

Ko-Kwel Wellness Center Project Update to Tribal Council 10/8/2019
Options to Reduce Size of Building Design

Building Size by Areas: Current Design	
Administration	3,070
Pharmacy	1,535
Medical	6,177
Dental	2,780
Family Services	2,965
Community Gathering	2,145
Fitness Facility	1,110
Staff Facilities	550
Operational	1,070
Total Services	21,402
Central Circulation -includes Reception	3437
Total Gross Area	24,839

Challenge:

This is the size of the building per current design. We have reduced each area by making rooms smaller and having the fewest number of spaces that we think is possible without negatively impacting service to patients and clients. However, we are approximately 5,000 to 6,000 sqft over budget, based on construction cost breakdowns.

Options:

There are three options presented below for significantly reducing the size of the building. They include various combinations of the following, of course there are other options as well, this is meant only to be a few example options:

- Move Finance and Nasomah from Administration to the old health center
- Move all of Administration to the old health center
- Move all of Community and Family Health to the old health center
- No community gathering space, including no health education space, demonstration kitchen, nor space for the Health Advisory Board or other groups to meet, no space large enough for an all staff meeting.
- No fitness facility, meaning no fitness facility on all of Kilkich as the current fitness facility space has been designated for IT space, receiving space, and short-term storage space.

Option 1:	
Administration	2,500
Pharmacy	1,535
Medical	6,177
Dental	2,780
Family Services	2,965
Community Gathering	0
Fitness Facility	0
Staff Facilities	550
Operational	1,070
Total Services	17,577
Central Circulation -includes Reception	3437
Total Gross Area	21,014

Option 2	
Administration	0
Pharmacy	1,535
Medical	6,177
Dental	2,780
Family Services	2,965
Community Gathering	2,145
Fitness Facility	0
Staff Facilities	550
Operational	1,070
Total Services	17,222
Central Circulation -includes Reception	3437
Total Gross Area	20,659

Option 3	
Administration	3,070
Pharmacy	1,535
Medical	6,177
Dental	2,780
Family Services	0
Community Gathering	2,145
Fitness Facility	0
Staff Facilities	550
Operational	1,070
Total Services	17,327
Central Circulation -includes Reception	3437
Total Gross Area	20,764

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TOTAL BUILDING SQFT = 24,839



