



In the late 1920s, the residents of Castine and surrounding towns united behind a common cause: raising money to build a new hospital that would make quality medical care more accessible to the community. Local newspapers reported that the Castine Women’s Club donated \$166 to the effort (equal to nearly \$3,000 today), while the parishioners of the Union Chapel in Cape Rosier gave \$100. The Folly Theater in Castine raised \$65 at a special film showing and a local youth club collected \$45 at a dance.

By March 1928, the donations had added up to something big: the new Castine Community Hospital on Court Street was now open, reported the *Bangor Daily News*. Harold Babcock, the town doctor, moved his X-ray machine from his home office to the sparkling facility. In June, the *Ellsworth American* noted that Elizabeth Hutchins became “the first patient from Penobscot to enter the hospital and is much pleased with it in every way.”

Now, nearly a century later, the Court Street building – now known as the Castine Community Health Center -- remains a cornerstone of our region’s healthcare. And although the structure has undergone modest changes over the years, the mission of the nonprofit Castine Community Hospital Corporation (CCHC) has remained the same:

**We are dedicated to ensuring that all year-round and seasonal residents of Castine, Penobscot, Orland, Brooksville, and surrounding areas maintain ready access to high quality, community-based healthcare.**

We accomplish our mission by providing our tenants – currently Northern Light Primary Care -- with the office space, exam rooms, and laboratory facilities necessary to keep them close to our communities. In order to keep the building's rent affordable, CCHC uses a portion of its investment fund and endowment to pay for some operating costs (maintenance, contract services, utilities, programming, and subsidizing medical staff salaries when necessary).

**In an era when many Maine communities are losing access to local medical care, CCHC's mission has become more important than ever.** By providing essential infrastructure, we enable physicians and other providers not only to *serve* our communities, but to be *part* of our communities. Often, the center's physicians and staff not only know their patients, but also know the patient's grandparents, parents, children, or grand-children. Many of our providers don't just work here, they live here.

Such local knowledge isn't just a pleasant bonus: decades of research has shown that healthcare providers who are rooted in and familiar with their communities and their patients are better able to prevent illness and improve wellness. And close proximity to healthcare – not having to drive a long distance to take a sick child or elderly parent to the doctor, for example – can prevent minor health issues from becoming major problems.

**Now, as CCHC prepares to enter its second century, we are considering launching a \$6 million building improvement project to ensure that our region continues to reap the benefits of local, community-based care for decades to come.** Our primary goal is to revitalize our venerable 20th century building so that we can expand services, fully meet accessibility needs, and keep pace with the demands of 21st century healthcare.

**Because of the importance and urgency of this project, CCHC will commit \$2 million – or half of our total reserve funds -- to launching the project. To complete construction by 2027, however, we will need to raise an additional \$4 million through a capital campaign.**

You are among a small group of community members that we are asking to review this draft case for the campaign. Your feedback will help us determine final plans and guide next steps.

Read on to learn more. We are eager to hear your thoughts on how we can, once again, enlist the support of the communities we serve in order to ensure that high-quality healthcare remains near at hand.

*~ Signed by the campaign planning committee*



Rendering of the back side of the Health Center and the planned addition, which includes a new entrance, elevator and check-in area

