



**Bureau of Organizational Services**

**Five-Year Capital Outlay Plan  
FY2025 - FY2029**

**October 30, 2023**

# MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

## 2025 Five-Year Capital Outlay Plan

### **Mission Statement**

The Michigan Department of Health and Human Services (MDHHS) provides opportunities, services, and programs that promote a healthy, safe and stable environment for residents to be selfsufficient.

### **Department History**

In April 2015, the Department of Human Services (DHS) was merged with the Department of Community Health (DCH) to create MDHHS.

#### *Department of Human Services*

The Department of Human Services was created in 1965 as a principal department with the name of "Department of Social Services." Renamed in 1995 to "Family Independence Agency," the department was once again renamed in 2004 to indicate its status as a principal department as the "Department of Human Services."

#### *Department of Community Health*

The Department of Community Health was created in 1996 through an executive order merging Department of Public Health (as Community Public Health Agency), Department of Mental Health, Medical Services Administration from the Department of Social Services, responsibility for Liquor Control Commission, Licensing, Monitoring and Accreditation and Division of Occupational Health from Department of Commerce, Food Service Sanitation from the Department of Agriculture and many functions of Department of Social Services.

#### *Merger*

The merger of DHS and DCH was enacted by Governor Rick Snyder's Executive Order No 2015-4.

### **Department Overview**

MDHHS administers a variety of programs that are largely managed by the department's core resource areas – children, adults, family support, health services, population health and workforce. There are also several administrative divisions (for example, Financial Operations, Policy Planning Operational Support, Legislative Affairs and External Affairs and Communications) that provide vital services in support of the department's program operations.

Well-maintained and functional facilities are needed to support programs such as juvenile justice facilities, psychiatric hospitals and centers, laboratories, vocational and technical institutions, and customer service offices.

Ongoing maintenance and repairs are needed to preserve the longevity and ensure that the infrastructure remains operable, providing continued support for the programs and overall mission of the department. Proactive repair and replacement of critical infrastructure that is rapidly aging and deteriorating has become increasingly difficult. As maintenance is deferred and needed repairs and improvements continue to go unaddressed due to the lack of available funding, the risk of infrastructure failure increases. As infrastructure failures occur, funding that is available must be directed toward emergency repairs, often at a much greater expense.

Where there is flexibility regarding the allocation of available funding, MDHHS looks to establish priorities for capital outlay planning. These priorities are established focusing on the following factors:

- Operational need: The critical nature of the department's mission and responsibility to Michigan citizens and taxpayer's mandates that the department's facilities be sufficient to meet their service functions. Full utilization of the department's varied resources is dependent upon sufficient and functional facilities.
- Preventative maintenance: The department must preserve its existing capital investments so that it may continue to fulfill its mission and provide services to Michigan residents. Effective preventative maintenance practices minimize costs over the long term, prevent health and safety hazards and allow for minimal interruptions of service.
- Accessibility: The department must strive to ensure that its facilities, programs and projects are barrier-free and accessible to all users.
- Energy-efficient facilities: The department seeks to promote energy-efficient facilities and reduce facility energy consumption. Opportunities include installing energy-efficient lights, water heaters, heating and ventilation systems and low-flow plumbing fixtures. Proper maintenance of roofs, installation of building insulation and the reduction of exterior air infiltration lead to further energy efficiencies.
- Partnering/consolidation: Where possible, the department shares facilities with other agencies to promote efficiencies and maximize the use of available funding. The department works with local government agencies and other entities to develop opportunities for Michigan residents.

The strategy for capital outlay planning interconnects with overarching priorities of the department. It focuses on:

- Serving people who have specialty services or support needs related to mental illness, developmental disability, substance use disorders and children with serious emotional disturbance.
- Being a leader in prevention and treatment for juvenile delinquency, building safe and healthy communities through our balanced approach, professionalism, and shared commitment to innovation and effective partnerships.
- Promoting and protecting the health of the population through surveillance and response to health issues, prevention of illness and injury and improvements in access to care.
- Providing emergency aid, food, childcare and other services to eligible Michigan residents.
- Coordinating services for Michigan's aging and adult population.

## **Five-Year Capital Outlay Plan Components**

### **I. Mission Statement**

The Juvenile Justice Program will be a national leader in prevention and treatment for juvenile delinquency, building safe and healthy communities through our balanced approach, professionalism and shared commitment to innovation and effective partnerships.

### **II. Programming Changes**

Bay Pines Center is a 35-bed secure treatment facility for any gender who have been adjudicated for one or more felony counts. Bay Pines Center (BPC) is currently transitioning to all female treatment beds. BPC also has one detention bed for youth who are awaiting a court decision. Currently Bay Pines Center is licensed to accept up to 33 youth, age 11 to 21. BPC is a state operated residential facility.

BPC is in the beginning stages of becoming specialized in Mental Health and Behavior Stabilization while utilizing a trauma-informed treatment milieu.

### **III. Facility Assessment**

BPC was built in 1994 and is located on 24 acres in Escanaba and is composed of multiple buildings consisting of a total square footage of 38,760.

#### **a. Building utilization rates compared to industry standards:**

Utilization is a measure of facility efficiency. The ratios of program (beds) and support space is used as the basis of measure. Bay Pines Center has a ratio of 773 sf./bed which yields a 93% efficiency.

#### **b. Mandated facility standards for program implementation, where applicable for example, federal/industry standards for laboratory facilities, hospitals, compliance with consent decrees, etc.**

The Bay Pines Center maintains compliance with Michigan Child Welfare Licensing standards as well as Department of Justice Prison Rape Elimination Act (PREA) standards.

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

Bay Pines Center - 33,000 sq. ft. (Residential Center)  
Frens Building - 1,920 sq. ft. (Storage)  
McKeage Building - 1440 sq. ft. (Storage)  
Pavilion - 720 sq. ft.

**ATTACHMENT E -  
BAY PINES CENTER**

Pierce Building - 1680 sq. ft. (Storage)

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

Unknown.

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

The current domestic hot water heating system has been replaced. Project was completed in 2017/2018.

The Air Handle and Air Conditioning Unit have been both replaced, project was completed in 2018/2019.

The sewage grinder and sewer pumps have both been replaced in 2018.

- f. Facility infrastructure condition (such as roads, bridges, parking structures, lots, etc.):

The replacement of the security camera system project was completed 2018/2019.

When the fire alarm goes off all the doors to the outside yard automatically unlock allowing youth to exit in the event of a fire. Due to the security risk this poses, additional fencing in backyard around emergency exit doors was added. Project was completed in 2019 thus eliminating this risk.

Flooring needed to be replaced in the gym/hallway/recreational pods/youth rooms. This area of the flooring is original to Bay Pines Center; therefore approximately 27 years old. The flooring is composed of a rubberlike material. The flooring was disintegrating very slowly causing a dust-like material to cover the floors. Flooring was replaced in the gym and hallway in 2019; however, the flooring in the youth's rooms was not replaced.

The shower rooms on each of the five living pods and gym needed to be refinished as the tile, plumbing and sufficient ventilation have been deemed a health and safety violation by the Delta County Health Department. This project is completed. However, the paint in the showers is now peeling off the walls.

Replacement of all interior/exterior locks to keyless pads will eliminate the cost of repairing/replacing keyed locks and eliminates security concerns regarding lost/stolen keys. Keyless pads would provide better controlled access keeping youth, staff, and buildings safe and secure. Project is in the end stages of completion. This project was completed in 2022.

