

**DEPARTMENT OF COMMUNITY HEALTH
CAPITAL OUTLAY REQUEST
FY2016**

FIVE-YEAR CAPITAL OUTLAY PLANS

*Michigan Department
of Community Health*



**Rick Snyder, Governor
Nick Lyon, Director**

Five - Year Capital Outlay Plan – Caro Center

I. Mission Statement

The mission of Caro Center is to provide an appropriate range of active inpatient psychiatric treatment services to best meet the needs of adults with severe mental illness in collaboration with community health agencies and authorities. Divisions of specialized care are identified to meet ongoing treatment needs that reflect multiple medical and psychiatric diagnoses. Consistent with Centers for Medicare and Medicaid (CMS), Joint Commission Standards and other applicable public acts, the environmental needs require ongoing assessment and extensive remodeling to ensure safety and clinical functionality. The prevalence of clinical behaviors and medical disorders that demonstrate self-injurious acts, increased violence and medical needs have created the need for more intensive treatment and physical plant modifications to ensure safety and security measures are maintained in order to provide therapeutic activities for the patients and staff.

II. Programming Changes

Therapeutic programmatic changes have involved the modification and the expansion of the Psychosocial Rehabilitation Program (PSR) that provides treatment for adults with chronic mental illness. The programs have an interdisciplinary approach that provides treatment focused on improving the biopsychosocial aspects for the individual patient as well as safety enhancements. The programs provide opportunities to participate in normalized roles and positive therapeutic relationships in an effort to prepare patients for community reintegration. Patient education, individual and group therapies involving recreational, occupational, music and activity therapies are planned in accordance with the person-centered plan of service. The wide range of therapeutic activities are delivered at Building 26, the Recreation Center, Building 55, the annex to Building 27 and some service delivery in Buildings 14, 15 and 16.

Programmatic revisions in the therapeutic delivery system for patients with neuropsychiatric disorders are anticipated in the next five years in accordance with clinical symptomatology and staffing resources. Because this population has demonstrated increased multiple neurological, physical and mental impairments, the environment requires specialized physical modifications in order to maximize independence and ensure safety, particularly for the elderly who are often physically frail and fragile. Currently, Building 27 North provides residential accommodations for 32 patients who require this type of specialized service.

III. Facility Assessment

Caro Center consists of 37 buildings with a total square footage of 503,537 sq. ft. The oldest building was constructed in the early 1900's, while the newest non-residential building was constructed in the 1950's. Some residential buildings were remodeled in the 1970's to meet then existing regulatory standards for the population served. There has been no major remodeling since 1979. Several buildings on the premises of Caro Center are over sixty years old and require maintenance on an ongoing basis. Cosmetic improvements are needed more frequently to create an aesthetic environment compatible for treatment and operational support. All buildings need exterior improvements to facilitate an appropriate and safe presentation for patients, staff and visitors. The general physical condition is considered adequate. However, ongoing replacements are needed to the exterior of all buildings including windows, doors, improved parking lots, and standard cosmetic enhancements to building interiors. Some buildings need roofing replacements, central air conditioning and improved space utilization for visitor and office space are needed to improve interior conditions.

a. Building utilization rates compared to industry standards - Caro Center is one of three public hospitals that provides adult inpatient psychiatric services to residents of the state. The current average census for mentally ill patients is 150.

b. Mandated facility standard for program implementation - The buildings in use are currently in compliance with Joint Commission and the Center for Medicaid and Medicare Services (CMS) standards but recommendations have been made to upgrade facilities and create a more home-like and safer environment for patients and staff consistent with accrediting/certifying regulatory agencies. All buildings should be upgraded to become A.D.A. compliant to facilitate functionality, particularly for individuals with physical disabilities.

c. Functionality of existing structures and space allocation to program areas served - Buildings currently used meet the minimal necessary requirements for existing and projected space for program areas. Increased safety/security concern for patient therapeutic activities and specialized clinical needs require building renovations to address safety and active treatment needs. Minor renovations and cosmetic enhancements are made by hospital maintenance staff only if resources are available.

