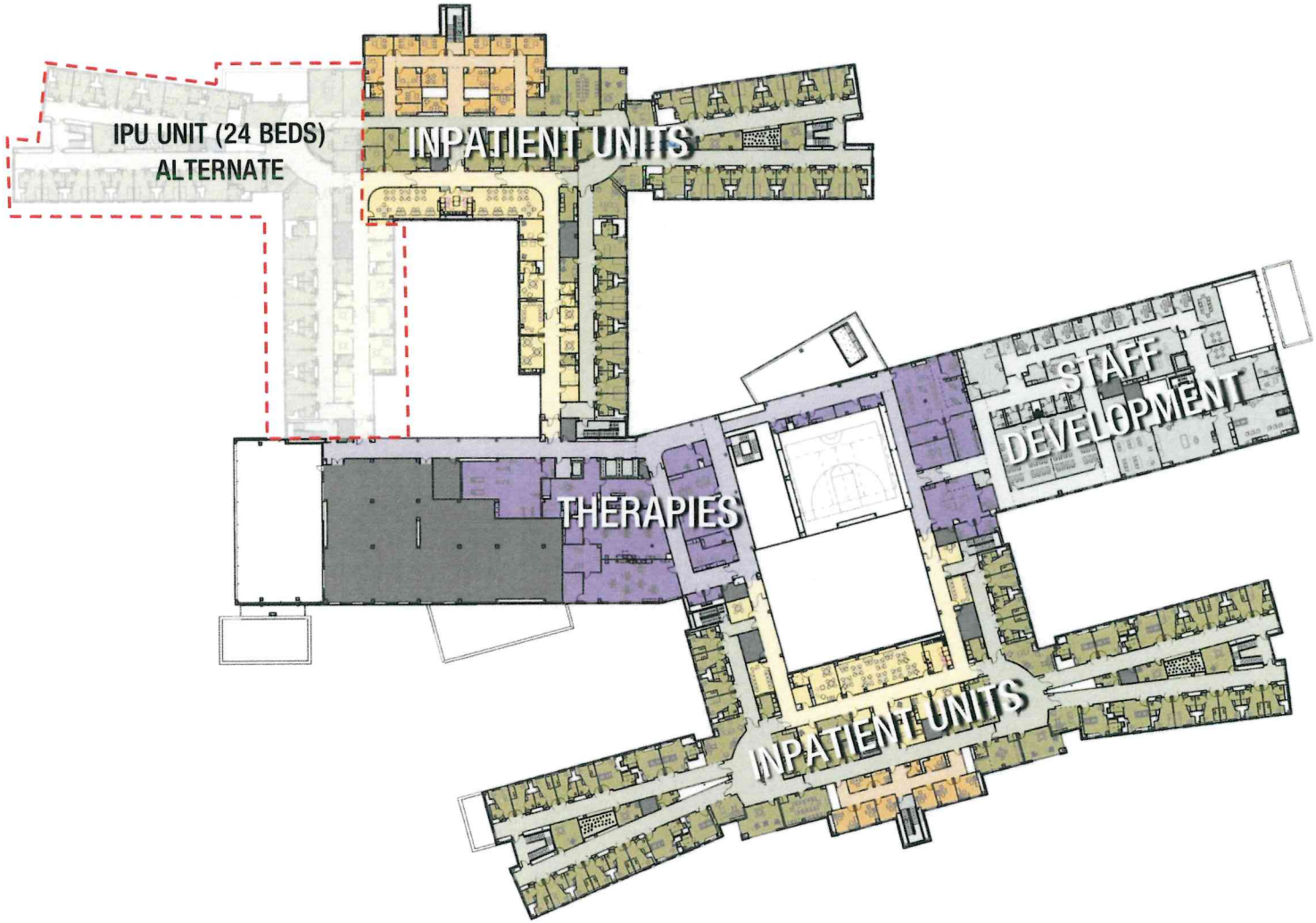
NORTH DAKOTA STATE HOSPITAL | ARCHITECTURAL DESIGN CONCEPT



NORTH DAKOTA STATE HOSPITAL | LOWER LEVEL FLOOR PLAN

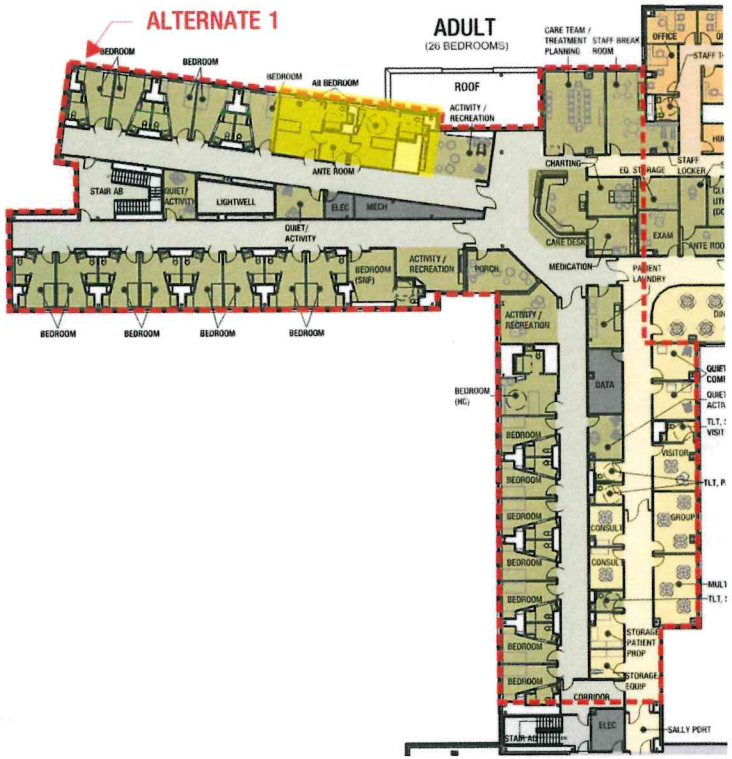


NORTH DAKOTA STATE HOSPITAL | FIRST FLOOR PLAN

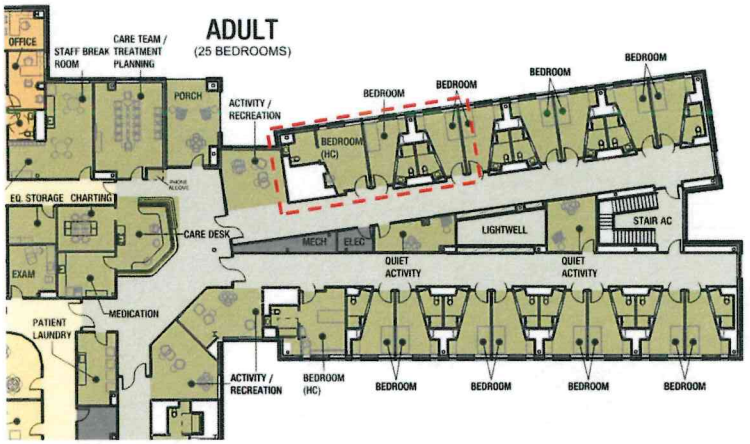


NORTH DAKOTA STATE HOSPITAL | SECOND FLOOR PLAN

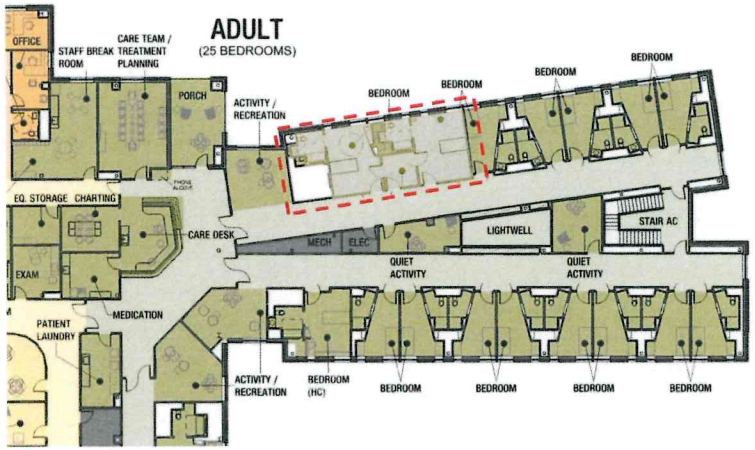
SECOND FLOOR WEST ADULT UNIT



CURRENT SECOND FLOOR EAST ADULT UNIT



PROPOSED SECOND FLOOR EAST ADULT UNIT



- After more consideration related to the 24-bed adult IPU reduction, the team realized that the 2 All (Airborne Infection Isolation Rooms) were inadvertently included in that reduction scope.
- Those rooms are desired to be included in the project base bid, so they need to move to the other adjacent adult IPU wing.

Because All rooms require more space, we needed to omit 3 typical rooms to fit 2 All rooms, reducing the total bed count from 141 to 140.