**ATTACHMENT E -  
BAY PINES CENTER**

Replace/repair all doors within the secure area of the facility. The building is 28 years old, and the doors are extremely heavy; therefore over the years they have worn out the hinges causing them to not shut properly. Some doors are damaged due to use/abuse over the years and some are warped causing them not to close properly. In addition to the above, the youth barricade themselves in the rooms by placing their mattress between the door and the toilet or propping themselves in the same area and using their legs to prevent staff from entering their rooms. In these situations, staff must use a device that forces the door open which does cause damage. This must occur when youth block their windows and staff can't maintain line of sight supervision over the youth. This is a security concern. Estimating approximately 100 doors at 10,000.00/per door.

Currently, Bay Pines Center has numerous windows broken due to the kid's throwing rocks at them 'which causes them to break', or the youth get on their beds and kick/hit the windows within their rooms which causes them to break. The windows do not shatter; however the youth are able to pick small pieces of the glass out of the window once broken and use it as a weapon to hurt themselves or someone else. We are replacing broken windows with a product that can't be broken. Each window is \$450 to replace (window plus installation). Approximately 70 windows total need to be replaced as well as any window that they can throw rocks at while in the outside recreational area. This is a health and safety concern.

Youth are breaking the current light fixtures in their rooms. We are constantly having to have them replaced. We would like to be able to have them replaced with a non-breakable/correctional grade setting material. This is a safety concern as they are breaking the bulbs, plastic, and ripping them out of the ceiling thus exposing wires and utilizing the material as weapons to harm themselves or others. In addition to the above, the current flooring in the youth's rooms is laminate, which over time the caulking around the wall and floor has come loose. The youth pick at the floor and hide stuff in cracks or pull chunks of flooring when upset. Some youth use the flooring pieces to self-harm by cutting themselves with the sharp edges of the flooring. It is recommended that the flooring be replaced with a more durable/solid surface.

It should be noted that over the past 10 years the number of mental health youth that need to be emotionally stabilized has increased dramatically within Bay Pines Center. These youth are exhibiting increased suicidal and self-harm ideations and attempts. This is a health and safety concern.

Bay Pines Center continues to clean the walls and painted surfaces. However, paint is peeling off the walls and is discolored. Bay Pines Center has not had the interior of the building painted in more than 12 years. This needs to be completed by a professional in order to ensure the surface area is properly prepared so the paint does not peel/scratch off the walls.

**ATTACHMENT E -  
BAY PINES CENTER**

The drop ceiling within the secure residential area is very dirty and water stained and is sagging in multiple areas throughout the building. In addition to the above, the duct work located above the drop ceiling is very loud and is causing sound problems with the camera system. It is recommended that this be replaced with a better quality/sounds resistant product. The lack of ability to clearly hear when reviewing video footage is a safety and security risk.

Current medical and dental offices have the original equipment in them when the facility was built in 1994. The equipment has already exceeded the recommended use expectancy due to the contractors only coming into the facility on a limited weekly basis. The equipment is starting to need repair and the cost of replacing it is cheaper than repairing it.

The secure fenced-in area the youth use to get outside doesn't have a shaded area for the youth to sit under to help protect them from the UV rays. This area could also be used when the youth have family visits, keeping everyone in a secure area.

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

Current utilities and infrastructure systems are adequate to meet the programmatic needs of the facility five years into the future with the above noted infrastructure and utility improvements. I would note that Bay Pines Center has started the process to become an accredited Juvenile Justice Treatment Facility through CARF. Building safety and security is part of the accreditation process. These improvements are likely to impact the ability to become accredited unless corrected.

- 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 is unknown.

- i. Land owned by the agency, including a determination of whether capacity exists for future development, additional acquisitions are needed to meet future demands, or surplus land can be conveyed for a different purpose:

The Bay Pines site is currently located on 24 acres, which appears to be very adequate for present day needs and should be fully capable of providing additional space for any program development which may occur during the next five years.

#### **IV. Implementation Plan**



**ATTACHMENT E -  
BAY PINES CENTER**

- a. Itemized listing of major capital projects by priority, including brief description and estimated cost. (*Adjust previously developed or prior year's figures utilizing industry standard CPI indexes where appropriate*):

See Bay Pines Center (BPC) Capital Outlay Five-Year Plan spreadsheet in this document.

- b. Define the impact of addressing deferred maintenance and structural repairs, including programmatic impacts, immediately versus over the next five years:

Failure to provide special maintenance or capital outlay funding to maintain the facility creates increased facility repair costs and unnecessary demands on facility maintenance staff and creates potential health and safety problems for staff and visitors. BPC is a 24-hour juvenile secure residential facility and must maintain a secure, safe and functioning facility to maintain staff, patient and public safety. I would note that Bay Pines Center has started the process to become an accredited Juvenile Justice Treatment Facility through CARF. Building safety and security is part of the accreditation process. These improves are likely to impact the ability to become accredited unless corrected.

- c. Identify, to the extent possible, a rate of return on planned expenditures. This could be expressed as operational savings that a planned capital expenditure would yield in future years.

Delaying needed repairs until they become critical generally results in costlier future special maintenance project costs and longer disruption in the BPC mission of providing residential treatment to youth. It also results in more youth being harmed by the above identified safety factors.

Building	Project	Brief Project Description	Facility Priority	Cost Estimate	Status	Funding Source
Shawono Center	Roof Repair	Finish replacing what is not completed this year. If the remained of the roof is not completed, Shawono will continue experiencing leakage during times of hard rain and when the snow/ice melts. Leakage causes not only further damage to the outter building but results in additional damage inside the facility too. Large amounts of water have damaged lighting, drywall, ceiling tiles, flooring and carpet. Pools of water unnoticed may increase the risk of injury to youth and staff's safety and may cause mold growth. This is a health and safety risk.	1	\$850,000		
BPC (Residential Center)	Separate Heating/Cooling from Fire Suppression System	The Boiler system has a combined heating/cooling fluid system that is combined with the fire suppression system. Once a year, the cooling fluid needs to be drained so that the inspection can be completed and put back in. The yearly cost to complete this wass approximately \$11,000.00 and the process of removing and re-installing the cooling fluid will be obsolete. This process is a safety risk and is not a best practice.	2	\$1,500,000		
Shawono Center	Boilers	The boilers are over 25 years old and it's age demands constant attention to ensure heat and water temperature are working. Even then, many places in the building do not have regulated heat, causing sleep disruption for youth, and during allergy season, the heating system brings about dry air, making allergy symptoms worse for both youth and staff. The corrosion on the boiler plates causes more use of propane, which is astronomical in cost. Additionally, the boiler heats the buildings water, and this has been a problem previously. The facility needs hot water for youth showers, hygiene, laundry, cooking, sanitizing of dishes (a requirement of the health department), and overall cleanliness of the building. This is a health and safety risk.	3	\$920,000		
BPC (Residential Center)	Two-way PA system between staff console and each youth's room	Installation of a PA system that allows staff to hear and speak to youth while they are in their rooms, especially at nighttime to monitor for safety in between 15-minute room checks. Currently staff can hear the youth in approximately half the room but due to the system being obsolete. Due to it being obsolete we can no longer fix the system when it breaks. We cannot talk to any of the youth in their rooms. It should be noted that over the past 10 years the number of mental health youth that need to be emotionally stabilized has increased dramatically within Bay Pines Center. These youth are exhibiting increased suicidal and self harm ideations and attempts. This is a health and safety concern. Approximate cost \$500,000.00	4	\$500,000		
BPC (Residential Center)	Secure Youth Bedroom Upgrades - Replace light fixtures, and new flooring.	1) Youth are breaking the current light fixtures in their rooms. We are constantly having to have them replaced. We would like to be able to have them replaced with a non-breakable/correctional grade setting material. This is a safety concern as they are breaking the bulbs, plastic, and ripping them out of the ceiling thus exposing wires and utilizing the material as weapons to harm themselves or others. 2) The current flooring is laminate which over time the caulking around the wall and floor has come lose. The youth pick at the floor and hide stuff in cracks or pull chunks of flooring when upset, some youth use th flooring piecing to self harm by cutting themselves with the sharp edges of the flooring. Replace floor with a more durable/solid surface. (approximate cost: light (includes installation) -120,750/Flooring - 250,000.00 (includes installation)/. This is a health and safety risk.	5	\$970,750		