## **FUNCTIONAL, ECONOMICAL & FLEXIBLE: THE THREE GOALS OF OUR TWO-PHASE BUILDING PLAN**

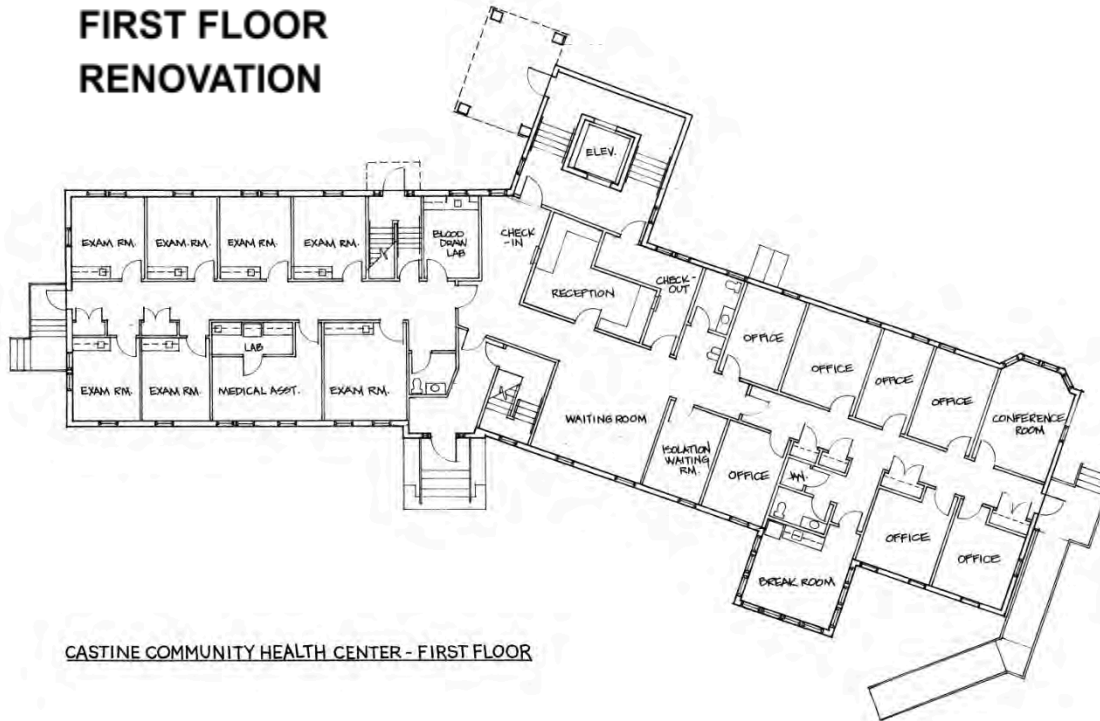
The only constant is change. It might be a cliché, but it is also a reality when it comes to community healthcare. From advances in medical treatments to shifts in patient demographics, a community health center must be ready to address and adapt to social, economic and technological change – while still maintaining its commitment to service.

With that in mind, our goal is to revitalize the health center without significantly altering its traditional appearance. Our plan will ensure that this three-floor, 15,000-square-foot facility is:

- 1. Functional.** Adding an elevator and new entrance at the back of the building will enable full use of all three levels, not just the single floor primarily used today. It will also enable the entire building to comply with the Americans With Disabilities Act. Both patients and providers will benefit from a greater number of exam rooms, together with:
  - o expanded and improved laboratories

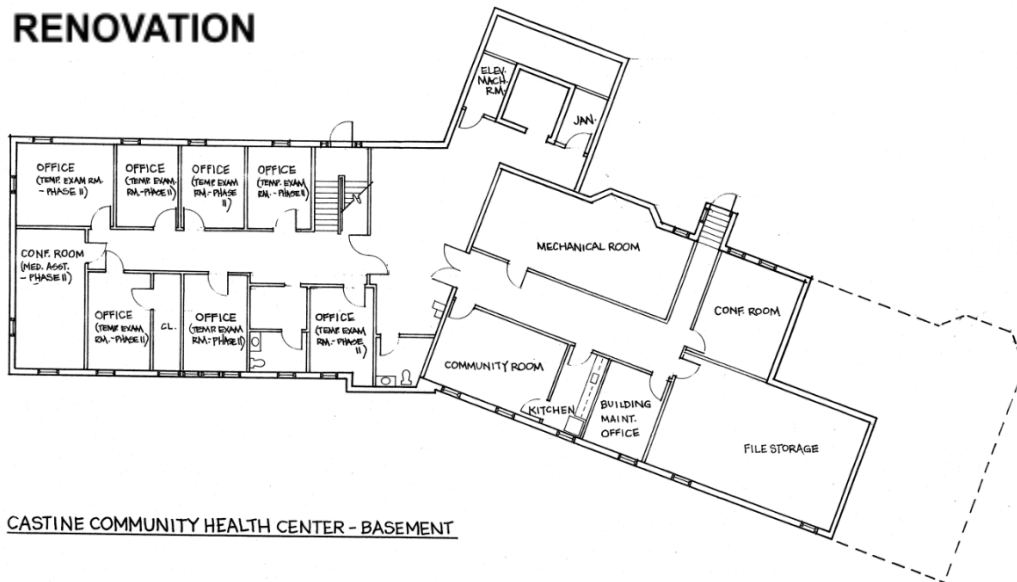
- o more private check-in and check-out areas
  - o additional offices
  - o new common rooms and community meeting spaces
  - o updated bathrooms
  - o modernized kitchens
  - o new utility and storage areas
2. **Economical.** New insulation, windows, lighting, and heating and cooling equipment will improve energy efficiency. Thoughtful design, carefully selected materials, and modern plumbing and wiring will greatly reduce maintenance costs.
3. **Flexible.** The new exam rooms and offices added in the basement could be utilized by physical therapists, dentists, dermatologists, and others who rotate into the center. The addition of a kitchen, community room, and conference room could enable us to host wellness programs, such as yoga, nutrition workshops, support groups and more. The flexibility of the basement will help the center become more financially resilient and nimble; for example, by potentially diversifying the number and kinds of tenants we can accommodate in the future. The second floor will initially be only partly finished in order to preserve flexibility of future uses. We plan to seek input from the community on how we might use this space.