The physical plant in its current status continues to require extensive modifications to improve orientation and therapeutic measures for the patients, particularly those with neurological impairments. Improved safety measures need to be developed to control access and enhance the lighting for visual contrast. Flooring in multiple buildings require replacement and a specialized weave in carpeted areas. Sleeping areas require sufficient storage and floor space to accommodate prosthetic devices such as wheelchairs, walkers and crutches for safe and independent mobility. Bathing, showering and toileting accommodations with prosthetic grab bars and devices are needed in each sleeping area for convenience and privacy, as well as facilitating and maintaining adult daily living skills and independence. Additional visiting room space is needed to accommodate social gatherings for patients and visitors.

Shared living areas, such as dining rooms and social areas, require a home-like atmosphere that reflects appropriate size. Dining areas must be large enough to accommodate large prosthetic devices and appliances but small enough to foster a social climate that avoids over-stimulation preventing confusion and agitation.

d. Replacement value of existing facilities – Unknown at this time.

e. Utility system condition - In 1989, an Energy Audit Report recommended decentralization of the Center's heating system by installing individual boilers in each occupied building. The recommendation was made because the Center's heating plant, distribution and condensate system are deteriorating. This project has been completed for several buildings on the southern part of the 650 acre campus. The water system consists of two (2) deep wells and distribution systems that currently meet Department of Environmental Quality standards. Several improvements are being recommended by the Department including water main improvements. The Center is connected to the Caro municipality waste water system. The existing underground primary wire system is over the 25-year life expectancy with several failures noted in recent years. All utilized buildings should have the electrical capabilities increased to meet current demands for power particularly due to increased technology. The central air conditioning systems at Cottage 13 and Cottage 14 need to be replaced as there is no air conditioning in these buildings. The remaining patient occupied buildings have partial air conditioning provided by several window units which need to be replaced by a more energy efficient central air conditioning system.

f. Facility infrastructure condition - In 2004, Campus Drive and several service driveways were repaved. Most of the Center's roadways were capped with an asphalt surface several years ago. All parking lots require repair or expansion for the safety of patients, visitors and employees. Intermittent patching of these areas is inadequate thereby, creating safety hazards and potential hazards to vehicles.

g. Adequacy of existing utilities and infrastructure systems - The existing infrastructure and utilities will meet current and future projected needs once current projects are implemented. Failure to make these improvements would jeopardize continued operations and safety.

h. Energy audit - The most recent energy audit was completed in 1989.

i. Land capacity - Currently, all land on the main campus is utilized by the Caro Center. Local non-profit units of government and private entities have expressed interest in parcels of land that are separate from the main campus; however, these buildings continue to deteriorate with each passing year. All utilities to these buildings have been disconnected. Several breaking and entering incidents have occurred causing damage. These incidents increase the potential of liability to the Caro Center

IV. Implementation Plan

The following is an itemized listing of major capital outlay projects by priority:

1. Primary and Secondary Electrical Distribution.
2. Roof Replacement at Building 26 & 55.
3. Exterior Improvements to Buildings 13, 14, 15, 16, 26, 27, 51, 55, 63, 66 & 68.
4. Replace Flooring at Buildings 13, 14, 26, 27, 51, 55 & 66.
5. Replace the Air Conditioning at Buildings 13, 14, 15 & 16.
6. Road and Parking Lot Replacement.
7. Remodel Building 27
8. Demolish Buildings 1, 3, 5, 7, 9, 10, 11, 12, 17, 57, 106, 110 & 114.

Failure to provide special maintenance funding to maintain the facility consistent with industry standards and national patient safety goals creates increased facility repair costs and unnecessary demands on facility maintenance staff; creates potential health and safety problems for patients and staff; and typically results in taking programming areas out of service while critical projects are being performed. Delaying needed repairs until they become critical usually results in more costly special maintenance project costs and disruption in the hospital's mission of providing safe patient care and treatment

Five - Year Capital Outlay Plan Center for Forensic Psychiatry**I. Mission Statement**

The Center for Forensic Psychiatry's (CFP) mission is to provide quality forensic mental health services to individuals and the Michigan court system.

Programming Changes

There are no major programming changes planned.