KO-KWEL WELLNESS CENTER

SITE PLAN

B



KO-KWEL WELLNESS CENTER

AREA PLAN

A



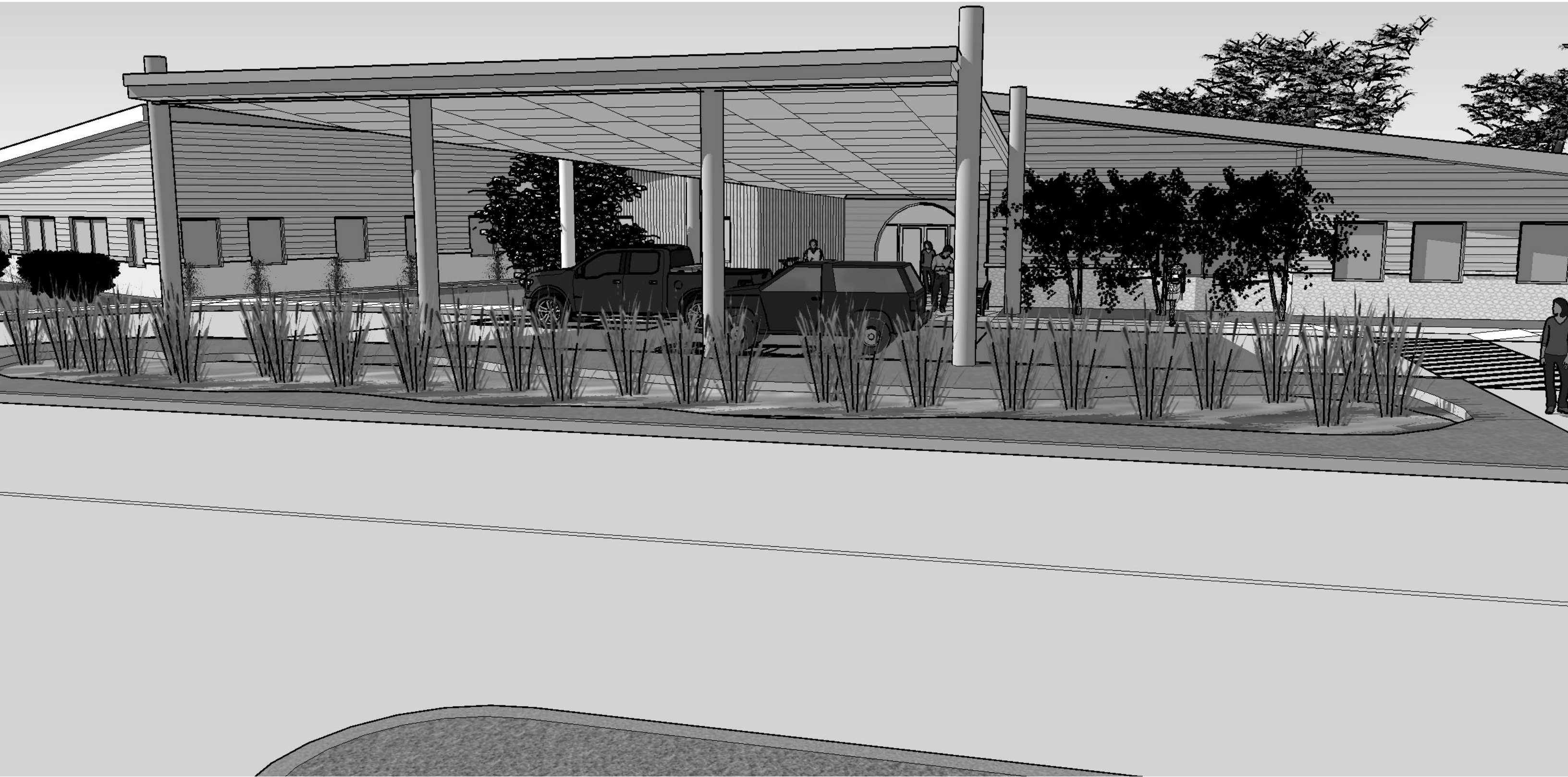
KO-KWEL WELLNESS CENTER

SITE PLAN

B









KO-KWEL WELLNESS CENTER

RENDERINGS

C





Architex®













KO-KWEL WELLNESS CENTER

SITE PLAN

B



KO-KWEL WELLNESS CENTER

AREA PLAN

A

SHRUBS



Black Huckleberry



Black Currant



Oregon Grape



Red-twig Dogwood



Salal



False Spiraea



Hairy Manzanita



Cascara



Ninebark



Cascara



Western Rhododendron



Blue Elderberry

TREES, FERNS, CATTAILS & TULE



Madrone



Big Leaf Maple



Port Orford Cedar



Douglas Fir



Shore Pine



Pacific Crabapple



Beaked Hazelnut



Cattail



Tule - Hard-stemmed Bulrush



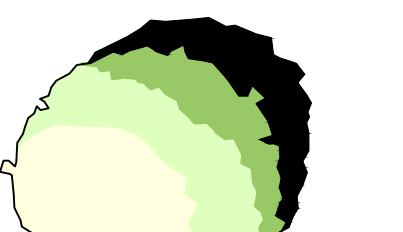




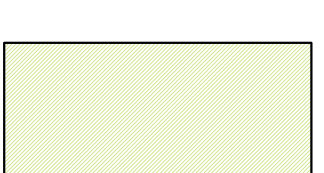

Licorice Fern



Sword Fern



LEGEND

-  LARGE DECIDUOUS SHADE TREES
-  MEDIUM TO SMALL DECIDUOUS SHADE TREES
-  SMALL ORNAMENTAL TREES
-  LARGE EVERGREEN CONIFEROUS TREES
-  SHRUBS
-  NON-IRRIGATED MEADOW
-  BIOSWALE

KO-KWEL WELLNESS CENTER

SCHEMATIC LANDSCAPE PLAN

D

DRAFT KWCP - Recruitment & Retention Plan

This is a written recruitment and retention plan to guide the strategies associated with the launch of the Ko-Kwel Wellness Center Project (KWCP). (Building name TBD). The plan will be a living document designed to evolve and update as timelines are firmed up. There is a strong emphasis in marketing to passive candidates already employed in the field and to ensure that Tribal family members are given internal preference. Retention efforts are designed to improve engagement and to retain key personnel during this critical expansion cycle.

Phase I: Development of Position Descriptions & Salary Grades

Based on the staffing requirements on record, 23 additional positions will need to be hired:

- ✓ Clinic Nurse Manager
- ✓ Billing Clerk
- ✓ Medical Receptionist
- ✓ IT Data Analyst
- ✓ PA-C or Family Nurse Practitioner
- ✓ Behavior Health Specialist
- ✓ Clinic Assistant (1)
- ✓ Dentist
- ✓ DHAT
- ✓ Hygienist
- ✓ Dental Assistant
- ✓ Dental Hygienist
- ✓ Dental Office Reception
- ✓ Dental Office Manager
- ✓ Pharmacist
- ✓ Pharmacy Tech
- ✓ Pharmacy Clerk
- ✓ Mental Health/CD
- ✓ HR Manager
- ✓ Maintenance Tech

Custodial services to be outsourced to The Laundry Mill for after-hours, specialized service.

Existing job descriptions are being modified where appropriate and HR is drafting those that are not already in existence. Final drafts are being reviewed by the consultant and will be finalized by year end.

We recommend that the Tribe's HR Director develop a separate compensation structure for KWC. This structure is supported by the consultant. Given that positions in the medical field are in high demand and difficult to recruit for in rural Oregon, a compensation structure that is designed to lead the market is essential. HR will utilize T1 Services to conduct comp studies (using OED contact and other sources listed below along with information we can get from local competition). Salary grade assignments will be finalized no later than June 2020.