Shawono Center	Convert All Lighting to LED	LDE lighting is more cost effective for a 24 hour facility. Additionally, LED lights reduce headaches associated with the older lighting system, and would eliminate the "buzzing" sound heard in various locations around the building. This would also reduce the need to purchase large, expensive over head lights and help ensure the safety of youth with proper well-lit lighting in heavily occupied areas throughout the building.	6	\$500,000		
BPC (Residential Center)	Replace all windows within the secure area of the facility with non-breakable glass/product.	Currently Bay Pines Center has numerous windows broken due to the kids throwing rocks at them which causes them to break or the youth are able to get on their beds and kick/hit the windows within their rooms which causes them to break. The windows do not shatter however the youth are able to pick small pieces of the glass out of the window once broken and use it as a weapon to hurt themselves or someone else. We are replacing broken windows with a product that can't be broken. Each window is 450.00 to replace (window plus installation). Approximately 70 windows total need to be replace in order for all youth room windows to be replaced as well as any window that they can throw rocks at while in the outside recreational area. This is a health and safety concern.	7	\$250,000		
BPC (Residential Center)	Replace Medical/Dental Office	The medical/dental equipment that is used when examining the youth is 25+ years old. It was installed when the facility was built in 1994 and has outlasted the recommended use expectancy. It is recommended that this be replaced with current/updated equipment	8	\$450,000		
Shawono Center	Replace Gym Floor	Shawono's gym is a heavily used space, especially in winter and spring. Replacing the flooring with a rubber-based cushion would make the floor "softer" because currently concrete is underneath the wood. During high impact sports, such as basketball, youth have been hurt when they fall. In addition to recreation for youth, the gym is used for social skills activities by group leaders, staff trainings and student assemblies. Most importantly, evidence-based research promotes the mind body connection and exercise increased positive mental health outcomes. Symptoms associated with aggression, hyper-activity, depression, and anxiety are greatly reduced by exercise. Shawono is working to increase the way exercise is therapeutically used in treatmetn with one of our goals being to reduce restraints and eliminate seclusion.	9	\$950,000		
BPC (Residential Center)	Interior painting	Bay Pines Center continues to clean the walls and painted surfaces however paint is peeling off the walls and is discolored. Bay Pines Center has not had the interior of the building painted in over 15 years. This needs to be completed by a professional in order to ensure the surface area is properly prepared so the paint doesn't peel/scratch off the walls.	10	\$450,000		

## **Five-Year Capital Outlay Plan Components**

### **I. Mission Statement**

The Juvenile Justice Program will be a national leader in prevention and treatment for juvenile delinquency, building safe and healthy communities through our balanced approach, professionalism and shared commitment to innovation and effective partnerships.

### **II. Programming Changes**

Shawono Center is a secure treatment facility for male juveniles between the ages of 12 and 21 years who have been adjudicated for one or more felony counts. The center offers three specialized treatment programs. The Sexually Reactive program has 20 beds and limits the contact with the other treatment groups. The other 20 beds are a mixture of General Treatment with mild to medium mental health issues and Addictions/Substance Abuse Treatment. Shawono Center also has up to two detention beds available for youth through 20 years of age.

There are currently no planned programming changes.

### **III. Facility Assessment**

Shawono Center is located on a 10-acre parcel that is heavily wooded and contains a small lake in a secluded area, a few miles from the city of Grayling. The U.S. Military Affairs owns the parcel of land.

#### **a. Building utilization rates compared to industry standards:**

Utilization is a measure of facility efficiency. The ratios of program (beds) and support space is used as the basis of measure. Shawono Center has a ratio of 1,322 sf/bed, which yields a 54 percent efficiency rating.

#### **b. Mandated facility standards for program implementation, where applicable (such as federal/industry standards for laboratory facilities, hospitals, compliance with consent decrees, etc.):**

The Shawono Center maintains compliance with Michigan Child Welfare Licensing standards as well as Department of Justice Prison Rape Elimination Act (PREA) standards.

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

Main Building (1994) - 48,018 sq. ft. (Residential Center)

**ATTACHMENT E –  
SHAWONO CENTER**

Department of Natural Resources Building (1974) - 5,500 sq. ft. (Storage)  
Gas Storage Shed (1974) - 120 sq. ft.  
Generator Housing (1979) - 100 sq. ft.

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

Unknown.

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

The septic field is quickly beginning to leach. This needs to be a high priority.

The current AC systems in the northeast classroom area, northeast dorms, and northeast classrooms need upgrading. The medical A/C was upgraded in 2020 medical corridor.

The emergency electrical system was upgraded within the last several years to include the kitchen area and coolers.

The plumbing in the building is aging. Plumbing for the rooms on South Pod, West Pod and the isolation room need upgrading as parts are starting to fail. Replacement parts, when available, are being utilized but all rooms need upgrading. The bathrooms in the administrative section were upgraded in 2020.

The control panels for the dorm areas were replaced in the last 18 months. This project is completed.

In evaluating electrical efficiency in the building, converting the lighting to LED would create a cost savings. The outside lighting is beginning to fail, replacing the outside lights will create efficiency while also increasing safety to Shawono residents, staff, and visitors.

The CCTV system is being replaced beginning July 25, 2022.

The roof is currently being partially replaced. The most critical areas that were leaking have been addressed. When the current project is completed approximately 60% of the roof will have been replaced. The remainder of the roof will need to be replaced.

The youth bathrooms and showers in the facility need maintenance and upgrading as they are showing signs of aging.

The boiler is more than 20 years old and will need to be replaced at some point soon.

- f. Facility infrastructure condition (such as roads, bridges, parking structures, lots, etc.):

Shawono Center did major improvements to the exterior of the building several years ago. The overall building is in good shape except for major maintenance and roof repairs to the main building. This was recently added to the list to be worked on this year. We are in the process of utilizing existing funds to repair the worst areas of the roof. We will need additional funds to finish the roof.

The parking lot was last resealed in 2012. The administrative parking area was expanded in 2020.

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

Current utilities and infrastructure systems are adequate to meet the programmatic needs of the facility five years into the future. A repair of this drain system is of the highest priority. The following recommendations are being made to replace/upgrade as soon as possible. This project is currently underway.

The gym floor is beginning to show its age and will need to be addressed at some point in the future.

**Site/Architectural Items:**

Resealing driveway.

Repairing roof (Project approved and in initial assessment phase, approved for phase one of the project.).

Replacing interior and exterior locks (complete).

**Mechanical Items:**

Replacement of two AC Units.

Plumbing for dorm rooms and isolation rooms.

Boiler.

**Electrical Items:**

Lighting systems.

Control panels for keyless entry for doors (completed).