## FIRST FLOOR RENOVATION



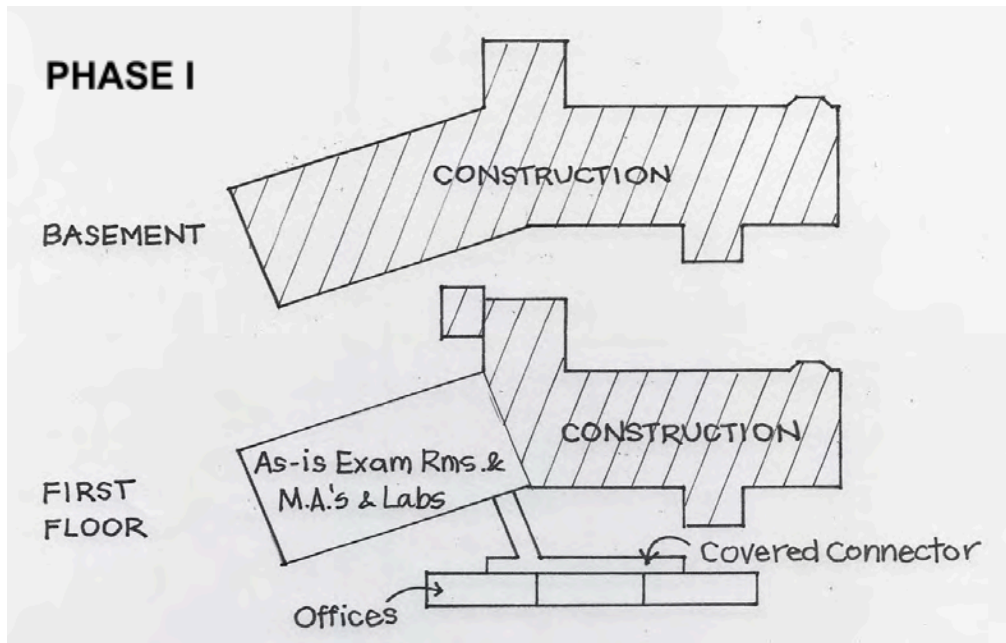
CASTINE COMMUNITY HEALTH CENTER - FIRST FLOOR

## BASEMENT FLOOR RENOVATION



CASTINE COMMUNITY HEALTH CENTER - BASEMENT

Working with our architect, engineer, and contractor (E.L. Shea), we have developed a renovation plan that will unfold in two phases.