Key sources of salary information include the [Occupational Employment Statistics: Wage Data by Occupation](#) from the Bureau of Labor Statistics (BLS), which provides average salaries by occupation

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KWC

and industry with some breakdowns by state and metropolitan area. See the BLS article [Using OES Occupation Profiles in a Job Search](#) for additional information on how to use their wage data.

Here are some additional resources that provide national data. Some include further breakdowns:

Behavioral Health Occupations

- [2017 Behavioral Health Salary & Benefits Report](#) (available for purchase)
- [2015 Salaries in Psychology](#)

Nursing Occupations

- [AANP 2017 National NP Compensation Survey](#) (available for purchase)
- [An Analysis of the Labor Markets for Anesthesiology: Earnings](#) (see page 24)

Physician Assistants

- [2017 AAPA Annual Salary Report](#) (available for purchase)

Physicians

- [AAFP Family Medicine Facts: Family Physician 2016 Income Before Taxes](#)
- [AAMC Survey of Resident/Fellow Stipends and Benefits Report, 2016-2017](#)
- [MGMA DataDive Provider Compensation Data](#) (available for purchase)

Phase II Hiring Timeline

The hiring timeline will hinge on the estimated opening date of spring of 2021. Ideally, the following positions would begin employment at least 30 days prior to opening:

- ✓ Dentist
- ✓ Dental Office Manager
- ✓ HR Manager (begin recruitment in June 2020 for a September 2020 start date)

Most of the remaining positions will begin up to two weeks prior to opening.

Recruitment for the above positions along with other hard to fill positions including but not limited to Clinic Nurse Case Manager, Pharmacist and Behavioral Health Specialist will begin in September of 2020. The remaining positions will be posted in early 2021.

Phase III Recruitment Plan

Positions will be posted and marketed to Tribal Head of Households following the normal recruitment and hiring policies of the Tribe.

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The Tribe's HRD will work with Clark Walworth in the summer of 2020 to develop recruitment flyers that can be emailed and posted to contacts in the health care industry. The focus will be on the benefits of working in rural Oregon, the benefits of working for the Tribe including its vision and values, and could include information about relocation assistance, loan forgiveness, hiring bonus information, etc.

Job openings will be posted with the OR Employment Department and Indeed. Specific targeted print advertising can be considered in the Oregonian/Register Guard. In addition, see below information to be explored:

Where can rural communities get help in recruitment and retention activities?

“As one of the largest and most comprehensive recruitment and retention resources, [3RNet](#) (National Rural Recruitment and Retention Network) is a nonprofit network funded by the Federal Office of Rural Health Policy and member dues. 3RNet has one dedicated member in each of the 50 states and the Commonwealth of the Northern Mariana Islands. Additional members include the Indian Health Service, the Cherokee Nation, and the Department of Veterans Affairs. According to Executive Director Mike Shimmens, more than 2,000 medical professional placements are achieved annually through 3RNet's recruitment tools, with 90% of these in designated shortage areas.

A website, [3RNet.org](#), where members maintain their state and regional pages, job seekers can register for free to browse and search jobs, and facilities/employers can (through their 3RNet member) **post jobs.**”

If additional recruitment support is needed, we can utilize the following recruiters:

Mary Brooks at www.nativerecruiter.com

Mary is an experienced HR professional formerly with Spirit Mountain Casino and she is a Grand Ronde Tribal Member. Her firm specializes in Tribal Government industries. She has a wide network of candidates in her pool and has a negotiated rate of 15% of the annual salary after 90 days of successful employment.

Lori Machara at www.volumerecruitmentservices.com

Volume Recruitment Services (VRS) at 844-877-5621. VRS handles high volume recruitment for the medical industry. Clients include Bay Area Hospital. Rates to be researched.

The recruitment budget for Human Resources will need to be adjusted for 2020-2021 given the increase in advertising that will be necessary.

Retention Strategies

Retention strategies typically refer to policies companies follow in order to retain employees and reduce turnover and attrition and ensure employee engagement. The main goal is to meet the expectations of employees without losing sight of the bottom line. Typical retention strategies involve any number of the following:

- Offering competitive pay and benefits
- Managing with trust
- Offering constructive feedback and praise
- Providing attractive perks

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- Promoting from within
- Offering professional development
- Giving employees a meaningful vision to attach to their positions
- Recognizing high-performing employees
- Addressing barriers to success such as toxic co-workers, substandard equipment, etc.
- Work-life flexibility

For the purpose of this guide, Human Resources is exploring a transition to a pay for performance or a merit increase system. Another retention strategy for the health care industry is an RVU model (Relative Value Unit) which is an incentive program that measures and rewards key benchmarks. This could be rolled out at the health clinic as a pilot program for key positions and considered broadly if successful.

Other strategies to assist with retention of key personnel are retention bonus systems. These are typically used during critical periods of business development to ensure staff with essential abilities are not lost during cycles of high business volume or expansions, mergers, acquisitions. A typical retention bonus agreement might be 10% of the employee's base salary paid out monthly or quarterly with a pay-back provision if the employee exits.