NORTH DAKOTA STATE HOSPITAL | OVERALL AERIAL VIEW FROM SOUTH

NORTH DAKOTA STATE HOSPITAL | VIEW FROM EAST

NORTH DAKOTA STATE HOSPITAL | COMMONS

NORTH DAKOTA STATE HOSPITAL | CHAPEL

NORTH DAKOTA STATE HOSPITAL | PATIENT BEDROOM

The Design Process

Site Selection & Design Overview

Benchmarks & Cost Validation

Project Scope Update

PROGRAM ALIGNMENT

The following list of spaces and building elements were, at one point in the design process, requested by NDSH staff, users, or leadership stakeholders. After the design team reviewed the requests against National Inpatient Psychiatric Hospital benchmarks and project goals, these spaces and building elements were either eliminated or reduced in size from the original request to better align with the project goals.

1. All office and workstation sizes were standardized based upon general practice in new state hospitals elsewhere. Many existing offices and workstations are currently larger than what is planned in the new NDSH
2. Shared offices for part-time staff in lieu of private offices
3. Vocational Technology space size and scope reduced to reflect current needs and practices
4. Movement studio and staff/client exercise spaces adjusted in size and number reflecting more efficient use patterns and actual likely usage by staff and clients
5. The total number of elevators was reduced
6. Size of main gymnasium reduced from a full-sized basketball court to a half-sized basketball court to reflect practices at peer state hospitals
7. Recreation and Social space provided in amounts consistent with peer state hospitals
8. Aquatics/Pool Eliminated
9. Grounds Building reduced in size to only support equipment needing in the immediate proximity of the new hospital
10. Transportation/Fleet Vehicle Storage Building eliminated
11. Artifact/Museum not provided
12. SUD (Residential Treatment) Facility/Wing not included in project
13. Central Laundry not included in project
14. Full Central Kitchen not included in project
15. Warehousing beyond the immediate needs for the new hospital with longer term warehousing retained elsewhere on campus
16. Even as the number of handicapped-accessible and skilled nursing bedrooms increased, we've managed to minimize impacts on overall project sizes by optimizing during design with a series of small adjustments:
    a. Reduced the number of Medication Rooms in Geriatric Psychiatry
    b. Shared support space between units at core space within the Adult IPU's
    c. Fine tuning of support staff accommodations within the building basement

PROJECTED TOTAL PROJECT COSTS

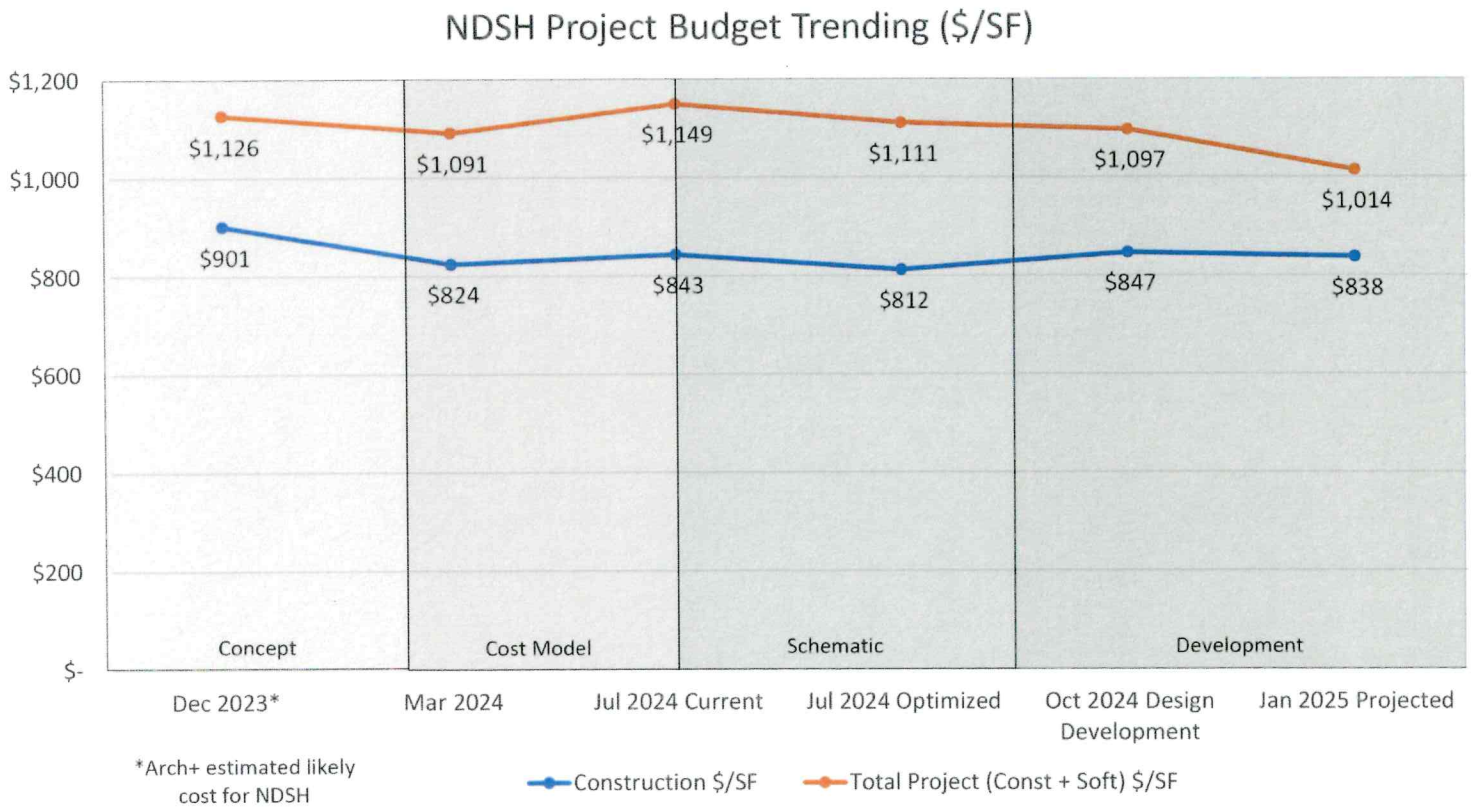
$248,000,000		$33,000,000		$19,000,000		$300,000,000
Construction Costs	+	**Owner's Soft Costs**	+	**Owner's Risk Management**	=	**Total Project Cost**