II. Facility Assessment

The CFP is a 335,000 square foot facility that opened in 2005. The building is a two-story structure constructed of masonry, brick, concrete, and steel. The physical exterior of the building is in very good condition.

CFP is in the design phase for the construction of a warehouse. When the new CFP facility was planned and built in 2001, no provision was made for an on-site warehouse. The CFP has improvised with its storage capabilities over the past seven years, but the existing storage needs have grown to a level which cannot be accommodated in an efficient manner.

a. Building utilization rates compared to industry standards - The CFP, which is Michigan's sole certified forensic facility, conducts evaluations for all of the district and circuit criminal courts in the state's 83 counties pursuant to state statutory requirements. The center is a 210 bed psychiatric facility that provides both diagnostic services to the criminal justice system and psychiatric treatment for criminal defendants adjudicated as incompetent to stand trial and/or acquitted by reason of insanity.

b. Mandated facility standard for program implementation - The CFP maintains its accreditation by the Joint Commission and its certification by the Centers for Medicare and Medicaid Services (CMS).

c. Functionality of existing structures and space allocation to program areas served - The facility is adequate to meet the current and projected needs of the program.

d. Replacement value of existing facilities (insured value of structure to the extent available) - \$27,859,440

e. Utility system condition - The Electrical System at CFP is powered from two primary distribution systems provided by Detroit Edison. The system is in very good condition. The Emergency Power is provided from two 1000KV Generators that supply all life safety, critical power and equipment branch power. The facility's emergency power load is approximately 600KV. The system is in very good condition.

The heating, ventilation, and air conditioning (HVAC) system is in very good condition.

CFP has a Lift Station/ bar screen building that handles all of the sewage from the facility. CFP is in the design phase to modify the building addressing the handling of the bio waste by CFP staff.

f. Infrastructure condition - The entire parking lot and all driveways will be repaired and sealed in the summer of 2015. The facility has four elevators that are in good working condition.

g. Adequacy of existing utilities and infrastructure systems - The utilities systems are currently adequate. CFP is currently in the completion phase of upgrading our data lines to fiber optic which will increase the bandwidth for data transmission.

h. Date of most recently completed energy audit, and, if an energy audit has yet to be completed, what is the plan/schedule for doing so - Last energy audit was conducted in 2006.

i. Land capacity - The CFP is located on approximately 54 acres. If there were a need to expand, there is space to do so. Space or open ground around the facility is needed to maintain the privacy and safety of the patients.

III. Implementation Plan

CFP is in the design phase for the construction of an on-site warehouse. Additionally, we have been working on several approved special maintenance projects throughout fiscal year 2014. The implementation of these projects is essential for maintaining the safety and security of the CFP.

Five - Year Capital Outlay Plan – Hawthorn Center

I. Mission Statement

The mission of Hawthorn Center is to provide children and adolescents with emotional disturbance, inpatient mental health services that meet the highest standards of quality and safety.

II. Programming Changes

Hawthorn Center is the only state hospital that offers inpatient psychiatric care to emotionally impaired and mentally ill children and adolescents who are residents of the State of Michigan. Physical plant capacity is 98 patients in six units but currently there is only staffing for four units which are open for a total of 64 beds maximum. Hawthorn Center treats children and adolescents who have a severe mental illness and serious emotional disturbances. Most of the patients have longstanding histories of trauma, extreme difficulties in functioning at home, in school, and in the community because of symptomology of serious emotional disturbance or severe mental illness. Almost all have had previous mental health interventions, including other inpatient treatment, and many have a variety of medical complications. In recent years, the problems of the patients have become much more complex - they have more severe mental illness and there are more patients with special problems resulting from trauma. There are a number of patients with minimal or no family contact, and there are patients who are the responsibility of the Department of Human Services and/or have involvement with the juvenile/family court system. There are also adolescents with ordered treatment by the court due to incompetence to stand trial (IST) and not guilty for reasons of insanity (NGRI).

An interdisciplinary team provides treatment, with the goal to provide a client centered integrated treatment approach that includes individual psychotherapy, psychoeducation, milieu and activity therapy (both in hospital and outside community), individualized special education experience, psychopharmacology treatment and family treatment. Behavior management plans are developed when therapeutically indicated.