Useful Contacts:

Worksource OR Employment Department (state wide job postings)
541-756-8459
Coos County

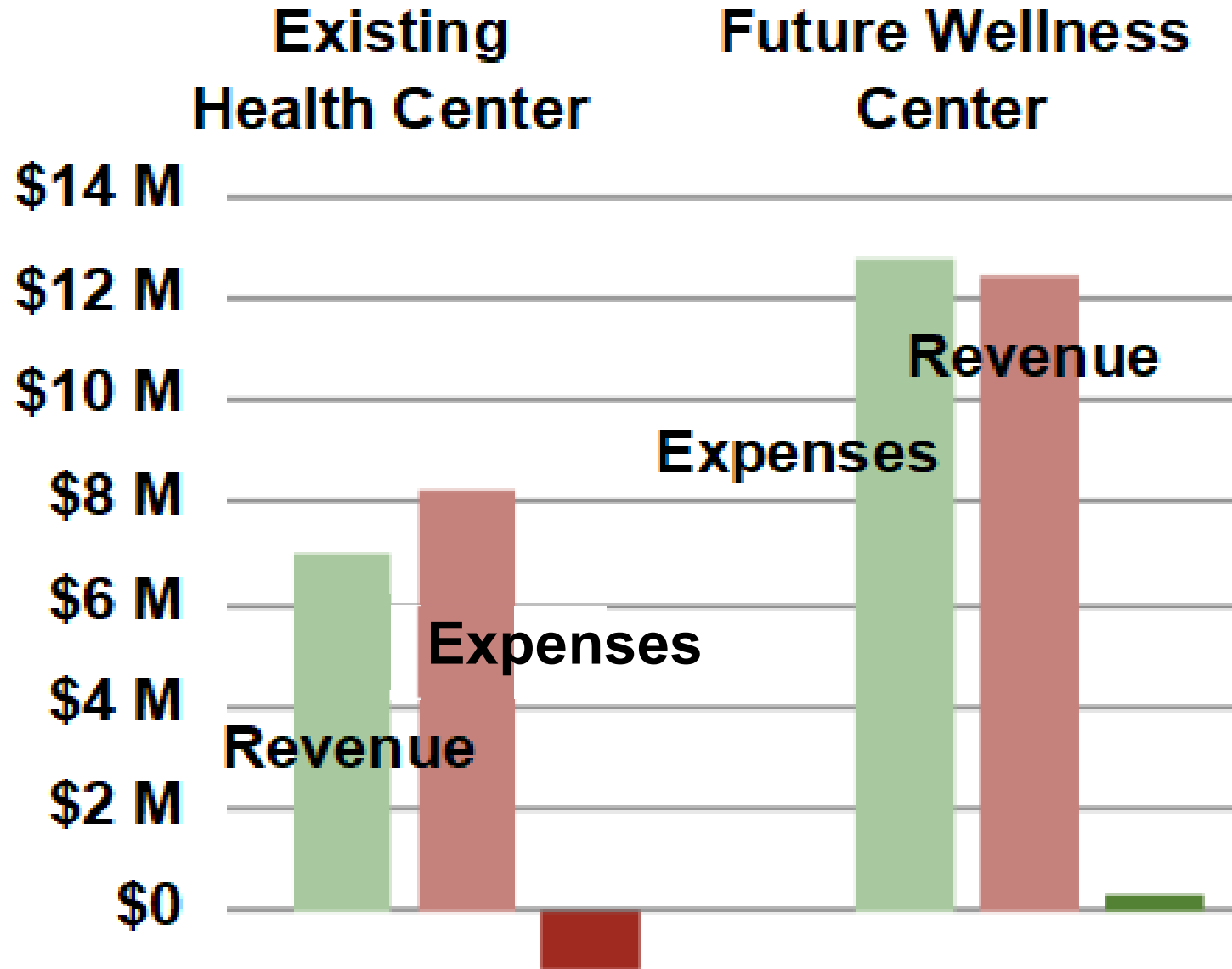
Oregon Employment Dept. –South Coast Workforce Analyst Division (wage studies)
541-530-0605
Annette Shelton-Tideman

