



## Economic Adjustment Committee

### Guam Socioeconomic Project Needs Assessment (S-PNA) Worksheet

**SUMMARY DATE:** October 28, 2010

**PROJECT CATEGORY:**  Health Care       Cultural Resources       Justice  
                          Education       Emergency Services       Environmental Protection

**PROJECT TITLE:** **DPHSS Facility and Central Health Clinic**

**PROJECT AT A GLANCE:** **Project:** A clinic for health care and a building to serve the needs of general administration, dental, and medical laboratory

**Cost:**  
\$96.1 million

**Property Ownership / Acquisition Cost:**  
GovGuam / Not Applicable

**Location:**  
Old Hospital Site (Oka Point)  
Village of Tamuning

**Site Infrastructure Status:**  
Improved

**Site and Facility Size:**  
54 acres / 60,000SF (gen. admin.) /  
28,000 SF (dispensary/medical lab)

**Timing for Funding:**  
FY 2012 / 2013

**DESCRIPTION OF PROJECT:** This project will encompass the relocation of several key components of the Department of Public Health and Social Services (DPHSS) components which are currently contained within the existing Central Public Health Care Clinic in the Village of Tamuning. The relocating operations include the general administrative services, dental, dispensary and clinic and medical laboratory (mosquito lab). These functions are anticipated to be located on the Old Hospital site, which may also have the opportunity to locate the CDC lab, and mental health facility in a campus setting.

**PROJECT****JUSTIFICATION:**

DPHSS administers programs and services promoting primary care, environmental health, welfare and social services, and senior services. The Department has oversight over the Guam Community Health Centers (Northern and Southern Region Community Health Centers). The Guam Community Health Centers, Federally Qualified Health Centers, are multi-specialty primary care clinics. Other chief programs include administering to over 8,000 households for welfare benefits and program assistance, such as Medically Indigent Program (MIP) and Medicaid; licensing of child care facilities and foster care homes; child protective services; administration of health and sanitary certificates, immunization shots, issuance of birth and death certificates, marriage licenses, reporting of communicable diseases, services for women, infants, and children, and administration of Title X of the Older Americans Act, to include adult protective services, Medicare and community support services.

**Condition and Reuse of Existing Building.** The existing building, located at 123 Chalan Karea was originally constructed in 1968 and was used as a bomb/fallout shelter to protect residents in the event the island was attacked in the future. As such, it was constructed to a high level of structural integrity and does not contain any windows. (Parenthetically, the buildings' plans were also used to construct the Samon Sanchez High School).

**Overcapacity and Decentralized Functionality.** All of the existing functions of DPHSS are not contained within the existing building, as identified as follows: Bureau of Management Support, Division of Senior Citizens, Bureau of Social Services Administration, Emergency Medical Services, and Health Professional Licensing Office. Collectively, these functions comprise approximately 35 percent of the total Department of Health. If centralized in one building, efficiencies of work, productivity, and energy use would translate to enhanced production at a lower cost for GovGuam.

**Significant Influx of Military Temporary and Permanent Populations on Heath Care Infrastructure.** The military buildup will generate an escalation of off-island construction workers and dependents from approximately 10,000 in 2010, peaking at approximately 56,000 in 2014 and declining to approximately 8,600 from 2017 to 2020. These off-island workers and dependents will be coming to the Island from a variety of countries that exhibit a disparate range of health care services for their residents. It is expected that the expanded permanent and temporary populations will create an increasing level of demand in child care, substance/alcohol abuse, senior care, nutritional care and teenage pregnancy services and programs.

**Difficulty in Confirming Pre-deployment of Guest Worker Health Care Screening.**

While the Final Environmental Impact Statement (FEIS) identifies that all workers imported to the Island (for a period of 14 or more days) will be required to submit to a pre-deployment physical and general health care battery of tests (including tuberculosis test, chest x-ray, blood pressure, dental exam, etc.), the reality is this objective may be very difficult to administer without any additional capacity. It will rest with the Island to function in the primary position of being vigilant for, and containing the outbreak of potentially infectious diseases. For workers scheduled to be on the Island for less than 14 days, once on the Island or contracted during transit, other infectious diseases may present themselves. Such diseases may either originate with the imported workers, or be imported by the resident or tourist population. While the provision of post pre-deployment health care screening of all workers is anticipated to be required, it will demand a local presence to manage the administration and testing, as well as the appropriate response to positive test results to minimize the spread of communicable disease.