## PHASE ONE: RELOCATE STAFF & RENOVATE EAST WING

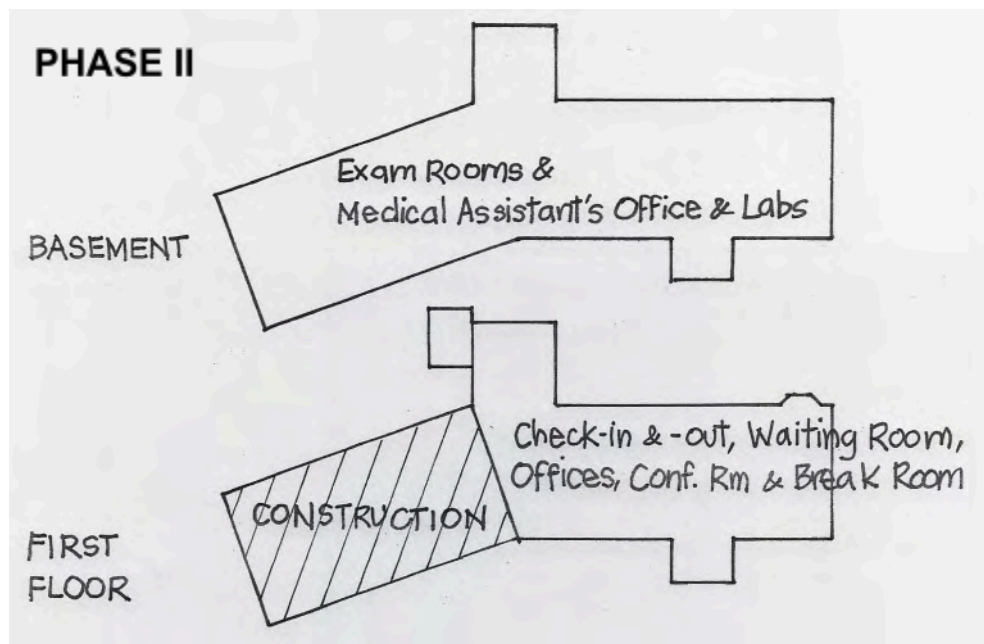
During this phase, we will empty most of the existing building, except for the first floor's west wing, which will continue to house exam rooms, labs, and a reception area. Providers will move to temporary structures installed near the front of the building with fully enclosed access to the main floor. A secure partition will separate construction areas from other parts of the building that are still in use.

Once demolition and abatement of hazardous materials is complete, the building team will:

- Excavate and construct a new entry
- Install the elevator
- Reconfigure the east end of the first floor to include:
  - private check-in/check-out station and reception area
  - comfortable waiting room that is accessible to all floors of the building
  - isolation waiting room to serve patients with infectious diseases
  - updated staff breakroom
  - conference room for medical center meetings and community needs
  - seven offices
- Partially finish the second floor to accommodate other uses



- Reconfigure the basement to include:
  - eight new office spaces that can function as exam rooms for visiting medical services
  - bathroom
  - community room with kitchen
  - maintenance workshop
  - conference room
- Install new plumbing, electrical, HVAC, finish materials, lighting, etc. on all three levels and west end of basement.



## PHASE TWO:

### RE-OCCUPY EAST WING & RENOVATE WEST WING

During this phase, we will move staff and patients into the newly renovated east wing and remove temporary structures.

- providers will move to new offices
- patients will check-in and check-out in newly renovated reception area
- medical assistants will move into temporary offices in basement
- remaining basement offices will become temporary exam rooms and labs

- staff and patients will have access to two renovated bathrooms

At the same time, the building team will turn to renovating the now empty west wing of the first floor. Workers will:

- reconfigure seven exam rooms, labs and medical assistants' office to improve functionality and storage, and enable the installation of new equipment
- install a comfortable and state-of-the-art blood draw lab
- update the bathroom

## **OUR GOAL:**

### **A 21<sup>ST</sup> CENTURY BUILDING READY FOR OUR SECOND CENTURY**

Once complete, our renovation will enable the Castine Community Hospital Center to provide patients and providers with the 21<sup>st</sup> century services our communities need to thrive. Families with children and elderly relatives will continue to have care near at hand when they need it. A more capable building will also enable us to forge closer ties and provide care to key regional institutions, such as the Maine Maritime Academy.

To achieve these benefits, we will need your support – just as we did nearly 100 years ago. Please join us in our effort to keep quality healthcare close to home.

## **HOW YOU CAN HELP**

*We invite you to help steer the Castine Community Health Center's future.*

*We are eager to hear your thoughts.*



**CONSTRUCTION BUDGET:**

Expense Item	Amount
Temporary facilities, general conditions, demolition, and disposal	\$941,669
Construction costs for the addition, interior and exterior renovations and mechanical, fire suppression, and electrical systems	\$3,354,838
Elevator-cost to purchase and install	\$197,868
Earthwork, landscaping, and paving	\$178,918
Finishes, specialties, signage, and furniture	\$751,763
Contingency, inflation, and tax	\$574,944
<b>Total</b>	<b>\$6,000,000</b>

