

**MINUTES OF A  
WORK SESSION  
OF THE JACKSON COUNTY  
BOARD OF COMMISSIONERS  
HELD ON  
JANUARY 17, 2017**

The Jackson County Board of Commissioners met in a Work Session on January 17, 2017, 1:00 p.m., Justice and Administration Building, Room A227, 401 Grindstaff Cove Road, Sylva, North Carolina.

Present: Brian McMahan, Chairman  
Charles Elders, Vice Chair  
Boyce Deitz, Commissioner  
Mickey Luker, Commissioner  
Ron Mau, Commissioner

Don Adams, County Manager  
Heather C. Baker, County Attorney  
Angela M. Winchester, Clerk to Board

Chairman McMahan called the meeting to order in Room A201 for the Employee Recognition.

(1) **EMPLOYEE RECOGNITION**: Mr. Adams recognized the following employees for their years of service and retirement:

Retiring February 1, 2017:

Linda Stroupe	7 Years of Service	Department of Public Health
Linda Aikin	20 Years of Service	Sheriff's Office

Chairman McMahan moved the meeting to Room A227 for the Work Session.

(2) **HEALTH DEPARTMENT FACILITY STUDY RESULTS**: Shelley Carraway, Health Director and staff, were in attendance for this item. Ron Smith, Principal AIA and Meghan Teague, Architect of McMillan, Pasdan, Smith Architecture, presented the Jackson County Health Department Programming and Planning Study:

(a) Executive Summary: In August of 2016, the Jackson County Health Department contracted with McMillan Pazdan Smith ("MPS") to perform a programming and space planning study of the existing Health Department Building in Sylva, NC. This would include a walk through analysis and engineering reports on existing conditions of the building and building systems, a program for necessary spaces in the building, a conceptual plan for renovations to the building to support and expand existing departments, phasing plans that would allow the work to be completed incrementally while the building was still partially in use, and a cost estimate for the work. The following summary represents the process used during the analysis.

- Kick-off Meeting: On August 31, 2016, MPS met with the Jackson County Health Department, County Manager, and other stakeholders to kick-off the project, tour and photograph the facility and establish goals for the project. It was the goal of the department to increase functionality, capacity and efficiency in the existing building while providing better services and improved flow for staff and patrons.
- Space Condition Documentation: Walk-through on September 29, MPS visited each space within the building with consulting engineers. Notes were taken regarding the condition of the existing building and a Building Assessment was provided on October 6, 2016.

- Survey - MPS developed a series of survey questions for the staff with specific questions about their personal space (like an office) and community spaces (like the clinic, labs, and meeting rooms). This also included programming questions and the staff provided a “wish list” of spaces for a new building program.
- Program: On October 6, 2016 MPS met with the Health Department to present a proposed Space Program based on analysis of existing space and staff input. MPS received feedback from this initial Program meeting and incorporated it into the Building Program.
- Planning: On November 16, 2016 MPS met with the Health Department to present a proposed Conceptual Plan based on the approved Building Program and analysis of existing space, which provided a “test fit” for a more efficient layout that would increase function and utilization. MPS received feedback from this initial Planning meeting and incorporated comments into a revised Conceptual Plan, which was submitted to the county on December 6, 2015.
- Phasing: MPS studied the proposed phasing for the project and documented this in the Phasing section of the document.
- Cost Estimate: MPS provided an Opinion of Probable Cost based on the various phasing strategies and documented this was the Opinion of Probably Cost section of the document.
- Summary: Through investigation and analysis of the existing building, staff feedback, and documentation, MPS provided the Jackson County Health Department valuable information regarding its present facility. In response to this information, a new efficient design has been provided to allow the health department to maintain their original building location, absorb additional program requirements, and provide a facility with increased functionality, capacity and efficiency for staff and the community of patrons it serves.