- 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?

Business Energy Survey completed in 2013 by Great Lakes Energy.

- i. Land owned by the agency, including a determination of whether capacity exists

for future development, additional acquisitions are needed to meet future demands, or surplus land can be conveyed for a different purpose:

Shawono Center is situated on a 10-acre site with a small lake which is well suited to meet the facility's current program needs. There is ample room for future building expansion should there be a need to expand the Treatment/Detention Program or accommodate other specific building space needs. U.S. Military Affairs owns the land.

#### **IV. Implementation Plan**

- a. Itemized listing of major capital projects by priority, including brief description and estimated cost. (*Adjust previously developed or prior year's figures utilizing industry standard CPI indexes where appropriate*):

See Shawono Center Capital Outlay Five-Year Plan spreadsheet in this document.

- b. Define the impact of addressing deferred maintenance and structural repairs, including programmatic impacts, immediately versus over the next five years:

Failure to provide special maintenance or capital outlay funding to maintain the facility creates increased facility repair costs and unnecessary demands on facility maintenance staff and creates potential health and safety problems for staff and visitors. The Shawono is a 24-hour juvenile secure residential facility and must maintain a secure, safe, and functioning facility to maintain staff, patient and public safety.

- c. Identify, to the extent possible, a rate of return on planned expenditures. This could be expressed as operational savings that a planned capital expenditure would yield in future years.

Delaying needed repairs until they become critical generally results in costlier future special maintenance project costs and longer disruption in the Shawono Center mission of providing residential treatment to youth.

Building	Project	Brief Project Description	Facility Priority	Cost Estimate	Status	Funding Source
Shawono Center	Roof Repair	Finish replacing what is not completed this year. If the remained of the roof is not completed, Shawono will continue experiencing leakage during times of hard rain and when the snow/ice melts. Leakage causes not only further damage to the outer building but results in additional damage inside the facility too. Large amounts of water have damaged lighting, drywall, ceiling tiles, flooring and carpet. Pools of water unnoticed may increase the risk of injury to youth and staff's safety and may cause mold growth. This is a health and safety risk.	1	\$850,000		
BPC (Residential Center)	Separate Heating/Cooling from Fire Suppression System	The Boiler system has a combined heating/cooling fluid system that is combined with the fire suppression system. Once a year, the cooling fluid needs to be drained so that the inspection can be completed and put back in. The yearly cost to complete this was approximately \$11,000.00 and the process of removing and re-installing the cooling fluid will be obsolete. This process is a safety risk and is not a best practice.	2	\$1,500,000		
Shawono Center	Boilers	The boilers are over 25 years old and it's age demands constant attention to ensure heat and water temperature are working. Even then, many places in the building do not have regulated heat, causing sleep disruption for youth, and during allergy season, the heating system brings about dry air, making allergy symptoms worse for both youth and staff. The corrosion on the boiler plates causes more use of propane, which is astronomical in cost. Additionally, the boiler heats the buildings water, and this has been a problem previously. The facility needs hot water for youth showers, hygiene, laundry, cooking, sanitizing of dishes (a requirement of the health department), and overall cleanliness of the building. This is a health and safety risk.	3	\$920,000		
BPC (Residential Center)	Two-way PA system between staff console and each youth's room	Installation of a PA system that allows staff to hear and speak to youth while they are in their rooms, especially at nighttime to monitor for safety in between 15-minute room checks. Currently staff can hear the youth in approximately half the room but due to the system being obsolete. Due to it being obsolete we can no longer fix the system when it breaks. We cannot talk to any of the youth in their rooms. It should be noted that over the past 10 years the number of mental health youth that need to be emotionally stabilized has increased dramatically within Bay Pines Center. These youth are exhibiting increased suicidal and self harm ideations and attempts. This is a health and safety concern. Approximate cost \$500,000.00	4	\$500,000		
BPC (Residential Center)	Secure Youth Bedroom Upgrades - Replace light fixtures, and new flooring.	1) Youth are breaking the current light fixtures in their rooms. We are constantly having to have them replaced. We would like to be able to have them replaced with a non-breakable/correctional grade setting material. This is a safety concern as they are breaking the bulbs, plastic, and ripping them out of the ceiling thus exposing wires and utilizing the material as weapons to harm themselves or others. 2) The current flooring is laminate which over time the caulking around the wall and floor has come lose. The youth pick at the floor and hide stuff in cracks or pull chunks of flooring when upset, some youth use the flooring piecing to self harm by cutting themselves with the sharp edges of the flooring. Replace floor with a more durable/solid surface. (approximate cost: light (includes installation) -120,750/Flooring - 250,000.00 (includes installation)/. This is a health and safety risk.	5	\$970,750		



Shawono Center	Convert All Lighting to LED	LDE lighting is more cost effective for a 24 hour facility. Additionally, LED lights reduce headaches associated with the older lighting system, and would eliminate the "buzzing" sound heard in various locations around the building. This would also reduce the need to purchase large, expensive over head lights and help ensure the safety of youth with proper well-lit lighting in heavily occupied areas throughout the building.	6	\$500,000		
BPC (Residential Center)	Replace all windows within the secure area of the facility with non-breakable glass/product.	Currently Bay Pines Center has numerous windows broken due to the kids throwing rocks at them which causes them to break or the youth are able to get on their beds and kick/hit the windows within their rooms which causes them to break. The windows do not shatter however the youth are able to pick small pieces of the glass out of the window once broken and use it as a weapon to hurt themselves or someone else. We are replacing broken windows with a product that can't be broken. Each window is 450.00 to replace (window plus installation). Approximately 70 windows total need to be replace in order for all youth room windows to be replaced as well as any window that they can throw rocks at while in the outside recreational area. This is a health and safety concern.	7	\$250,000		
BPC (Residential Center)	Replace Medical/Dental Office	The medical/dental equipment that is used when examining the youth is 25+ years old. It was installed when the facility was built in 1994 and has outlasted the recommended use expectancy. It is recommended that this be replaced with current/updated equipment	8	\$450,000		
Shawono Center	Replace Gym Floor	Shawono's gym is a heavily used space, especially in winter and spring. Replacing the flooring with a rubber-based cushion would make the floor "softer" because currently concrete is underneath the wood. During high impact sports, such as basketball, youth have been hurt when they fall. In addition to recreation for youth, the gym is used for social skills activities by group leaders, staff trainings and student assemblies. Most importantly, evidence-based research promotes the mind body connection and exercise increased positive mental health outcomes. Symptoms associated with aggression, hyper-activity, depression, and anxiety are greatly reduced by exercise. Shawono is working to increase the way exercise is therapeutically used in treatmetn with one of our goals being to reduce restraints and eliminate seclusion.	9	\$950,000		
BPC (Residential Center)	Interior painting	Bay Pines Center continues to clean the walls and painted surfaces however paint is peeling off the walls and is discolored. Bay Pines Center has not had the interior of the building painted in over 15 years. This needs to be completed by a professional in order to ensure the surface area is properly prepared so the paint doesn't peel/scratch off the walls.	10	\$450,000		

**Five-Year Capital Outlay Plan Components****I. Mission Statement**

The mission of the Caro Psychiatric Hospital (CPH) is to provide an appropriate range of active inpatient psychiatric treatment services to best meet the needs of adults with severe mental illness and adults with autism spectrum disorder 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 as well as those with learning disabilities. 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.