**A larger, transient population increases the potential for exposure and contraction of disease.** In addition, the steady state of the military buildup in 2020 will generate a direct DOD population of nearly 25,000 personnel which includes military personnel/dependents and civilian workers/dependents. The continued deployment and return/deployment (and interface with the local population) could enhance the risk of acquiring a potential communicable disease among the local population on the Island. In addition, a population of nearly 9,000 indirect and induced people will be added in support of the direct military buildup, creating a total steady state population of approximately 34,000. When on Island, the workforce housing that will provide shelter may constitute very close quarter living arrangements (based on the physical design of the units and desire to save on housing costs) for many people cohabitating under one roof. In these situations, when one person becomes ill with any communicable disease, it may be very difficult to keep it contained-especially in a humid, warm environment. In addition, an influx of demand will also occur for the Islands' restaurants causing a demand in use and potential for new restaurant openings. This use and potential for new facilities will create a commensurate demand for permits and frequent inspections to ensure that a healthy food preparation, serving and storage environment exists for dining patrons. The increased stock of restaurants will also, in all likelihood, increase the potential for food contamination, requiring appropriate testing, analysis and confirmation as well as monitoring and enforcement by DPHSS personnel.



**Enhanced Role in the Provision of a Regional Health Sector Hub.** This project will enhance the capacity of Guam serving as the health care hub within the CNMI in the implementation of the regional vision, which would offer a larger scale delivery system of medical and health and social services as identified in the Memorandum of Understanding (MOU) executed at the Micronesian Chief Executives (MCE) Summit in the Fall of 2009.

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**PROJECT "NEXUS":**

The military buildup will generate at its peak in 2014, a total of 56,000 workers and dependents on the Island, many of whom will originate from countries where the level of health care may not be commensurate with the US standard. The potential exposure of Island and US originating workers to workers from other countries has the potential to create an environment where infectious and communicable disease (i.e. tuberculosis) may become an issue-especially if on island L2 laboratory testing is not implemented. It is imperative to have the administrative capacity to respond to these increased needs and continue to provide health services in convenient locations where the population has a convenient way to utilize these facilities.

The decentralized location of the DPHSS constrains the utility and functionality of the services it provides to its customers around the Island. These operations are now at a stress point, as departments and divisions that would optimally work directly or indirectly with each other expend valuable time physically moving personnel and data between the existing building and proximate and outlying locations across the Island. The physical plant that serves the existing building is in deplorable condition. The generator does not function at 100 percent efficiency when placed into service to provide the redundant energy source when the primary electrical supply is cut off due to system outages or severe weather conditions. No water storage is provided on the site and fire suppression is marginalized.