The Hawthorn Center has educational services on site to meet the special education needs of the children and adolescents.

Hawthorn Center mission statement indicates a commitment to respond to the changing needs of the service community. All admissions, other than Incompetent to Standard Trial admissions, require Community Mental Health Authority approval and involvement during patient stay and discharge planning bearing the responsibility for post discharge treatment. Hawthorn Center accepts both long-term patients and short-term patients. In FY2013 Hawthorn Center admitted 465 patients and discharged 467 patients with an average census of 53.9. In FY2014 Hawthorn Center admitted 547 patients and discharged 581 patients with an average census of 49.99.

III. Facility Assessment

Hawthorn Center is comprised of Main (North Wing Portion with 2 closed living units), the South Wing (4 living units), and 5 condemned cottages located behind the Main Building/South Wing that need demolition.

The Main (North Wing portion) was built in 1956 and is a two-story structure constructed of masonry, brick, concrete, and steel. Other sections were added to this section in 1962, 1964, and 1967 that include a laboratory and research area, maintenance area, Administrative Offices, and the Library area. This building houses two closed patient living areas, clinical and business, administrative offices, Office of Recipient Right offices, support service areas such as the Main

Kitchen and a Maintenance Shop, recreational facilities such as a gym, movie theater and swimming pool, classrooms for the Special Education services and storage space. All but the closed living areas are used.

The South Wing was built in 1975 and is a two-story structure constructed of masonry, brick, concrete and steel and is attached to the Main Building. The building houses four patient living areas, reception and visiting area, classrooms for Special Education services, clinical office space, kitchen, swimming pool and gym. It is in somewhat better condition than the Main portion. A project to install a new roof on South Wing was completed in 2009.

In FY2013/FY2014 funding was received for security cameras in public areas, renovation of patient bathrooms, walking/biking trail with fitness stations, soft-fall material for play structure, parking lot, outside basketball court, main kitchen walk-in freezers, flooring/carpeting in South Wing living areas, school, offices and small gym, replacement of two boilers in South Wing and South Wing pool filtration system.

The five cottages built in 1957 and 1958 were originally built as patient living units. Several years ago the State Fire Marshall condemned them.

- a. Building utilization rates compared to industry standards - Hawthorn Center is the only state hospital that offers inpatient psychiatric care to children and adolescents (ages 5 through 17) who have a serious emotional disturbance or severe mental illness who are residents of the State of Michigan.
- b. Mandated facility standards for program implementation - Hawthorn Center maintains its accreditation with Joint Commission for Accreditation of Healthcare Organizations as well as it is monitored by the state Medicaid Office for compliance with Medicare and Medicaid Services (CMMS) guidelines.
- c. Functionality of existing structures and space allocation to program areas served - There are two gyms, two swimming pools, two occupational therapy rooms, a music therapy room, an art room and dance therapy. In FY 2013/2014 we were not able to accommodate 323 referrals due to lack of bed or appropriate bed
- d. Replacement value of existing facilities - \$65 million
- e. Utility system condition - Electrical service to the Main Building was designed and installed fifty six years ago. During FY2003, a 500 KVA transformer replaced an undersized 225 KVA transformer that had outlived its useful life and did not meet present day needs.

As a result of the Separation of Utility Services Project at Hawthorn Center in 2006, heat in the Main Building and South Wing is provided from gas fired boilers that produce hot water that is used for radiant heat and domestic use. The two older boilers are being replaced at this time. The HVAC system in the South Wing is 37 years old. While it is expected that it will not have to be replaced for 5 - 10 years, repair costs are starting to increase. In 2001, the canvas connectors for the system were determined to be in a state of deterioration and were replaced. Energy efficiency and pneumatic controls still need to be upgraded.

The Main Building had completed an overhaul of the HVAC system on the second floor in FY2002. The overhaul of the first floor HVAC started with the replacement of windows in FY2003. Funding is needed to complete the first floor HVAC project.

Sewage waste lines need to be investigated. At least one section of line needs repair and various areas are suspect due to continued plumbing repairs to those areas.