Site Services
Site Work
Structure/Envelope
Interior Environment
Mechanical
Electrical

Furniture, Fixtures & Equipment
Construction Testing
Professional Fees
Low Voltage
Commissioning

Contingencies:

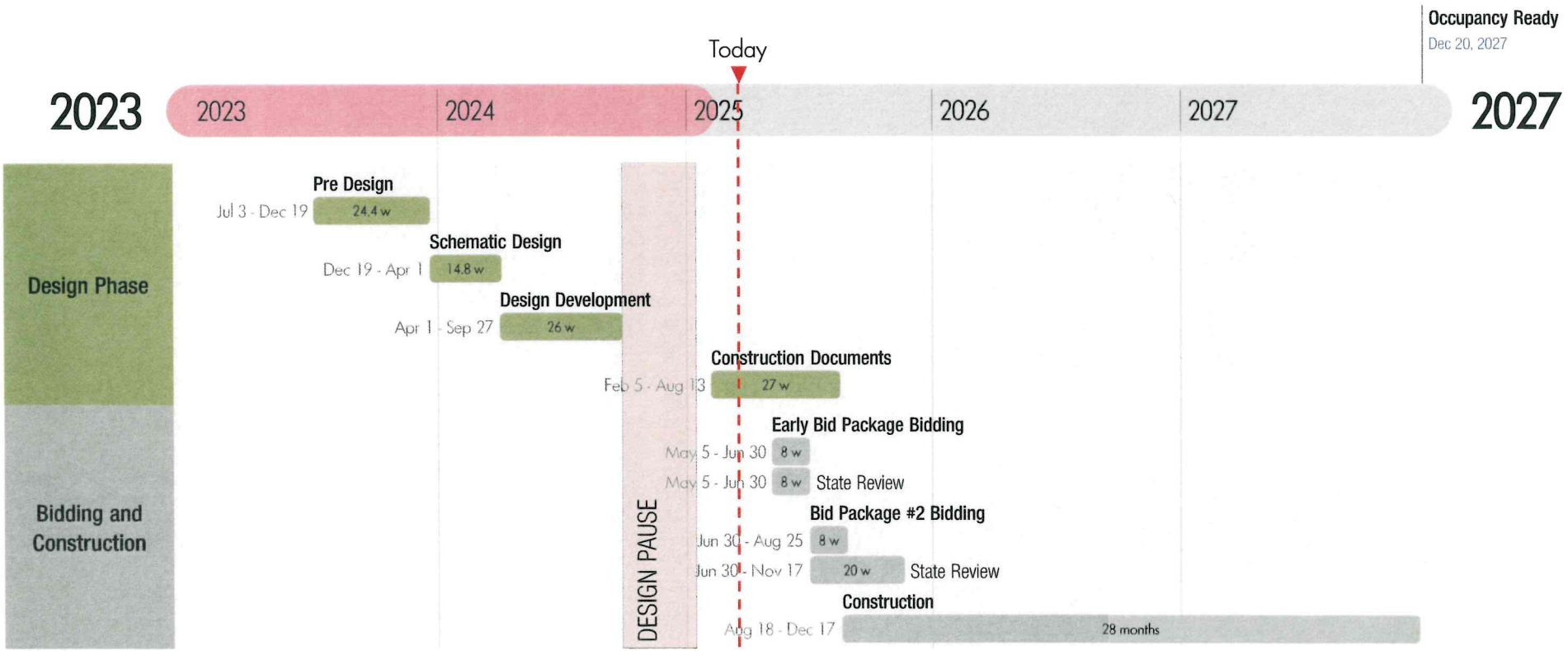
- Escalation
- Bidding Market & Subcontractor involvement
- Unforeseen Conditions
- Errors and Omissions
- Design Changes
- Project Changes