**PROGRAM COST: TOTAL PROGRAM COST FOR A NEW PUBLIC HEALTH AND SOCIAL SERVICES FACILITY IS \$81.3-\$96.1 MILLION**

<b>DPHSS FACILITY AND CENTRAL HEALTH CLINIC</b>					
<b>DESCRIPTION</b>	<b>DoD Facility Code (*1)</b>	<b>QUANTITY</b>	<b>UNITS</b>	<b>UNIT COST</b>	<b>CONSTRUCTION COSTS</b>
					<b>TOTAL COST</b>
General Administrative Building	6100	60,000	SF	\$ 204.70	\$12,282,000
Dental Facility	5400	3,750	SF	\$ 398.81	\$1,495,538
Dispensary And Clinic (Public Health & Social Svcs)	5500	13,786	SF	\$ 327.13	\$4,509,814
Medical Laboratory (Mosquito Lab)	5302	10,000	SF	\$ 303.03	\$3,030,300
Vehicle Parking, Surfaced	8521	9,373	SY	\$ 29.16	\$273,326
Stand-By/Emergency Power	8112	500	KW	\$ 252.46	\$126,230
		87,536	SF	\$ 248.09	
<b>SUBTOTAL</b>					<b>\$21,717,208</b>
<b>Area Cost Adjustment Delta</b>					\$35,616,221
<b>SUBTOTAL using Area Cost Factor</b>					<b>\$57,333,429</b>
<b>SIOH</b>					\$3,726,673
<b>Contingency</b>					\$18,318,031
<b>TOTAL CONSTRUCTION COST (*2)</b>					<b>\$79,378,133</b>
<b>Planning and Design</b>					\$5,556,469
<b>TOTAL FACILITY COST (*3)</b>					<b>\$84,934,602</b>
<b>Escalation Rate (FY2013) Delta</b>					\$7,193,961
<b>TOTAL ADJUSTED COST (*4) using Escalation Rate</b>					<b>\$92,128,563</b>
 <b>DESCRIPTION</b>					
		<b>QUANTITY</b>	<b>UNITS</b>	<b>UNIT COST</b>	<b>FURNISHING &amp; EQUIPMENT COSTS</b>
Furnishing		1	1	\$ 250,000.00	\$250,000
<b>SUBTOTAL</b>					<b>\$250,000</b>
<b>Escalation Rate (FY2013) Delta</b>					\$21,175
<b>TOTAL ADJUSTED COST (*4) using Escalation Rate</b>					<b>\$271,175</b>
<b>TOTAL PROGRAM COST (*5)</b>					<b>\$92,399,738</b>

(\*1) Costs from *Unified Facilities Criteria (UFC) DOD Facilities Pricing Guide, UFC 3-701-09, 15 September 2009*

(\*2) Total Construction Cost derived by applying Cost Adjustment Factors 1 - 3 from table below.

(\*3) Total Facility Cost derived by applying Cost Adjustment Factor 4 from table below.

(\*4) Total Adjusted Cost derived by applying Cost Adjustment Factor 5 from table below.

(\*5) Total Program Cost is the sum of construction and furnishing & equipment costs and is inclusive of Area Cost Factor, SIOH, Contingency, Planning and Design, and Escalation Rate.

<b>COST ADJUSTMENT FACTORS</b>	<b>FACTOR</b>
1. Area Cost Factor	2.640
2. Supervision, Inspection and Overhead (SIOH) Factor (%)	6.500
3. Contingency Factor (%)	30.000
4. Planning and Design Factor (%)	7.000
5. Escalation Rate (FY2012)	1.0655
5. Escalation Rate (FY2013)	1.0847
5. Escalation Rate (FY2014)	1.1042

**Source of Cost Estimates:**

- Unified Facilities Criteria DOD Facilities Pricing Guide UFC 3-701-09, September 15, 2009
- RS Means Cost Works – Cost Estimating 2009

**Estimated Start and Completion Dates:**

- Assuming funds are available – Program Year: **FY2013**
- Estimated Program Year for construction/implementation start date- PY+1: **FY2014**
- Estimated Program Year for project/construction period/completion date- PY+2: **FY2015**
- Estimated Program Year for Equipment delivery - PY+1:**FY2014**

**Project Costs Allocated by Fiscal Year:**

Category	Project Element Title	FY10	FY11	FY12	FY13	FY14	FY15	FY16	FY17
Design					\$6.1M				
Construction						\$86.1M			
Procurement							\$271K		
Program Management						\$1.1M	\$1.1M	\$1.1M	

**Proposed Implementation Plan:**

The DPHSS and Central Health Clinic project involves the initial capital investment in the design and construction of a new central administrative facility and health clinic to enhance the provision of health care on the Island. The design funds are to be allocated in FY 2013 to initiate the timely design and pre-construction effort for this facility. Requests for funding of construction will follow in FY 2014. If these key milestones are met, this proposed project will provide the needed health care administrative facilities space to Guam in a timely manner to not only meet the anticipated peak demand timeframe (projected for 2014) but also the steady state in 2020.