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**II. Programming Changes**

Therapeutic programmatic changes have involved the modification and the expansion of the Psychosocial Rehabilitation Program (PSR) in order to provide five (5) hours of scheduled treatment seven (7) days per week for adults with severe chronic mental illness. The programs have an interdisciplinary approach that provide 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, training activities of daily living and positive therapeutic relationships in an effort to prepare patients for community reintegration. Patient education, individual and group therapies involving recovery, and recreational, occupational, music and activity therapies are planned in accordance with the person-centered plan of service. The wide range of therapeutic PSR activities are delivered in the residential treatment areas. Since the COVID-19 pandemic, more treatment modalities are provided in the residential treatment areas. For the past three (3) years, virtual/telehealth visits with clinicians, community mental health representatives, court officials and families/guardians have been utilized.

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, provide training opportunities and ensure safety, particularly for the elderly who are often physically frail and fragile.

### **III. Facility Assessment**

#### **A. Building utilization rates compared to industry standards**

CPH is one of five public hospitals that provide adult inpatient psychiatric services to residents of the state of Michigan. The hospital's average census is projected to be 100 patients 18 years and older. The patient population is comprised of individuals committed for mental illness, those found incompetent to stand trial, those deemed not guilty by reason of insanity and patients in the Applied Behavior Treatment (ABT) (Autism Spectrum Disorder) program.

#### **B. Mandated Facility Standard for Program Implementation**

The CPH maintains its accreditation by the Joint Commission and its certification by the Centers for Medicare and Medicaid Services.

#### **C. Functionality of Existing Structures and Space Allocation to Program Areas Served**

The new CPH should meet the current and future needs of the program.

Main Building - 127,000 SF

Salt Shed – 3500 SF

Well House – 240 SF

#### **D. Replacement Value of Existing Facilities**

Unknown

#### **E. Utility System Condition**

The electrical system at CPH is powered by – Detroit Edison, With Emergency Generator Backup.

The HVAC system is a closed loop system consisting of three mechanical chillers, Multiple Air Handlers, 4 low pressure boilers.

Potable and fire suppression water supplied by the City of Caro by a dedicated municipal water supply.

Emergency backup water supply provided by onsite supply well maintained by Caro Municipal DPW.

#### **F. Infrastructure Condition**

The new CPH infrastructure (roads and parking lots) should be adequate to meet the needs of the facility.

**G. Adequacy of Existing Utilities and Infrastructure Systems**

The utilities systems at the new CPH should be adequate.

**H. Energy Audit**

Not applicable for the new CPH.

**I. Land Capacity**

The new CPH is located on 25 acres in Caro.

**IV. Implementation Plan**

The new CPH is expected to open in the spring of 2023.

**Revised: April 2023**

## **Five-Year Capital Outlay Plan Components – FY24**

### **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.

### **II. Programming Changes**

In April 2021, Unit South 4, female unit, was converted to a coed unit, housing male and female patients. Females are housed downstairs, males are upstairs.

### **III. Facility Assessment**

The CFP is a 357,000 square foot facility consisting of four buildings. The main buildings opened in 2005. The main building comprising 347,554 sq. ft. is a two-story structure constructed of masonry, brick, concrete, and steel. The physical exterior of the building is in very good condition.

a. Building utilization rates compared to industry standards:

The CFP, which is Michigan's sole certified forensic facility, conducts evaluations for all the district and circuit criminal courts in the state's 83 counties pursuant to state statutory requirements. The center is a 272-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 due to insanity.

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

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.

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Main Building - 347,554 sq. ft. (Main Hospital)  
Storage Building - 4,000 sq. ft.  
Bar Screen Building - 1,440 sq. ft.  
Warehouse – 4,006 sq. ft.

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

Unknown.

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

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; however, the manufacturer timeframe to implement preventative maintenance on the automatic transfer switches has been met. The facility has started the PM, and 50% has been completed.

The heating and ventilation system is in fair condition. Existing heating valves are failing. The facility staff has been replacing them, about 60 to date, but the frequency of failures is increasing as there are more than 600 installed in the building. Also, all the heating piping through out the power plant and the facility has started to leak at the Victaulic fittings. We have started to replace them, and we have spent about \$90,000. The increased frequency of leaks could potentially become an infection control concern (mold). The main building cooling chillers are approaching their end-of-life cycle within the next five years.

CFP has a lift station/ bar screen building that handles all the sewage from the facility. The solution for addressing the handling of the bio waste by CFP staff is not adequate.

- f. Facility infrastructure condition (for example, roads, bridges, parking structures, lots, etc.)

The entire parking lot and all driveways were repaired and sealed in the summer of 2015. We sealed the cracks and seal coated all the asphalt in summer 2018. The cracks should be sealed every year but because of the cost it only has been done every three years which shortens the life expectancy. All asphalt in the main and handicap parking lot needs to be removed and replaced due to ongoing cracking and heaving, which, creates a safety risk and the

potential of not meeting ADA requirements. Replace the asphalt and redesign dock area based on usage and the increased traffic in the area

The facility has four elevators that are in good working condition.

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

The utilities systems are currently adequate.

- 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 in 2006.

- i. Land owned by the agency, including a determination of whether capacity exists for future development, additional acquisitions are needed to meet future demands, or surplus land can be conveyed for a different purpose:

The CFP is located on approximately 54 acres in Saline. 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.

#### **IV. Implementation Plan**

- a. Itemized listing of major capital projects by priority, including brief description and estimated cost. *(Adjust previously developed or prior year's figures utilizing industry standard CPI indexes where appropriate):*

1. **Replace Heating Boilers (\$700,000)** –The hot water heating and Domestic Hot Water Boilers are failing. They need to be replaced to maintain the operational needs of the facility.
2. **Convert Fire Suppression System In The Patient Dining Rooms And Main Street Patient Care Areas. (\$490,000)** Convert existing branches of wet fire suppression system to a dry system and replace existing dry system piping. The fire suppression systems in the unconditioned ceiling spaces in the patient dining rooms and main street had burst multiple times which causes an infection control, patient programming and safety concerns from large quantities of water and ceiling material falling from 30 feet above occupied areas.

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3. **Replace All Flashing On The Building Roof System (\$500,000)** -- We are experiencing multiple leaks due to the failure of flashing which causes and creates infection control issues, including the buildup of mold and mildew.
4. **Replace The Front Lobby Clerestory Window (\$200,000)** – Replace the front lobby clerestory window assembly with a smaller unit and add a larger roof curb to support the window assembly to prevent flooding of vestibule ceiling which has caused an infection-control issue.
5. **Cable TV And Audio Visual System For The Patients' Units (\$550,000)** – Replace all outdated and not support analog equipment to ensure the patients units can continue to receive cable TV, including, upgrading the audio visual system to broadcast to eight units simultaneously.
6. **Replace Audio Visual Systems (\$250,000)** – The AV systems in the Auditorium, Bureau and Conference Rooms are outdated. It's hard to hold conferences and seminars as the system equipment is not compatible to the current software and operating systems.
7. **Replace Wing Command Workstations (\$425,000)** - Replace all 10 Wing Command workstations. The counter tops are breaking which is creating an infection-control issue. Need to add a secured raceway and enclosures for all the security system components and wiring to maintain the integrity for patient and staff safety. Items are damaged from patients, and wires are accidentally unplugged which shuts down the security system in the patient care areas.
8. **Perform Preventive Maintenance On The Emergency Power and Primary Power System (\$400,000)** – Perform preventive maintenance on all the automatic transfer switches, substations and primary transformers for the emergency power system and the primary power system, in accordance with recommended manufacturer timeframe to implement preventative maintenance.
9. **Replace All Patient Yards, Parking Lot And Outside Building Lighting With LED Lights. (\$400,000)** - The lighting system is undependable and failing which is a security risk for patients and staff. LED lighting is more efficient, which will use 90% less energy and last 15 times longer. This means a big saving on operations and maintenance.
10. **Exercise Equipment For Patients (\$500,000)** – Replace old patient equipment, add electrical to all the fitness rooms, and check room design to ensure that they meet all codes and JC requirements.
11. **Medical Equipment (\$500,000)** – Replace old outdated medical equipment.