NDSH Project Budget Trending ($/SF)
$1,200
$1,000
$800
$600
$400
$200
$-
$1,126
$1,091
$1,149
$1,111
$1,097
$1,014
$901
$824
$843
$812
$847
$838
Concept
Cost Model
Schematic
Development
Dec 2023*
Mar 2024
Jul 2024 Current
Jul 2024 Optimized
Oct 2024 Design Development
Jan 2025 Projected
*Arch+ estimated likely cost for NDSH
Construction $/SF
Total Project (Const + Soft) $/SF

Name	Location	Beds	Construction Cost	Year of Cost	Construction Cost for 2025 and Adjusted for Jamestown	Construction Costs Per Bed	Total Project Costs Per Bed	Construction Costs Per SF	Comments
Caro Center	Caro, MI	100	$69,698,852	2021	$110,269,551	$1,102,696	$1,433,504		Worked into a budget developed on the basis of an erroneous assumption. Cut corners at every opportunity. This is a new building on an existing campus that is relying on services and supports from elsewhere on the campus. As such, the investment in food support services, administrative spaces, and adjunctive therapy spaces is far less than at NDSH.
Eastern State Hospital, Kentucky	Lexington, KY	230	$108,000,000	2011	$289,192,888	$1,257,360	$1,634,568		Less expensive RTF beds are a significant part of the project, nearly 20% of the bed complement. This is an older project budgeted by the State with more than half the bds being semi-private
Center for Forensic Psychiatry	Ann Arbor, MI	210	$93,000,000	2002	$326,979,811	$1,557,047	$2,024,160		
Rusk State Hospital	Rusk, TX	200	$168,681,096	2020	$320,714,388	$1,603,572	$2,084,643	$954	This is a new bed building on an existing campus with clinical ancillary services, adjunctive therapies, administration, IT, Ed and Training and building/hotel support services being provided elsewhere on the campus.
Austin State Hospital	Austin, TX	240	$210,000,000	2020	$389,641,095	$1,623,505	$2,110,555	$861	This is a new bed building on an existing campus with building/hotel support services being provided elsewhere on the campus.
North Dakota State Hospital	**Jamestown, ND**	**140**	**$248,000,000**	**2024**	**$248,000,000**	**$1,771,429**	**$2,142,857**	**$838**	
San Antonio State Hospital	San Antonio, TX	296	$282,224,723	2020	$532,721,236	$1,799,734	$2,339,654	$990	Comparable to NDSH, but adds kitchen and warehousing supporting the hospital.
Hawaii State Hospital, Forensic Patient Care Facility	Kaneohe, Hawaii	144	$140,000,000	2017	$260,256,686	$1,807,338	$2,349,539		
UW/MC Northwest Behavioral Health Teaching Facility	Seattle, WA	150	$224,500,000	2021	$290,354,217	$1,935,695	$2,516,403		

If values are left blank, that indicates that no information was available to be shared

Bed Count	Total Project Budget	Requires Early Bid Packages	Construction Start Date	Occupancy Ready
140	$300M	Yes	August 2025	December 2027