Luwai

The heart
of our village

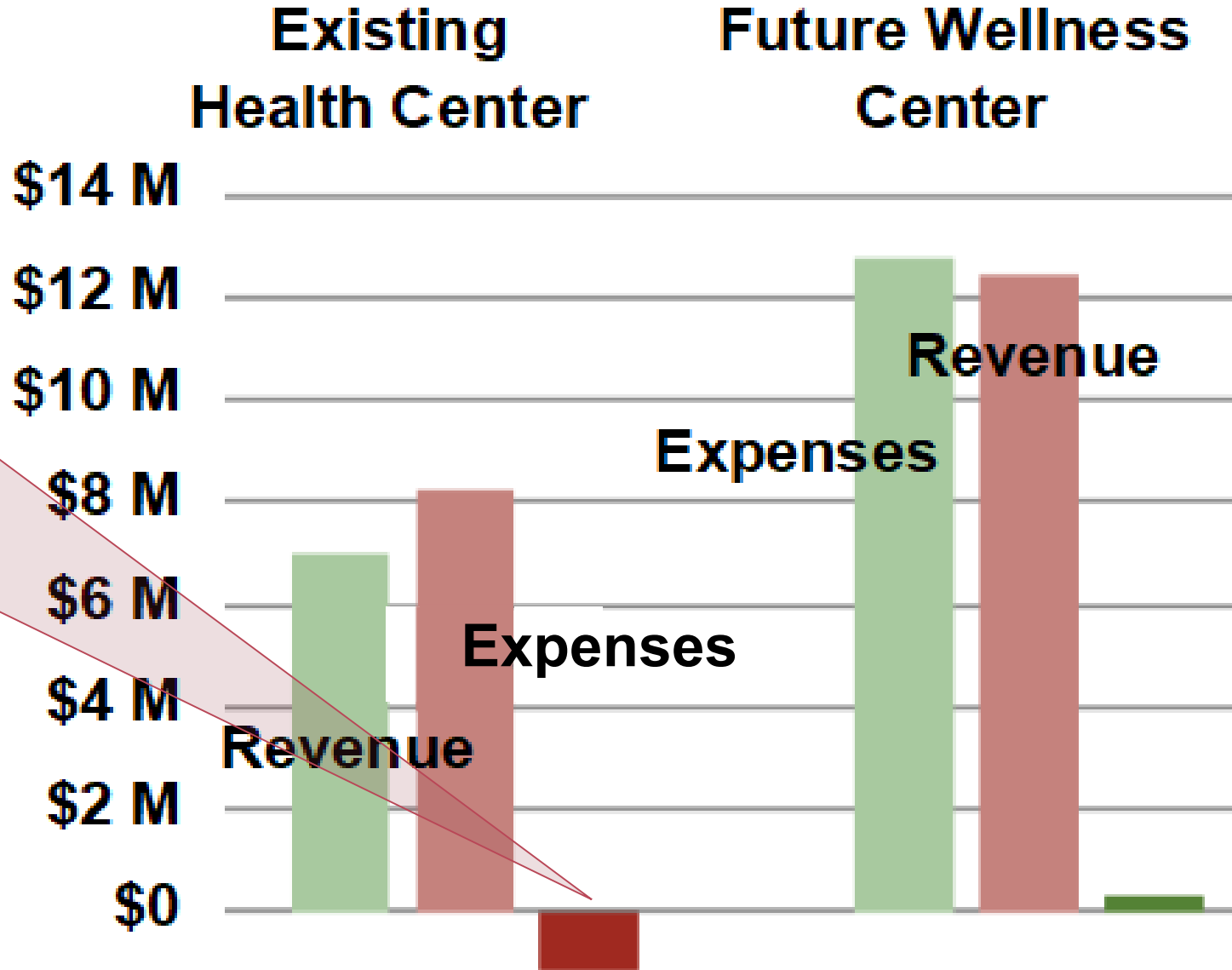


Seeking Sustainability



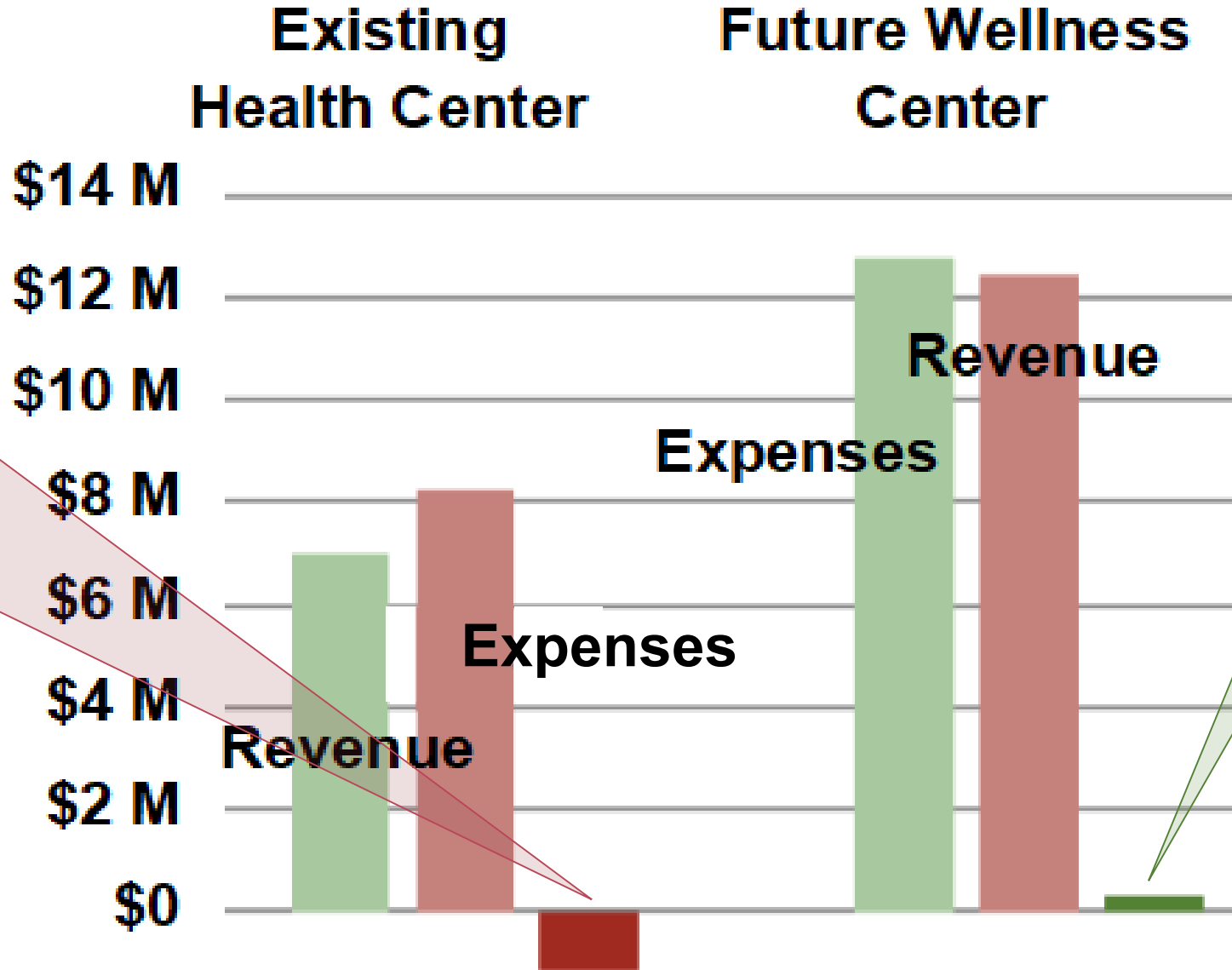
Seeking Sustainability