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12. **Repair Terrazzo Flooring (\$500,000)** – Due to cracking and missing pieces, the terrazzo flooring needs repairs to prevent trips and falls in our main street area (patient activities area) and tweener area leading to the units.
13. **Replace All The Asphalt In The Parking Lot Including The Handicap And Docking Area (\$2,000,000)** – All asphalt needs to be removed and replaced due to ongoing cracking and heaving, which creates a safety risk and the potential of not meeting ADA requirements. Replace the asphalt and redesign dock area based on usage and the increased traffic in the area.
14. **Replace Carpet And Furniture In Non-Patient Areas (\$1,200,000)** – Carpet and furniture in non-patient areas is becoming worn, discolored, and frayed. It has the potential of creating a trip and fall hazard.
15. **Building Landscaping Renovation (\$150,000)** - The existing landscaping is unsightly and unappealing. If replaced with a lower annual maintenance requirement type, it would give the facility a new look and feel that could be enjoyed by the visitors, employees, and the community.

- b. Define the impact of addressing deferred maintenance and structural repairs, including programmatic impacts, immediately versus over the next five years:

Failure to provide special maintenance or capital outlay funding to maintain the facility creates increased facility repair costs, unnecessary demands on facility maintenance staff, and potential health and safety problems for staff, patients, and visitors. The CFP is a 24-hour psychiatric hospital and must maintain a secure, safe, and functioning facility for patients, staff, and visitors.

- c. Identify, to the extent possible, a rate of return on planned expenditures. This could be expressed as operational savings that a planned capital expenditure would yield in future years.

Delaying needed repairs until they become critical generally jeopardize the health and safety of the patients, staff, and visitors; results in costly special maintenance and/or capital outlay project funding it also disrupts the CFP mission of providing psychiatric treatment to patients.

**CENTER FOR FORENSIC PSYCHIATRY (CFP)**  
Capital Outlay Five-Year Plan (Attachment E - IV.a.)

Building	Project	Brief Project Description	Facility Priority	Cost Estimate	Status	Funding Source
CFP	Replace Heating Boilers	The Hot Water Heating and Domestic Hot Water Boilers are failing. They need to be replaced to maintain the operational needs of the facility.	1	\$700,000		
CFP	Convert fire suppression system in the patient dining rooms and main street patient care areas.	Convert existing branches of wet fire suppression system to a dry system and replace existing dry system piping. The fire suppression systems in the unconditioned ceiling spaces in the patient dining rooms and main street had burst multiple times which causes an infection control, patient programming and safety concerns from large quantities of water and ceiling material falling from 30 feet above occupied areas.	2	\$490,000		
CFP	Replace all flashing on the building roof system.	We are experiencing multiple leaks due to the failure of flashing which causes and creates infection control issues, including the build up of mold and mildew.	3	\$500,000		
CFP	Replace the front lobby clerestory window.	Replace the front lobby clerestory window assembly with a smaller unit and add a larger roof curb to support the window assembly to prevent flooding of vestibule ceiling which causing an infection control issue.	4	\$200,000		
CFP	Patient cable TV system	Replace all outdated and not support analog equipment to ensure the patient units can still receive cable TV, including upgrading the audio visual system to broadcast to all 8 units simultaneously.	5	\$550,000		
CFP	Audio Visual Systems	The AV systems in the Auditorium, Bureau and Conference Room are outdated. It's really hard to hold conferences and seminars as the system equipment is not compatible to the current software and operating systems.	6	\$250,000		
CFP	Replace Wing Command Workstations	Replace all 10 Wing Command workstations. The counter tops are breaking which is creating an infection control issue. Need to add a secured raceway and enclosures for all the security system components and wiring to maintain the integrity for patient and staff safety. Items are damaged from patients and wires are accidentally unplugged which shuts down the security system in the patient care areas.	7	\$425,000		
CFP	Perform Preventive Maintenance on the emergency power and primary power systems.	Perform Preventive Maintenance on all the automatic transfer switches, substations and primary transformers for the emergency power system and the primary power system; in accordance with recommended manufacturer timeframe to implement preventative maintenance.	8	\$400,000		
CFP	Replace all Patient Yards and Parking Lot outside building lighting with LED lights.	The lighting system is undependable and failing which is a security risk for patients and staff. LED lighting is more efficient, which will use 90% less energy and last 15 times longer which means a big saving on operations and maintenance.	9	\$400,000		
CFP	Exercise Equipment	Replace old patient equipment, add electrical to all of fitness rooms and check room design to ensure that they meet all codes and JC requirements.	10	\$500,000		
CFP	Medical Equipment	Replace old outdated medical equipment.	11	\$500,000		
CFP	Repair Terrazzo Flooring	Due to cracking and missing pieces, the terrazzo flooring needs repairs to prevent trips and falls in our main street area (patient activities area) and tweener area leading to the units.	12	\$500,000		
CFP	Replace all the Asphalt in the Parking Lot and Dock Service Area	All asphalt needs to be removed and replaced due to ongoing cracking and heaving; which, creates a safety risk and the potential of not meeting ADA requirements. Replace the asphalt and redesign docking area based on usage and the increased traffic in the area.	13	\$2,000,000		
CFP	Replace Carpeting and furniture in Non-Patient Areas.	Carpet and furniture in non-patient area is becoming worn, discolored and frayed.	14	\$1,200,000		
CFP	Building landscaping renovation	The existing landscaping is unsightly and unappealing. If replaced with a lower annual maintenance requirement type, it would give the facility a new look and feel that could be enjoyed by the visitors, employees and the community.	15	\$150,000		
				\$8,765,000		

## **I. MISSION STATEMENT AND PROGRAM DESCRIPTION**

The mission of Hawthorn Center is to provide children and adolescents with evidence based/supported and trauma-informed inpatient mental health services that meet the highest standards of quality in the context of an integrated, patient centered, wellness oriented, pro-active safety culture.

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.

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. Almost all have had previous mental health interventions, including multiple inpatient treatment episodes, and many have a variety of medical complications.

An interdisciplinary team provides treatment, with the goal to provide a client-centered and trauma-informed /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 treatment plans and applied behavioral analysis/treatments are developed when therapeutically indicated.

Currently, there are four active patient units with a capacity of 14 patients per unit, or 56 patients for the hospital. The physical plant has two additional units that are in the administrative (main) portion of the hospital that are currently off-line while undergoing significant renovation. Each of these areas will have the capacity to house an additional 14 patients.

The hospital's current spending plan, condition of the physical plant, and behavioral exigencies permit up to 56 patients in four units.

The Hawthorn Center has a certified school on site to meet the special education needs of the children and adolescents.

Hawthorn Center's mission statement also makes clear the facility's commitment to integrated patient safety systems. An integrated patient safety system is a health care organizational safety infrastructure that supports the following:

- A learning organization culture.
- A fair and just safety culture.
- A robust quality improvement system that collects data, analyzes data, uses data to inform decisions, and report findings.
- Validated methods to improve processes and systems.
- A proactive approach to risk reduction.
- Standardized ways for interdisciplinary teams to communicate and collaborate.
- A patient-centered approach that encourages patient and family activation in the safety process.