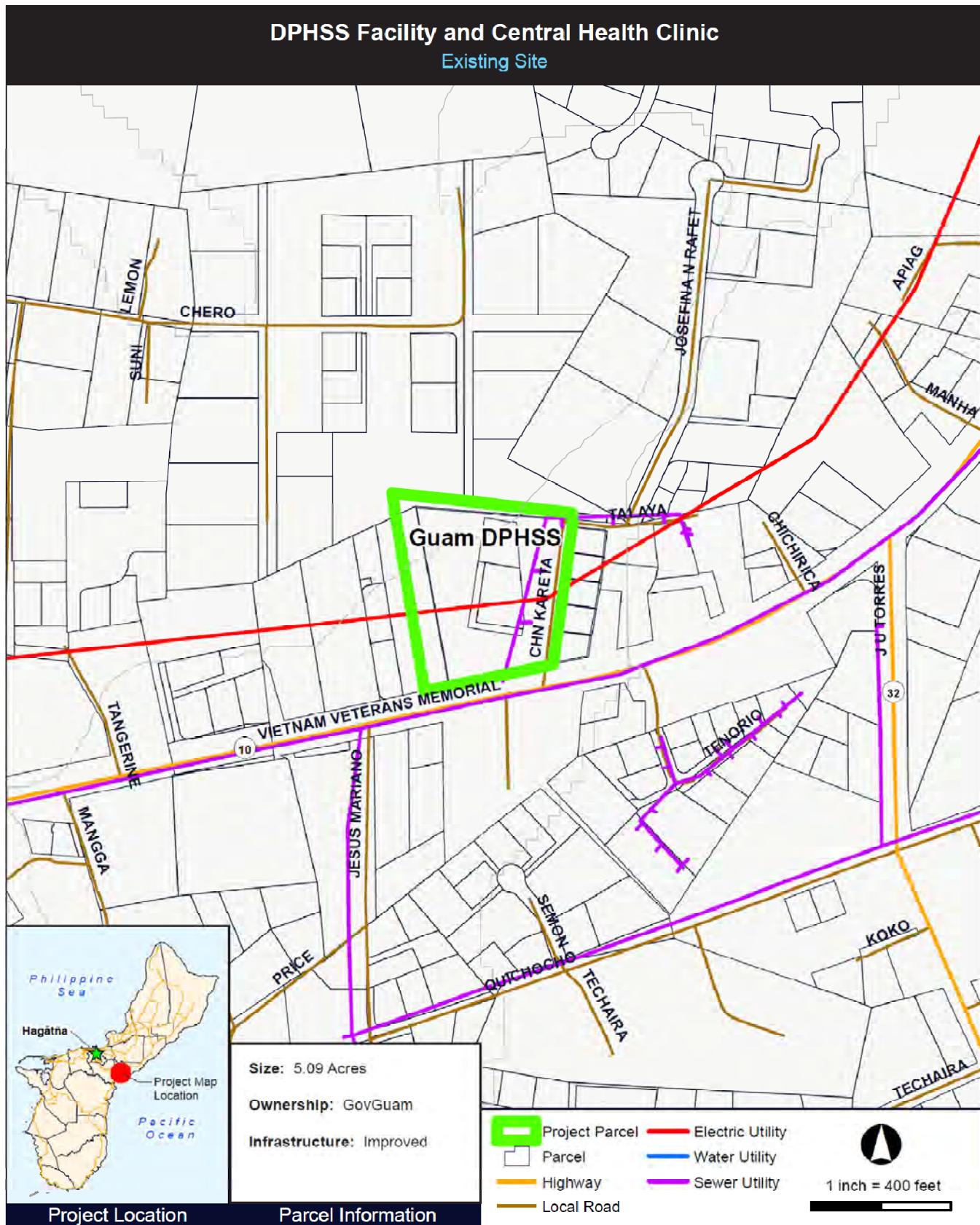
**On-Going Operation and Maintenance / Sustainability:**

The ability of GovGuam to sustain the operations and maintenance of the central health care building and a health clinic is anticipated to be accommodated in FY 2015. The increases in General Fund revenues accruing from the economic activities generated by the direct, indirect, and induced construction and population growth generated by the military buildup effort are expected to accommodate GovGuam's obligation for adequate operation and maintenance needs.