- f. Facility infrastructure condition - Hawthorn Center has 5 condemned cottages. A concrete support beam supporting an entrance to the Main Building (North Wing) is deteriorating and will need repair to maintain building integrity.
- g. Adequacy of existing utilities and infrastructure systems to current and five-year projected programmatic needs - The utilities and infrastructure systems are currently adequate, but in

five-years it is projected there will be increased demands and needed repair/ replacements. Transformer(s) are aging, storm drain and sewer system is old and needs examination, space for storage of facilities large equipment and demolition of hazardous cottages.

- h. Date of most recently completed energy audit - February, 2009
- i. Land owned by the agency - Hawthorn Center is located on approximately 45 acres. If there were a need to expand, there is space to do so, particularly if the cottages were to be demolished. If cottages are torn down, it is hoped that the space will be used to build a Storage Pole Building/Green House. Space or open ground around the facility is needed to maintain the privacy and safety of the patients.

IV. Implementation Plan

This facility is currently not requesting major capital projects.

Five-Year Capital Outlay Plan – Kalamazoo Psychiatric Hospital

I. Mission Statement

Kalamazoo Psychiatric Hospital will provide trauma informed person-centered inpatient psychiatric service and support, respecting the needs, dignity, individuality and cultural diversity of its patients, employees, volunteers and the communities it serves.

II. Programming Changes

None – Continue to work with Nursing Department to provide necessary physical improvements to the environment.

III. Facility Assessment

The Kalamazoo Psychiatric Hospital provides inpatient adult psychiatric services through a lease agreement with Western Michigan University (WMU) for utilization of specific buildings. KPH operates its hospital service programs from a Quadrangle Complex of Buildings (6), with some of its support operations housed in the following separate buildings:

- Building 7 Maintenance Services Offices/Operations
- Building 14 Religious Programming Services (Chapel)
- Building 42 Citizens Association for KPH (Gate Cottage)
- Building 99..... Grounds equipment storage

An assessment of the physical condition of the buildings, leased by KPH, is reflected below by specific hospital service system.

Quad Building Structure (Good Condition)

The hospital structure is solid.

The minor concerns are:

- 1) Brickwork tuck pointing - Tuck-pointing of brickwork is necessary to maintain the structural integrity of the building brickwork fascia.
- 2) Window conditions - Some thermal-ply windows have lost their seal, which results in condensation between the panes. KPH maintenance staff has replaced some windows with more requested to be replaced, which will be reflected in the Special Maintenance Project Request.
- 3) Plaster conditions - A great deal of plaster repair is required due to the age of the facility.

Building Roof

KPH Maintenance staff performs roof inspections and makes minor membrane repairs when required.

Overall the buildings' roofing remains in fair condition. During the fall protection project which was completed in 2014, the Tower Theater roof was found to be in need of replacement. Extra funding was allotted for this replacement and completed in January 2014. An infrared scan was conducted over the remaining hospital roof and detected wet conditions on the garden roof area above the elevator 2 & 3 control room. Repairs will be reflected in the Special Maintenance Request.

- a. Building utilization rates compared to industry standards – KPH is one of three public hospitals that provide adult inpatient psychiatric services to residents of the state. Hospital overall bed capacity is 205 beds. The current average census is 140.

- b. Mandated facility standards for program implementation – KPH is in compliance with Joint Commission and Life Safety Code standards; however, our departments are continually looking at methods of further improving our compliance.
- c. Functionality of existing structures and space allocation to program areas served.
The programming areas within the Kalamazoo Psychiatric Hospital have been made as functional and aesthetically pleasing as possible, given the structural limitations of the buildings. The facility is adequate to meet the current and projected needs of the program.

Projects aimed at improving the programming areas available within the hospital include:

1. Installation or replacement of air conditioning in various areas
2. Addition of items to secondary emergency circuits
3. Renovation of kitchen areas in Building 4, 1st and 2nd floor
4. Renovation of two medication rooms in Building 4, 1st floor,
5. Installation of a hot water system which will allow the hospital to produce its own soft water
6. Installation of a high voltage feeder line to enable Elevator #5 to be put on emergency power
7. Upgrade of the hospital's air handling unit controllers to improve the air quality
8. Replacement of cross corridor doors – approximately 50. This is a new Fire Marshall regulation.
9. Installation of two card swipe entry doors for security and the remodeling of the front lobby reception area, to accommodate the use of a portable metal detector

d. Replacement value of existing facilities - not known at this time

e. Utility system condition

Electrical System (Good Condition)

Under the lease agreement with WMU, "primary" electrical service is the responsibility of the WMU Power Plant.