NORTH DAKOTA STATE HOSPITAL | CURRENT SCHEDULE

The Design Process

Site Selection & Design Overview

Benchmarks & Cost Validation

Project Scope and Budget Update

TOTAL BEDS

EXISTING HOSPITAL	122
NEW HOSPITAL	140

TOTAL PROJECT COST

$332M - $32M = **$300M**

$10M Reduction in Scope/Program

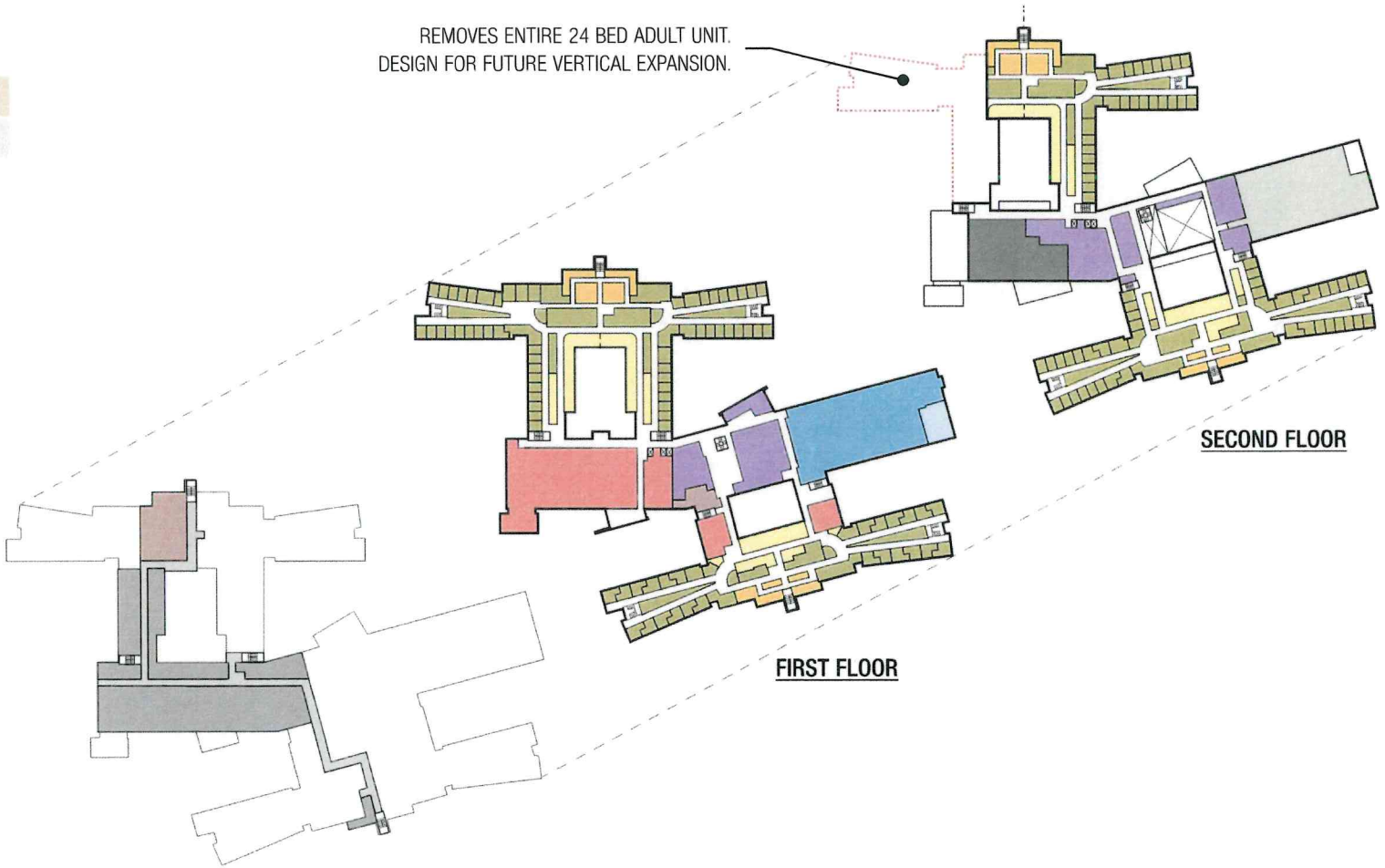
- Removes One inpatient Unit

$10M Reduction in Features/Quality

- Site access road, type of pavement
- Finishes and materials

$12M Reduction in Soft Costs/Equipment

- JRCC Loading Dock enhancements
- Equipment and Furniture
- Contingency



NORTH DAKOTA STATE HOSPITAL | $332M TO $300M PROJECT ALIGNMENT

Current Total Project (CTP) Estimate	$	332,000,000
Changes	$	(32,937,054)
Adjusted CTP with Changes	$	299,062,946
Total Project Budget Goal	$	300,000,000
Additional Reductions Needed or (Excess)	$	(937,054)

		Cost	Comments
PROGRAM/SCOPE CHANGE OPTIONS			
Remove Fit Up of NW Courtyard	$	(450,000)	This will include the removal of benches, plantings, trees, client exercise equipment, and shade structures.
Remove Security Fence at NW Courtyard	$	(300,000)	This would remove the security fence.
Remove Fit Up of SW Courtyard	$	(250,000)	This will include the removal of benches, plantings, trees, client exercise equipment, and shade structures.
Remove Security Fence at SW Courtyard	$	(100,000)	This would remove the security fence.
Eliminate Maintenance Out Building	$	(300,000)	This building was requested to provide on-site storage for maintenance equipment needed in the immediate vicinity of the new building.
Remove 1 Adult Pysch Rehab Unit	$	(8,800,000)	Remove fit-up and shell space (2nd floor construction) from base bid. Includes infrastructure for future vertical expansion.
	$	**(10,200,000)**	

Current Total Project (CTP) Estimate	$	332,000,000
Changes	$	(32,937,054)
Adjusted CTP with Changes	$	299,062,946
Total Project Budget Goal	$	300,000,000
Additional Reductions Needed or (Excess)	$	(937,054)