**Information Sources:**

- Draft Environmental Impact Statement, 2009
- Final Environmental Impact Statement, 2010
- GovGuam Civilian Military Task Force (CMTF) Report, 2008
- Interviews with DPHSS Division Managers and Staff, July 2010



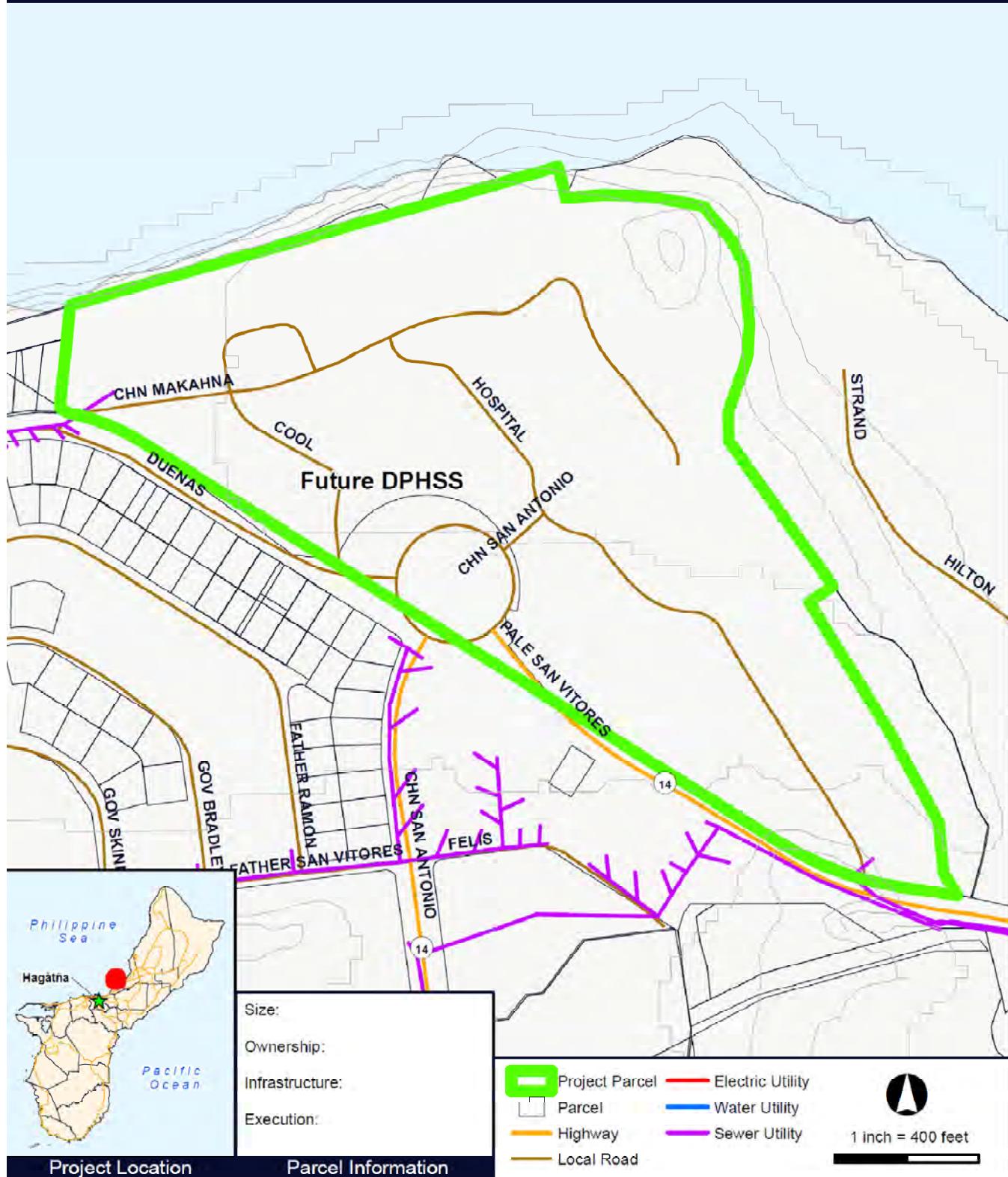


## DPHSS Facility and Central Health Clinic - Proposed





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**PHOTO LOG**

Photo	Description
	<b>Former Bomb Shelter:</b> Central Public Health Clinic exterior
	<b>Excessive Staff On Site:</b> Temporary buildings are used to help ease the demand for space
	<b>Parking Constraints:</b> Overcrowded parking lots result in people parking on the grass



## S-PNA Worksheet

Photo	Description
	<p><b>Lack of Working Area:</b> The bacteriology lab is crowded with materials</p>
	<p><b>Constrained Space:</b> Storage rooms are nearing their capacity</p>