(b) Existing Facilities Overview: As a result of touring the health department facility, examining the existing layout and space utilization patterns, and the subsequent analysis of the building’s strengths and weaknesses; the observations were noted for consideration in the development of the new conceptual floor plans.

(c) Proposed Program: The program reflected spaces needed for the Health Department including Clinic, WIC, Environmental Health, Health Education and support spaces. The program was developed in response to the existing facility overview with input from Health Department staff and reflects the ideal program for the future of the department.

(d) Proposed Facility Overview: The proposed conceptual floor plans reflect one solution that attempts to address many of the issues identified in the existing facility overview. It was not suggested that these plans are comprehensive in their solutions or that every design detail was resolved; however, they do represent a “test-fit” that suggests a way to arrange interior components with possible interior renovations and alterations to increase the functionality, capacity and efficiency of the health department.

(e) Phasing Plans: In order to implement the proposed master plan for the Health Department and simultaneously allow the building to remain in operation throughout the process, Phasing Option 1 allows the work to be phased into steps that allow for a gradual transformation of the existing space into the new proposed plan. Guiding principles for the organization of the phases are as follows:

- Option 1:
  - Phase A1 Renovate East side of building
  - Phase A2-A8 Moves departments to renovated or temporary spaces
    - A4 move Lab and Clinic
    - A5 move Environmental Health
    - A6 move Health Ed offices
    - A7 move Clinic Offices, Admin, and Phlebotomy Lab to temporary on-site location

- A8 bring new Mechanical, Electrical, and Server rooms online and switch service from existing spaces
  - Phase B1 Renovate West side of building
  - Phase B2 Move all departments to permanent locations

A more cost effective renovation solution may be to renovate the building as a whole or by floor. This would require a temporary location so that departments can vacate the building prior to construction and the floor by floor strategy was outlined as Phasing Option 2:

- Option 2
  - Phase A Renovate First Floor
    - A1 move Clinic and Labs out to temporary location
    - A2 move WIC to temporary location on second floor
    - A4 renovate entire first floor, maintain back entry to second floor and mechanical room, and move Clinic, WIC, Lab, and Management Support to permanent location on first floor
  - Phase B Renovate Second Floor
    - B1 move Administration out to temporary location
    - B2 move Environmental Health out to temporary location
    - B3 move Health Education and Storage out to temporary location
    - B4 renovate entire second floor and move all departments to permanent locations

**(f) Opinion of Probable Cost:**

- Option 1 Renovation East then West (Approximately 2 Year Period):
  - Phase 1:
    - Construction Cost \$2,460,000.00
    - Rental Space \$48,000.00 (3200 SF @ \$15/SF F/ (1) Year)
  - Phase 2:
    - Construction Cost \$2,160,000.00
  - Total Cost \$4,668,000.00
- Option 2 Renovation First then Second (Approximately 2 Year Period):
  - Phase 1 Construction Cost \$2,560,000.00
  - Rental Space \$90,000.00 (6000 SF @ \$15/SF F/(1) Year)
  - Phase 2 Construction Cost \$2,000,000.00
  - Rental Space (6000 SF @ \$15/SF F/ (1) Year) \$90,000.00
  - Total Cost \$4,740,000.00
- Option 3 Renovation Entire Building (Approximately 1 year Period)
  - Phase 1 Construction Cost \$4,310,000.00
  - Rental Space (19,300 SF @ \$15/SF F/(1) Year) \$290,000.00
  - Upfit Cost Estimate \$1,060,000.00
  - Total Cost \$5,660,000.00
- Option 4:
  - New Building Construction Cost \$5,615,000.00
  - Site Cost?
  - Total Cost \$5,615,000.00 plus Site Cost

Mr. Adams stated it was a good input process as far as the programming that was needed by the health department and was included in the study.

Ms. Carraway stated they were appreciative of being able to provide input for the study.

Mr. Adams stated that it was important that the programming needs of the health department were met, then other options could be considered by the Board to look at other venues, such as one stop permitting.