\$1.2 million in annual support from Tribe



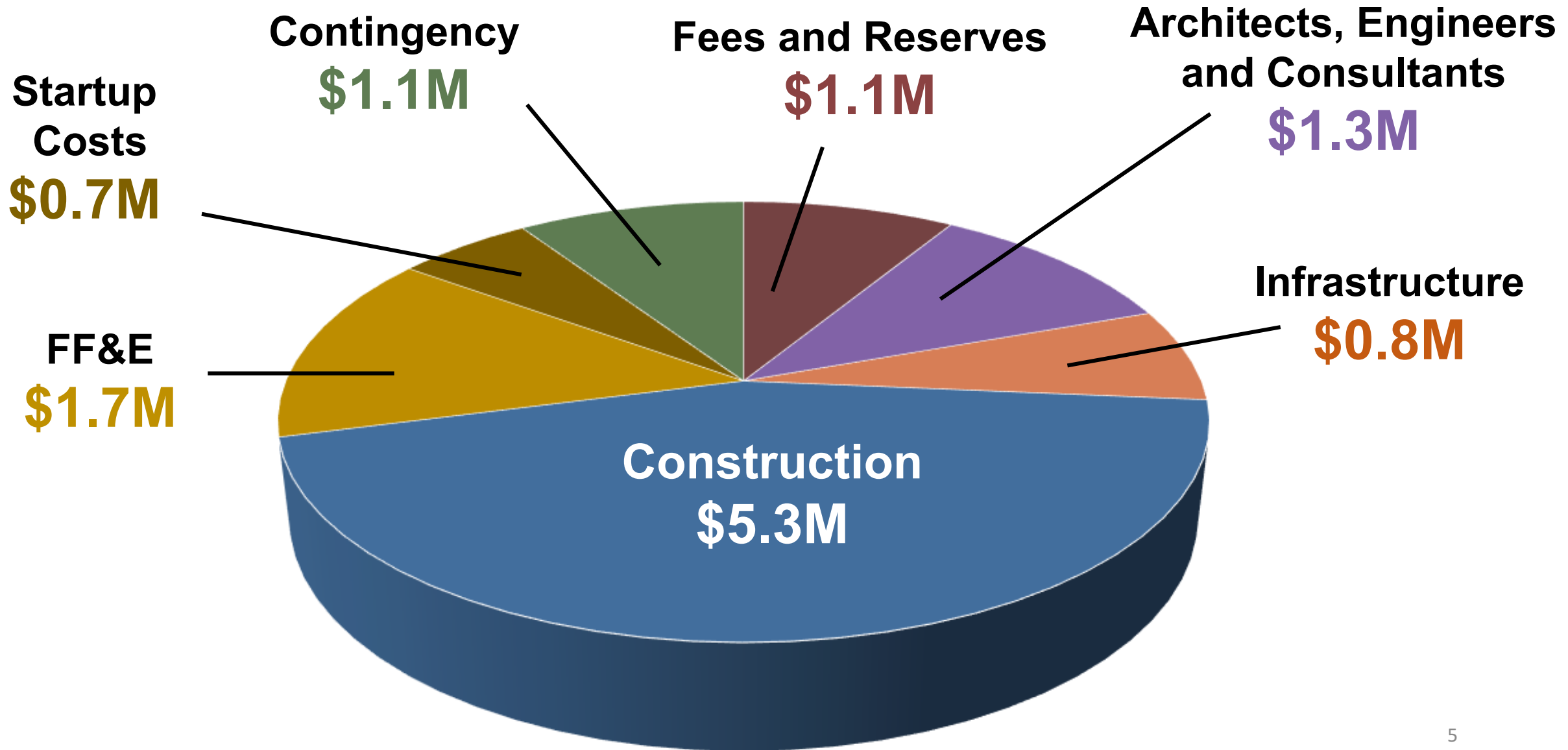
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Break even or better