		Cost	Comments
BUILDING MATERIAL QUALITY CHANGE OPTIONS			
Remove South Site Access Loop Road	$	(900,000)	This will eliminate the dedicated site service road. Public, staff, and service traffic will need to share a single road into site from the east. This will increase potential traffic conflicts between service, staff, and visitor vehicles.
Provide Asphalt Paving at site	$	(1,700,000)	Provide asphalt paving in lieu of concrete paving.
Remove Irrigation System	$	(891,000)	This will remove 100% of the irrigation planned for planted outdoor spaces. This will require NDSH to have staff manually water landscaping/turf areas or hire a contractor on a yearly basis to water these areas.
Remove Screen wall At Mechanical Yard	$	(322,000)	Removal of this screen will make the generators, electrical transformers, and CT cabinets exposed to view in staff parking lot.
Remove Screen wall At Second Story Mechanical Yard	$	(300,000)	Removal of this screen will make the chillers and rooftop equipment exposed to view.
Remove Second Patient Window	$	(225,000)	This will decrease the amount of natural light available in client bedrooms by 16%.
Reduce Interior Glazing	$	(210,000)	Reduce glazing from various locations throughout the interior of the building.
Reduce Exterior Glazing	$	(750,000)	Reduce glazing from various locations throughout the interior of the building.
Replace Terrazzo flooring with Resilient Flooring	$	(500,000)	This material is being planned in the high traffic public and staff/client circulation spaces.
Replace Solid Surface Shower surround with Ceramic Tile	$	(600,000)	Solid surface was selected to reduce the grout lines required to be cleaned in all client rooms. Changing to ceramic tile will increase grout lines and joints and will increase maintenance and cleaning frequency and costs.
Reduce quantity of wood panel	$	(200,000)	Removing a portion of wood paneling from the major public spaces.
Alternate Exterior Metal Panel	$	(612,000)	Working with Mortenson and feedback from subs and vendors, team was able to align on a more cost effective solution
Alternate Exterior Wood Panel	$	(550,000)	Working with Mortenson and feedback from subs and vendors, team was able to align on a more cost effective solution
Remove Folding Partition (Training Room)	$	(106,000)	Removes the abilityy to divide the room into two rooms.
Reduce VAV's	$	(1,000,000)	This will reduce the quantity of HVAC zoning throughout the building.
Remove Snow Melt System at Interior Courtyards	$	(270,000)	This will remove the exterior below slab snow melt systems at the interior courtyards
Remove Heat Recovery Chiller	$	(750,000)	This would remove the heat recovery chiller from the project, reduce chilled water redundancy.
Backup Generator (Life Safety Only)	$	(250,000)	This will remove electrical redundancy for full facility back-up and limit the amount of electrical devices not provided with generator back-up. This may lead to loss of supplies, features, and functions during power outages.
	$	**(10,136,000)**	

Current Total Project (CTP) Estimate	$	332,000,000
Changes	$	(32,937,054)
Adjusted CTP with Changes	$	299,062,946
Total Project Budget Goal	$	300,000,000
Additional Reductions Needed or (Excess)	$	(937,054)

		Cost	Comments
PROJECT SOFT COST CHANGE OPTIONS			
Reduce Project Contingencies aligned with budget/scope reduction	$	(5,700,000)	Reduction of contingency based on reduction of overall project scope and cost
Furniture Reduction for Bed Count Reduction	$	(220,400)	Remove 44 bedrooms and 2nd Floor Psych Rehab Wing Furniture
Furniture Budget Alignment	$	(1,329,765)	Original Budget was $7,978,589, New Estimate is $6,648,824. Align with new estimate.
Low Voltage/IT Design Service Fee Reduction	$	(235,709)	Original Fee was $816,230, New Fee is $580,521. Align with new fee.
Move all Vehicles to Owner Budget, not Project Budget	$	(410,000)	Expense could be delayed until a subsequent biennium or moved to an operations budget. This includes forklifts, delivery trucks, bobcats, etc.
Building Envelope Commissioning	$	(124,467)	Remove all building envelope commissioning items above code minimum.
FS Smallware's	$	(100,000)	Expense could be delayed until a subsequent biennium. Procurement and installation would need to be managed by NDSH.
Equipment Relocation Expense (Medical Equipment)	$	(80,000)	Expense could be delayed until a subsequent biennium. Procurement and installation would need to be managed by NDSH.
Equipment Relocation Expense (Facilities Equipment)	$	(30,000)	Expense could be delayed until a subsequent biennium. Procurement and installation would need to be managed by NDSH.
Moving Expense Delayed until next Biennium	$	(300,000)	Expense could be delayed until a subsequent biennium. Procurement and installation would need to be managed by NDSH.
Specialty Equipment	$	(250,000)	Remove from project budget, NDSH would need to manage procurement and installation, or plan for as a future operating expense.
Artwork Expense Delayed until next Biennium	$	(400,000)	Remove from project, NDSH will manage procurement and installation directly.
Disposal of existing equipment	$	(175,000)	Remove from project, NDSH will manage directly
Specialty Technology Relocation	$	(150,000)	Remove from project, NDSH will manage internally.
Network Printers / Copiers	$	(151,875)	Remove from project , NDSH will manage internally.
Duress Alarm System (Panic/Personal Protection)	$	(230,857)	Remove from project NDSH will need to continue to use existing radios.
Public Address System	$	(958,246)	Remove from project. Will require staff to use cell phones, walkie-talkies, fire alarm system, or other means to communicate across entire facility.
Sound Masking	$	(329,735)	Remove from project. Will reduce the acoustic performance of some spaces which may lead to increased client and staff concerns with privacy and acoustic separation.
JRCC Loading Dock (Existing Loading Dock at Warehouse)	$	(1,425,000)	Remove from project. NDSH & JRCC will need to finalize an operational plan to utilize the existing loading dock, or plan for this as a stand-alone project
	$	**(12,601,054)**	