## **II. PROGRAMMING CHANGES**

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.

In recent years, patient presentations have become much more complex – increased symptoms of severe mental illness, extreme behaviors, co-morbid developmental conditions, profound deficits in functional communication skills, and medical conditions are noteworthy. Several patients have minimal or no family supports and have become the responsibility of the Michigan Department of Health and Human Services. An increasing number are involved with the juvenile/family court system. Some have court-ordered treatment for restoration due to incompetence to stand trial (IST) and not guilty for reasons of insanity (NGRI) determinations. As a result of these changes in the characteristics of our patient population, the average length of stay has increased from 89.9 days in FY 15-16 to about 193 days in the current fiscal year. Additionally, since the beginning of the COVID crisis there continues to be reduced availability of placement options and community-based treatment services. Consequently, patient movement from the hospital into community-based services is increasingly challenging at a time when the need for hospitalization remains high.

Applied behavior analysis in the care and treatment of patients with both challenging behavior problems and developmental delays is utilized. This requires a very structured and staff-intensive treatment environment as well as specialized educational programming.

## **III. FACILITY ASSESSMENT**

### Subjective Narrative:

Hawthorn Center is comprised of a main building (north wing) which houses two patient living areas that are currently unoccupied, and the south wing which houses four patient living units that are currently occupied. The facility is about 250,000 square feet on about 45 acres.

The main building was built in 1955 and is a two-story structure constructed of masonry, brick, concrete, and steel. This includes A, B, C, and D sections. E, F and G sections were added to the Main Building in 1962, 1964, and 1967. This building houses two closed patient living areas, clinical, business, and 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 two livings which need extensive renovations are fully 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 South Wing includes H, J, K, L, and M sections. The building houses four patient living areas, reception and visiting area,

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classrooms for Special Education services, clinical office space, kitchen, swimming pool and gym. It is in somewhat better condition than the Main portion.

Both structures are settling resulting in regular and serious foundation and plumbing problems. Asbestos abatement was necessary in both structures to make even surface improvements. Heating, ventilation, and cooling systems are manually operated making it very difficult to manage comfort. A great deal of repair and replacement in terms of electrical, structural integrity, heating and cooling systems, generator repair, replacement of unsafe windows, water leakage, etc. work has been ongoing.

Below are the approved/completed projects:

- Galvanized plumbing in the South Wing to be replaced with copper.
- Air Quality Mitigation Phase I-2.
- A Section major renovations project to rehab Living Areas.
- Abatement of pipe wrap insulation, duct insulation, and ceiling ACM.
- Roof Replacement A, B, C, D, E, F Sections. Project approved and completed through special funding source and currently progress.
- Boiler replacement in D, G, and H sections including backup boilers.

These projects were necessary to comply with prior joint commission surveys and MIOSHA citing and to provide a safe and comfortable environment for patients and staff at Hawthorn Center.

Specific Narrative:

- 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 4 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. Further, it is monitored by the state Medicaid Office for compliance with the Centers for Medicare and Medicaid Services (CMS) 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 addition, there are patient-care areas, a school, and dining space. These are all separate, presenting significant line of sight and adjacency issues which make safe and modern behavioral programming challenging.
- d. Utility system condition - Electrical service to the Main Building was designed and installed more than 60 years ago. During FY2003, a 500 KVA transformer replaced an undersized 225 KVA transformer. As a result of the Separation of Utility Services Project

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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 HVAC system in the South Wing is close to 50 years old. The HVAC systems in both buildings are manual/pneumatic making it near impossible to maintain consistent comfort. Hawthorn Center has received several recipient rights complaints specifically related to significant temperature fluctuations in the building especially during weather/temperature transitions.

- e. The utilities and infrastructure systems in this post-World War II structure are failing. As noted earlier, the manually controlled pneumatic HVAC system cannot provide consistent comfort for staff and patients. Further, the structure is subsiding resulting in damage to foundation and plumbing. Finally, adjacency issues make safe provision of behavioral treatment, care, and services a challenge. Foundations are failing. Transformer(s) are aging, and storm drain and sewer system are old and needs examination/repair.
- f. Land owned by the agency - Hawthorn Center is located on approximately 45 acres. If there is a need to expand, there is space to do so, particularly after the cottages were demolished. A storage pole building was built recently. Space or open ground around the facility is needed to maintain the privacy and safety of the patients.

#### **IV. NEW BUILDING AT CURRENT LOCATION**

Hawthorn Center is slated to be demolished in July 2023 in preparation for construction of a new state psychiatric facility for Michigan's youths and adults. The new hospital will house 80 beds for children and 180 beds for adults. The updated facility will remain on the current Hawthorn Center land and is projected to open in July 2026. Capital outlay funding needs cannot be projected until the new hospital is built and in operation.

## **Five-Year Capital Outlay Plan – Kalamazoo Psychiatric Hospital**

### **I. Mission Statement**

The 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 order.

### **III. Facility Assessment**

The Kalamazoo Psychiatric Hospital (KPH) 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 six buildings, with some of its support operations housed in the separate buildings. 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 in good condition.

The minor concerns are:

- 1) Plaster conditions - A great deal of plaster repair is required due to the age of the facility. Maintenance continues to find and repair these issues as quickly as possible.
- 2) Air conditioning- There are various area within KPH that are needing to be air conditioned. The front lobby is an area that is in need of air conditioning. Main back part of the kitchen area needs to have the current air conditioning replaced and upgraded with the proper size units. The kitchen back area in the summer heat becomes unbearable with air temperatures reaching greater than 100 degrees. There are several areas for both patient and staff that are still in need of being air conditioned currently at KPH.
- 3) Trees – The property has several dead or dying trees on the property. KPH has started working with a vendor to remove them; however, it will take some time to accomplish the task. Trees that are a safety issue will be dealt with

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first followed by trees that could affect the structural integrity of the hospital buildings.

The major concerns are:

- 1) Keys/Locks- Currently KPH is in need of a complete lock and key system update. The update is needed due to age and condition of our lock and key system. We have an antiquated and discontinued lock system from the 1950s. At this time, we are unable to purchase any new female lock cylinders due to the cylinders being discontinued. The female lock cylinder is our most used door access cylinder. We have approximately 20 female cylinders available currently. We rebuild approximately 15-20 female lock cylinders per year. Out of the 15-20 cylinders that we attempt to rebuild, we are successful 50% of the time. As time passes, we are getting to a critical point of not being able to secure the building.

KPH also needs to review how we access the buildings and how we move through the buildings. We need to have more keyless entrances on the outside and inside of the buildings. We need to update our access keys and the associated controls. We are looking into an electronic key fob system that will replace the standard keys that we are using at this time. The change would allow for the deactivation of any key at any time. This system would allow more control and accountability with the fob being able to be activated and deactivated remotely. The system is trackable and will allow for each employee movement to be followed throughout the buildings.

We have been exploring the Medeco XT lock and key system. It seems to fit the needs of KPH. It is the upgrade that KPH needs currently.

In conjunction with the Medeco XT lock system we would also request the installation of an automated key watch system. The system would allow employees to check out loaner set of keys without any interaction with safety. The loaner set would be tracked, and a real time report would be available for review at the push of a button. The system would provide an extra level of accountability by sending emails to the staff.