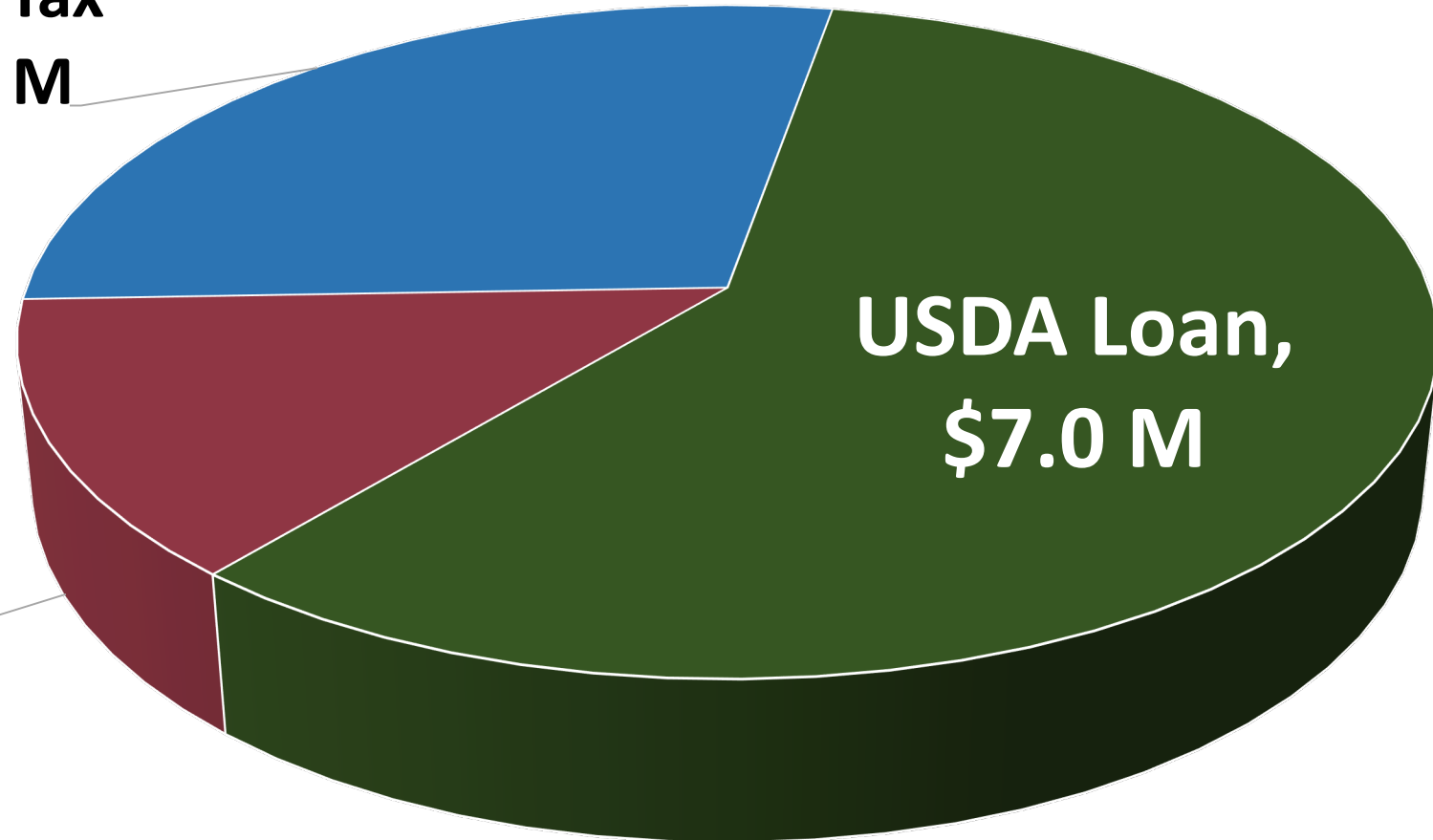
Cost Estimate: \$12 Million



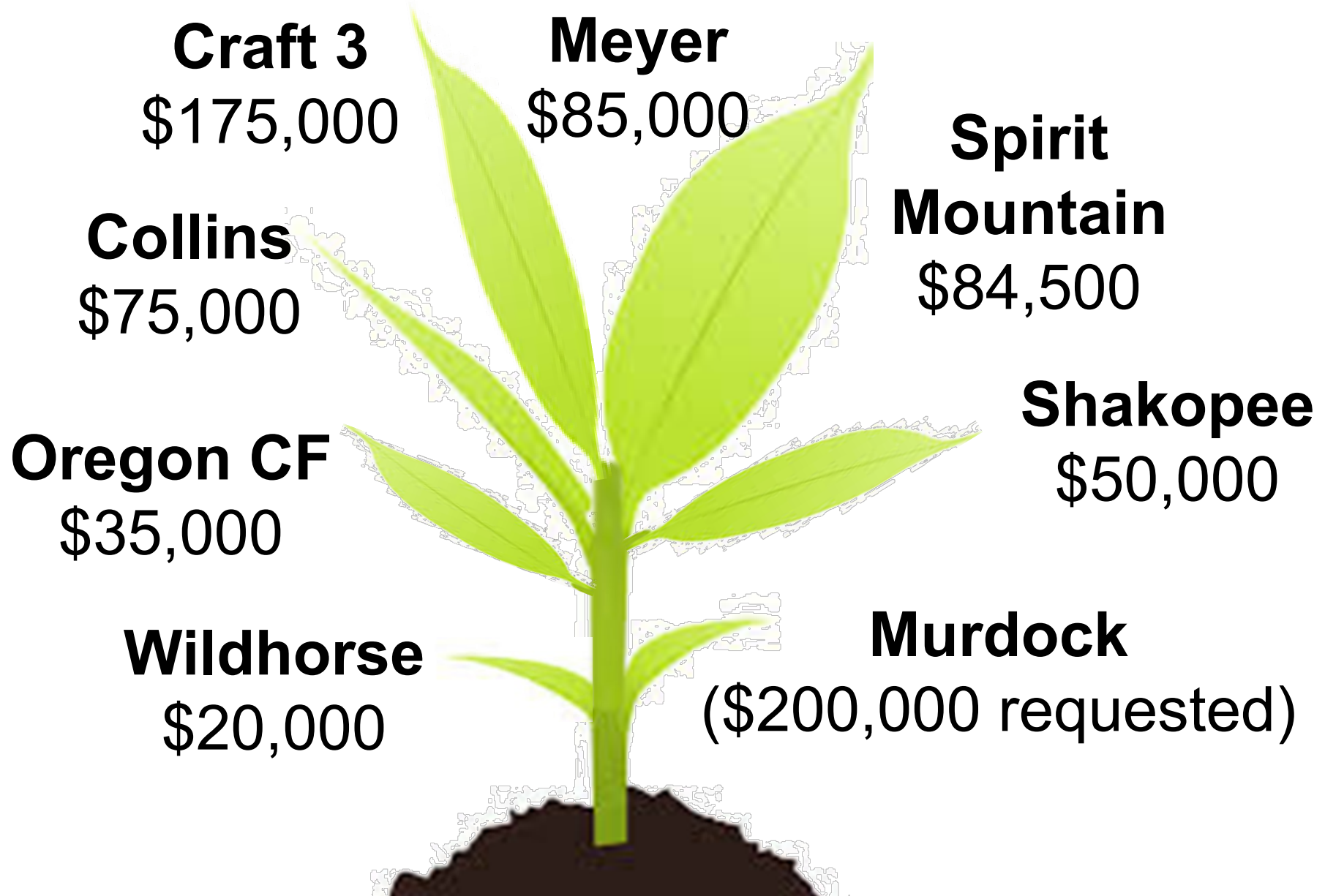
Funding Sources: \$12 Million

**New Markets Tax
Credits, \$3.4 M**

**Grants,
Federal
Payments
and Tribal
Investment,
\$1.6 M**



Building Partnerships



Using Uncle Sam's Money

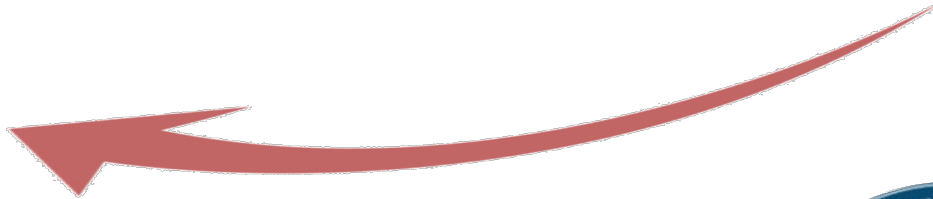
New Markets Tax Credits