DESCRIPTION	COST
Food Service Smallware's	$100,000
Medical Equipment Relocation Expense	$80,000
Facilities Equipment Relocation Expense	$30,000
General Moving Expense	$300,000
Food Delivery Truck	$250,000
Laundry Delivery Truck	$150,000
Electronic Pallet Jack	$10,000
TOTAL:	**$920,000**

ALTERNATE	COST
Alternate 1: Add 24 Psych Rehab Beds	$8,800,000
Alternate 2: Add Second Window in Patient Room	$225,000
Alternate 3a: Add Fit-up of NW Patient Courtyard	$450,000
Alternate 3b: Add Fit-up of NW Patient Courtyard Security Fence	$300,000
Alternate 4a: Add Fit-up of SW Patient Courtyard	$250,000
Alternate 4b: Add Fit-up of SW Patient Courtyard Security Fence	$100,000
Alternate 5: Terrazzo in lieu of resilient flooring	$500,000
Alternate 6a: Add Maintenance Out Building	$300,000
Alternate 6b: Add Screen Wall at Utility Yard	$322,000
Alternate 7a: Add Snow Melt at Loading Dock (65' From Dock)	$268,000
Alternate 7b: Add Snow Melt at Interior Courtyards	$270,000
Alternate 8: Add South Site Access Loop Road	$900,000
Alternate 9: Provide Concrete Paving in lieu of Asphalt	$1,700,000
Alternate 10: Add Irrigation System	$891,000
Alternate 11: Add Folding Partition in Training Room	$106,000
Alternate 12: Add Heat Recovery Chiller	$750,000
Alternate 13: Generator with Walk-in Vestibule in lieu of Skin-tight	$160,000
Alternate 14: Add CAT6a Cabling ilo CAT6	$85,000
Alternate 15: Add Duress Alarm System (Panic/Personal Protection)	Included in Soft Cost Budget
Alternate 16: Public Address System	Included in Soft Cost Budget
Alternate 17: Sound Masking	Included in Soft Cost Budget
Alternate 18: JRCC Loading Dock	Included in Soft Cost Budget
TOTAL:	**$16,377,000**

GOVERNOR'S OFFICE APPROVED BUDGET

(BASE BID DESIGN, WITH NO ALTERNATES ACCEPTED)

$248,000,000		$52,000,000		$300,000,000
Construction Costs	+	Soft Costs	=	Total Project Cost

NORTH DAKOTA HOUSE RECOMMENDED BUDGET

(BASE BID DESIGN, WITH ALL ALTERNATES ACCEPTED)

$264,377,000		$64,000,000		$328,377,000
Construction Costs	+	Soft Costs	=	Total Project Cost

Any project budget approved below the $300M direction previously shared will have the following impacts:

1. This will not be the same project. The scope would need to be significantly reduced including removing or shelling the administration wing, all training, IT, quality assurance, and support spaces. The basement would not be fit-up. All of these functions would need to remain in their current buildings on the existing campus.
2. Bed count will need to be reduced.
3. A scope change of this magnitude at this point in the design process would require additional design time.
4. There would be additional costs required to modify the current design documents.
5. Construction start would need to be delayed until May 2026. This delay would add approximately $10M of escalation costs to the budget, which would require additional funding or additional scope reductions.
6. Building occupancy would be delayed by 10 months.

THANK YOU

NORTH Dakota Be Legendary.

TEGRA GROUP

Mortenson

JLG architects