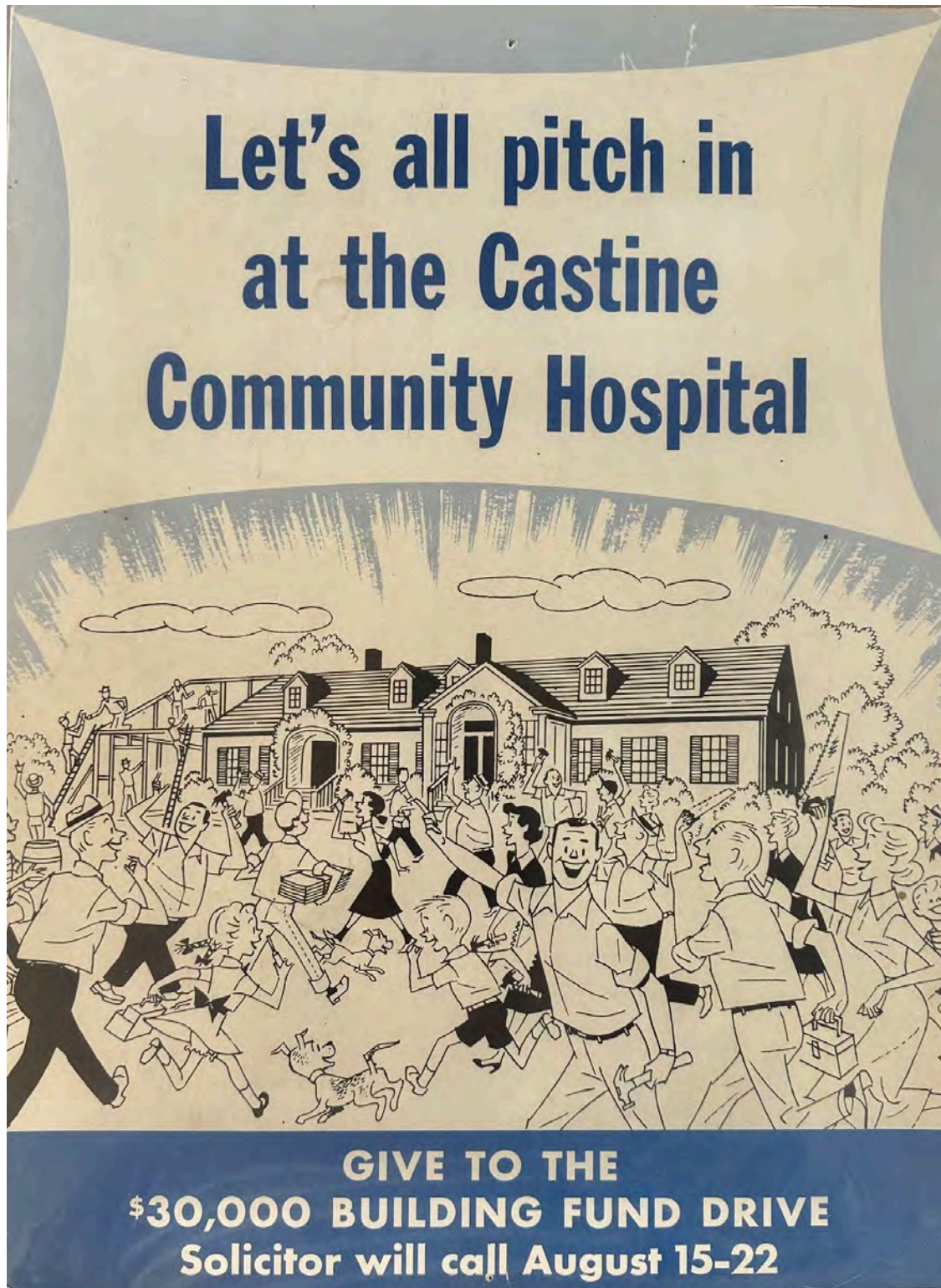
**BOARD OF DIRECTORS:**

Bobby Vagt, President	Elizabeth LaStaiti
Jinnie Perkins, Vice President	Sara Leighton
Debby Neve, Secretary	Mark Morgioni
Jeff Ackerman	

**FEASIBILITY STEERING COMMITTEE:**

Hank DeRaaf	Kelly Sawyer
Todd Nelson	Anne West
Liz Parish	

Poster from the 1950s Capital Campaign to build the current clinic entrance





**Castine Community Hospital Corporation  
Capital Campaign Feasibility Study  
Frequently Asked Questions**

**1. Why has the renovation of the Castine Community Health Center become urgent now?**

It is time to invest in an updated and more accessible building. An elevator will enable full use of the building; a better functioning clinic space for our tenant, Northern Light, will improve the health-care experience; and upgraded space on the two lower levels will allow CCHC to offer additional services and programs to the community.