1. Investors lend to Tribe



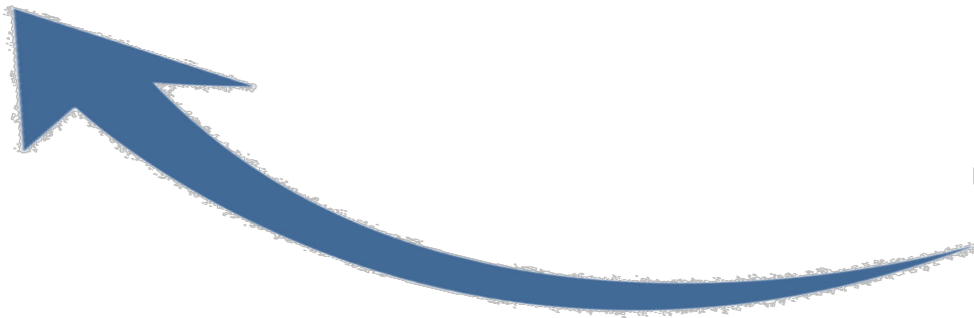
2.

Tribe pays interest (7 years)



3.

Tax credits compensate investors



Using Uncle Sam's Money

USDA Rural Development Loan



1.

Ag Department
lends to Tribe



2.

IHS pays
Tribe to
Administer
health care
programs



3. Tribe uses IHS funding
to help repay USDA loan