The majority of our Quadrangle Complex buildings were recently upgraded to support the growing demand for electrical equipment. Installations in some upgraded areas have outdistanced available panel boards and secondary electrical rewiring is needed in some areas. KPH Maintenance staff has undertaken the installation of additional panel boards and the upgrading of electrical wiring when possible. As needed, old incandescent lighting has been replaced with compact fluorescent lamps. In addition, old fluorescent fixtures have been upgraded to electronic ballast energy efficient fixtures as needed. This is approximately 99% complete. The installation of two 200 kW generators and improvements made to the emergency distribution panel have improved the emergency power capability.

An outside contractor has installed fiber optic data lines to increase the band width capacity of the hospital to accommodate the transition to an electronic medical and business record system in April 2014.

Water System (Good Condition)

Cold water lines are operationally solid but they are very old. The main water supply for domestic cold water and the fire suppression system has been upgraded in recent years and is in good working condition. Secondary lines are old and in need of occasional repair.

The hot water lines are in fair condition. In recent years repairs have been made to the main line from the WMU Power Plant. The installed hot water recirculating system continues to supply hot water on demand to our patient areas. The soft hot water project is currently in the design stage. This project will allow KPH to produce its own soft hot water as a back up to WMU's provision.

Drain System (Fair Condition)

The drainage/sewer lines are very old and have been subjected to years of chemical clean-out use that has weakened them. While drainage/sewer piping is replaced as necessary, great lengths of it are buried within the facility floors/walls.

Steam System (Fair to Good Condition)

The steam lines are in fair to good condition. The insulation of the steam piping is problematic from an economic and safety perspective. Because of the insulation's poor condition, large amounts of heat are lost to the atmosphere, increasing utility costs. Also, the pipe insulation is an "asbestos containing material". Encapsulation and/or removal is performed by an independent contractor when necessary. Under the lease agreement with WMU, primary steam service is the responsibility of the WMU Power Plant. Due to age, there is concern with the condition of the 5# steam line needing repairs to the expansion joint located in the sub tunnel leading to the WMU Power Plant. This project is in the process of being completed under the "Special Maintenance Request". It is scheduled to be completed in spring 2015.

The utility tunnel that carries the steam and condensate piping leading from KPH Bldg. 4 to WMU power plant should be considered for replacement pending verification of condition once individual surfaces can be isolated to accomplish infrastructure repairs. This tunnel also carries two high voltage feeder lines and softened hot water.

Ventilation System (Good Condition)

The ventilation system is operationally sound and an upgrade to the air handling units has been requested and approved. This upgrade will replace the existing old air handler controllers to the makeup air handler units. This will help us control the fresh air exchange and also control the heat more efficiently.

Compressed Air System (Excellent Condition)

The WMU Power Plant reliably supplies quality compressed air (dried) for use with the hospital's refrigeration and ventilation equipment. KPH has an air compressor with an air dryer that is capable of supplying quality compressed air to equipment in the case of a WMU Power Plant failure.

f. Facility infrastructure condition

Roadway Systems/Parking (Fair to Good Condition)

The roadway system which services our hospital is in good condition. Maintenance has been done on vital areas in recent years.

A special maintenance project has been submitted for repaving of Kent Circle roadway and Kent Street from the main parking lot south to Calhoun Street, and is planned during the 2015 fiscal year.

- g. Adequacy of existing utilities and infrastructure systems to current and five-year projected programmatic needs. The utilities and infrastructure systems are adequate for current and five-year projected programmatic needs.
- h. Date of most recently completed energy audit, - 2006
- i. Land owned by the agency – The Kalamazoo Psychiatric Hospital leases buildings and surrounding areas from Western Michigan University. The hospital buildings and grounds occupy approximately 35 acres, which is maintained by the hospital maintenance staff.