Chairman McMahan stated the Board would consider the information presented and have further discussions at a future meeting.

*Informational item.*

**(3) FACILITY RANKING CRITERIA:** Mr. Adams presented Capital Improvements Program:

(a) Project Summary and Evaluation Information:

- Project definition and justification
- Timeframe
- Stage of project
- Relation to other projects
- Description of land needs
- Planning/professional design work
- Functional area ranking

(b) Increased Operational Cost:

- Project type
- Will the project result in increased operational costs
- Manpower
- Supply/equipment/utilities cost
- Contractual cost

(c) Evaluation and Prioritization of Capital Projects from the previous Board:

Rating Criteria	Definition/Explanation	Maximum Points	Percentage Weighting
Functional area priority	Priority of projects among requests in functional area: 5 for top ranked project to 0 for any project ranked sixth or below in priority.	5	4
Safety	Extent to which project eliminates, prevents or reduces an immediate hazard to safety.	14	11
Mandates	Extent to which project helps county meet existing or new mandates	13	10
Timing/linkages	Extent to which project was timely, a continuation of a project currently under way, related to other high-priority projects, etc.	12	9
Economic impact	Extent to which project enhances economic development in county, while it protects the environment or directly or indirectly adds to the tax base.	11	8
Efficiencies	Extent to which project contributes to savings in county operational or capital spending	10	8
Maintaining current level of service	Extent to which project was necessary for county to continue to provide one or more services at current standards	9	7
Improving access	Extent to which project improves citizen access to current services.	8	6
Service improvement	Extent to which project improves the quality of existing services.	7	5
Service addition	Extent to which project increases the quality of existing services.	3	2
Operating budget impact	Projects that decrease future operating expenses receive a positive score, ranging from 0-15. Projects that have no effect on operating expenses receive a score from 0 to -15.	0 to 15 OR 0 to -15	11
Community support and county long-term plans	Extent to which project has broad and/or strong support from the community and was consistent with the county strategic plan or other long-term plans.	10	8
Financing	Extent to which project can be financed with non-general fund revenue sources.	15	11
<b>Maximum points, all categories</b>		<b>132</b>	<b>100</b>

Mr. Adams stated that as a Board, they would need to decide how much weight each category carried. In going through this process, they should have an objective way to start ranking and looking at major projects.

Chairman McMahan stated that they used this process in the past and a positive in the process was that it would give them a way to justify projects. But, they did not want to build the process to be too rigid with no flexibility.

Mr. Adams stated they would need to have a comfort level with the rating system, because in essence, it would start putting them in a position to rank the current projects. If they were in agreement with this system, the next step would be coming up with the scoring system or were they comfortable with the above system.

Commissioner Luker stated he thought that on any project, departments needed to have input and be involved. Then the project could go to finance and then all of the information would be presented to the Commissioners for discussion and decision.

Mr. Adams stated it would be a department's responsibility to, for example, show how safety would be impacted. The responsibility of management would be to match everything and then when it got to the Board, this would give a logical way to start ranking.

Chairman McMahan stated it seemed the Board was comfortable with staff ranking projects and then bringing proposals to the Board to evaluate. He was comfortable with the points as presented. He felt it would be valuable to use this process to rank projects currently on the list and with new projects going forward.

*Informational item.*

**(4) GOOD SAMARITAN CLINIC APPOINTMENT:** Chairman McMahan stated that there was an oversight for a Commissioner appointment that would need to be added to the January 30<sup>th</sup> meeting agenda, for the Good Samaritan Clinic. Mark Jones had served in that capacity previously.

*Informational item.*

There being no further business, Commissioner Luker moved to adjourn the meeting. Commissioner Elders seconded the Motion. Motion carried and the meeting adjourned at 2:46 p.m.

Attest:

Approved:

\_\_\_\_\_  
Angela M. Winchester, Clerk to Board

\_\_\_\_\_  
Brian Thomas McMahan, Chairman