**2. Is Castine Community Hospital Corporation a separate entity from Northern Light?**

CCHC is a 501(c)(3) organization which was established July 25, 1928. It is a completely separate entity from Northern Light. It is also completely separate from the Town of Castine. CCHC owns the land and the building that enables accessible healthcare in our community.

Northern Light, the current healthcare provider, leases the clinic portion of the building (the major portion of the main floor) from the Castine Community Hospital Corporation and is also responsible for all health care staff, equipment, and patient care.

CCHC is responsible for managing building maintenance, contract services, insurance, utilities, and any future programming and service providers.

**3. Will my donation to the Castine Community Hospital Corporation be tax deductible?**

Yes, CCHC is a nonprofit 501 (c)(3) organization.

**4. Is there a chance Northern Light might leave Castine? What will happen then?**

Northern Light has no intention of leaving CCHC. While we only have a lease agreement, they have assured us they are here to stay.

CCHC's mission is to ensure physician directed care for Castine, Penobscot, Sedgwick, Brooksville, and the surrounding communities and to provide public health and education programming/outreach.

However, should the need arise, CCHC is committed to providing health care services to our community, even if that means aligning with an alternate organization. The renovated building will be more attractive to any new potential partners.

**5. How many patients does the clinic serve?**

There are 1,166 patients registered at CCHC. A majority of patients reside in Castine, but also live in Penobscot, Blue Hill, Orland, Brooksville, Verona, Sedgwick, Brooklin, Deer Isle, Ellsworth, Stonington, and Surry.

**6. Will the cost of this renovation raise our taxes?**

No. We do not anticipate seeking town funding for this renovation.

**7. How is the Hospital Corporation planning on paying for this renovation? What percentage of their endowment will be allocated to the campaign?**

This campaign will primarily be funded by individual gifts, foundation grants, and CCHC's investment fund. CCHC is allocating at least 50% of its \$4 million investment fund to ensure the success of this campaign and the continued stability of healthcare for the community.

**8. Why is CCHC not allocating their entire endowment or investment fund to the project?**

In order to keep the building's rent at an affordable rate, CCHC must use a portion of its investment fund and endowment to pay for some of the operating costs (building maintenance, contract services, utilities, programming, and to subsidize medical staff salaries when necessary).

**9. Will this renovation bring in any new providers or new types of care? What other programs is CCHC hoping to offer after this renovation is complete?**

With the addition of an elevator, we will have the exciting opportunity to offer a variety of new services and programs for our community. New exam rooms and offices in the basement can be utilized by bi-weekly health care providers, such as physical therapists, dentists, dermatologists, and more. With the

addition of two community spaces with a kitchen, CCHC will have the space available to host wellness programs, such as yoga, nutrition workshops, support groups, and more.

We are also in discussions with Maine Maritime Academy and hope to collaborate with them following the renovation.

**10. How long will this renovation take?**

We believe this renovation will take 12-18 months to complete once the fundraising campaign is finished.

**11. Will we still be able to be seen by the doctor during the renovation?**

Yes. Because we are doing the renovation in phases, the clinic will remain open during the entire renovation. We will be creating temporary exam rooms and offices to continue regular operations.

**12. Will the front of the building stay the same?**

Yes. The renovation is taking place on the inside and at the back of the building. The new entrance and elevator will be added to the back of the building in order to maintain the front's current facade.

**13. What is the plan for the second floor?**

While the construction team is working on the basement and first floor of the building, we will also demo and renovate the second floor by adding in new windows, insulation, plumbing, heating, and electrical wiring. However, the layout will be left open—a blank slate—for a number of possible uses. And in the future, following community input, CCHC will decide upon the best use of the space and make plans to complete the second floor.

**14. Will there be naming opportunities for larger gifts?**

Yes. We plan on offering a variety of naming opportunities.

**15. How long do you anticipate the campaign to be? And can I pledge now, but pay over time?**

We will know more once the Feasibility Study is complete, but the campaign could take anywhere from one to three years to complete. And we anticipate being able to accept pledges payable over 1-3 years.