IV. Implementation Plan

This facility has one project that meets the capital outlay criteria. The project involves the utility tunnel from WMU Power Plant to KPH Building 4 that supplies steam, electric and soft water to the hospital. The tunnel has major structural deficiencies; putting all the utilities at risk should it collapse. Some minor work is being undertaken at present to replace pipe hangers and install new hangers to the high voltage feeder lines. Byce Engineering prepared a cost estimate of \$3,000,000 for structural repairs..

Five - Year Capital Outlay Plan – Walter P. Reuther Psychiatric Hospital

I. Mission Statement

The mission of Walter P. Reuther Psychiatric Hospital is to provide an appropriate range of active inpatient psychiatric treatment services to best meet the needs of adults with severe mental illness in collaboration with community mental health agencies and authorities.

II. Programming Changes

Walter P. Reuther Psychiatric Hospital's (WRPH) programming accepts adult patients from 18 years of age and up. The top Capital Outlay priority has been to construct a new Activity Therapy (AT) Building on the campus; construction is in process.

III. Facility Assessment

a. Building utilization rates compared to industry standards.

WRPH is one of five public hospitals that provide inpatient psychiatric services to residents of the state. For fiscal year 2014, the daily census averaged 156 patients.

b. Mandated facility standards for program implementation, where applicable (i.e. federal/industry standards for laboratory facilities, hospitals, compliance with consent decrees, etc.).

As a result of the May 2014 visit by The Joint Commission minor deficiencies were cited and the repairs completed. These items included: modifications to linen chute and soiled utility room doors, and sealing of fire door penetrations.

c. Functionality of existing structures and space allocation to program areas served.

WRPH is currently in the construction phase to build an 18,000 square foot AT Building which will connect on the eastside of the hospital. The AT Building is designed to provide the space needs for physical activities required for our younger patients. With both the main hospital building and the AT Building, patients will have easy access to full-spectrum of mental health services. This project is scheduled for completion in July of 2015.

Six patient units (R1 to R6) are currently in-process of slight renovation. The upgrades will include the following: demolition of existing shower rooms; installations of new shower rooms, toilets and new fixtures; and installation of mechanical shaft grating.

Other projects currently in construction, include the installation of building exterior lights (completed in September 2014), and an Annex building egress walkway scheduled for completion in late 2014.

d. Replacement value of existing facilities (insured value of structure to the extent available).

Currently the facility is undergoing a facility condition assessment by FTC&H Architects and Engineering. FTC&H is conducting a comprehensive facility infrastructure review of WRPH. This report will detail the most critical utility systems needing repair, appropriately ranked with an associated cost. This report will also give us our replacement value and the report is estimated to be completed by late November 2014.

- e. Utility system condition (i.e. heating, ventilation, and air conditioning (HVAC), water and sewage, electrical, etc.).

All utility systems at WRPH are beyond their useful life. WRPH does have an emergency power generator that provides limited emergency power. As part of the A.T. Building project – the capability for full emergency power will be provided. The HVAC chillers and cooling tower are also beyond their life expectancy. Upgrading these systems will increase hospital's cooling capacity and greatly reduce energy consumption. Currently during the warmest summer days, fans are needed on the units to keep temperatures tolerable. High voltage electrical panels and electrical switchgears are also of original construction. Plumbing systems are of original construction and develop frequent leaks causing disruption to patient care.

- f. Facility infrastructure condition (i.e. roads, bridges, parking structures, lots, etc.).

As mentioned above WRPH is currently undergoing a facility condition assessment. All four of the hospital's original elevators were replaced in December 2013, which has greatly enhanced movement. During the summer of 2014, as part of the A.T. building construction the north parking lot was repaved increasing the total parking spaces to 162 spaces. The main hospital's roof will also be a focus of the facility condition assessment.

- g. Adequacy of existing utilities and infrastructure systems to current and five-year projected programmatic needs.

Apart from conditions mentioned above infrastructure systems are adequate for current and five-year projected programmatic needs.

IV. Implementation Plan

- a. This facility is not currently requesting major capital projects.