- 2) Security Upgrade-Redesign the front lobby area to add interior security checkpoints and physical barriers to prevent unimpeded access to the heart of the hospital. KPH needs to control visitors and contactors better. There are currently no physical barriers, as in other state facilities, to keep visitors from gaining access to the heart of the hospital. With the lobby redesign we would be able to implement a better flow of visitors through the metal detection for patient visitor safety. Further, better camera coverage on the exterior/interior of the building is needed to protect staff and visitors as well. On the inside of the quad area, we need to install multiple cameras for the protection of our staff and patients. The quad area is where our patients take fresh air breaks and play outside court games with or without staff present.



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- 3) Generator Power- KPH is currently using less than 30% of the generator capacity. KPH needs to perform a complete assessment of our emergency backup power system. We need to connect all of our heating systems to the emergency generators. At this time, we would have no heat in the wintertime in a power failure. This is just one of the critical systems that we need to address. With a complete assessment we would be made aware of any other systems that may have been overlooked. Also need to look into have building #7 connected to the emergency power as well. At this time building #7 has very limited emergency power.
- 4) Roadway and Parking areas – Additional fund is needed due to inflation. We are short funding by \$490,000. The roadways around KPH need to be repaved in some areas and patched in others. Patching would buy us some time in areas until we are able to completely resurface the roadways and parking lots. Any repaving or patching may also then need to be restriped.
- 5) Door Access- At this time KPH need to review how we access the buildings and how we move throughout the buildings. We need to have more keyless entrances on the outside and inside of the buildings. We are also looking into installing more keyless doors inside as well as outside of the building. We have several interior doors that keyless access would be necessary for security purpose. With the installation of the keyless system, we would be able to track the movement of the employee within the buildings.
- 6) Air Handlers- The air handlers throughout the hospital are in need of filtration and automation upgrades. As of now our air exchanges and filtration are below industry standards. The air quality within the hospital is of utmost importance to insure the health and safety of everyone within the buildings. The air handler systems need to have upgrades to the filtration to prevent the spread of various airborne particulates and contaminants.
- 7) Switch Gear- electrical switch gear in building #7 needs to be upgraded due to age and condition. The switch gear has failed in the past PM testing. The upgrade would allow for the future growth and use of Building #7.

Projects in process:

- 1) Anti-ligature project. The scope of this project is to address ligature concerns expressed by Joint Commission during their 2019 inspection. Includes, but

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not limited to, the replacement or modification of toilet dispensers, sinks and faucets, shower control panels, bathroom dividers, curtains, beds, doorknobs, door closers, grab bars (complete), towel dispensers, hinges, garment hooks, heater grates, interior drain covers, light fixtures, wardrobes, electrical raceways, and fixtures, plumbing fixtures and pipes, patient phones, and more.

- 2) Elevator Repairs/Replacements- The elevators at KPH have been in service for many years. The elevator systems are in need of some major upgrades to improve the longevity and the overall safety of the elevator systems. The elevators that are in need of immediate attention are the elevators in building #2 & #3. These two elevators are set for major upgrades in May of 2023. We have performed multiple service calls to repair the elevators in the past. Currently the elevators are a safety issue. People have been trapped in the elevators in the past. With the follow up conversations with service provider, there has been strong recommendations for the elevators to be upgraded or replaced due to safety concerns. Service calls and entrapments are becoming more frequent as the elevators continue to age and need servicing. Elevators #1 and #5 will need funding in late FY2023 or early FY2024
- 3) Install Sprinklers- Phase II- KPH need to be 100% sprinklered per the 2012 NFPA 101 and therefore the Joint Commission as well as for the overall safety of patients and staff. Approximately three-fourths of the hospital is sprinklered already so much of the infrastructure exists. Phase I was funded with FY 19 Enterprise-wide Special Maintenance funds. All patient areas must be done with ligature concerns in mind which dramatically increases the cost. It is recommended to break this project up into smaller chunks over the next several years to make it manageable.
- 4) Outside Lighting- KPH is in the process of new upgrading all outside lighting to more energy efficient LED lighting. All the outside lights on the KPH grounds will be replaced with LED lights. Outside lighting replacement will improve the overall safety of the grounds by increasing the lumens of each fixture as required by CMS. This project is 90% complete as of April 2023.
- 5) Sewer/Storm Drain Lines – The storm drainage lines, and sewer lines are very old and have been subjected to years of chemical cleaning and neglect that has weakened or destroyed them. Piping is replaced as necessary, however great lengths of it are buried within the facility floors/walls. Our greatest risk is the pipe from the kitchen to the sewer system. Nearly 100 feet of that has been replaced by our licensed plumber; however hundreds more feet need to be addressed. The last section of pipe replaced in July

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2017 had sections of piping that had eroded more than 50 percent away. We expect the piping to improve the further we get away from the kitchen area, the point of entry for the harsh cleaning chemicals that were formerly used; however we know that there is more pipe damage down slope from what we have already replaced.

Some of storm drains are in need of being replaced due to age and deterioration. Parts of the storm drainage system have collapsed, and other parts are in the process of failing at this time. The storm drainage failures have resulted in the undermining of the roadways and sidewalks causing damage. We need to address this prior to the repairing or repaving any of the roads and sidewalks at KPH.

*Building Roof (Excellent to Fair Condition)*

KPH coated the front half of the hospital with a 12-year warranty rubber coating in 2019 which has worked well as expected. The maintenance building and chapel all need new rooves. We are working to repair/replace or coat these rooves in 2024, The building roof has continued to age and shows additional end of life failures such as seam failures in areas not recently coated.

a. Building utilization rates compared to industry standards.

KPH is one of four 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 100.

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

KPH follows 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.

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

- 1) Installation or replacement of air conditioning in various areas.
- 2) All patient units are being remodeled to appear less institutional.

<b>BUILDING</b>	<b>BUILDING PURPOSE</b>	<b>STATUS</b>	<b>SQ. FT.</b>
Administration (1)	Office Building	Active	58,765
Acute Medical (3)	Hospital	Active	35,147
Children's Unit/Pheasant Ridge (7)	Maintenance	Active	37,176
Female Infirmary (4)	Hospital	Active	44,134
Female Receiving (1A)	Hospital	Active	58,909
Gate Cottage (42)	Museum	Active	2,199
Interfaith Chapel (14)	Chapel	Active	6,323
Male Infirmary (2)	Hospital	Active	35,399
Male Receiving (1B)	Hospital	Active	37,016
Shed-Trolley Storage	Warehouse/Storage	Active	192
Water Tower (49)	Utility Storage	Active	0
Grounds Building (8)	Maintenance	Active	1500

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

Not known.

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

*Electrical System (Good Condition)*

Under the lease agreement with Western Michigan University (WMU), primary electrical service is the responsibility of the WMU Power Plant.

Power requirements in some 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. Usage of some current raceways are maxed out based on electrical code. New raceways are needed

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in some instances. Old incandescent and fluorescent lighting is being replaced with LED lamps and fixtures with the overriding goal to convert all lighting to LED over the years.

The outside lighting LED upgrades are in process at this moment and 90% complete. All of the outside lights will be replaced with LED lights. LED light will be added as needed to address the areas with low to no lighting. This project will increase the lumens of each fixture as well as cutting the energy usage.

*Water System (Fair Condition)*

Cold water is provided by the City of Kalamazoo. Cold water main lines are operationally solid. Secondary lines are good, but they are very old, need occasional repair and they have a large amount of Biofilm. The Biofilm is one of the contributing factors to the propagation of Legionella within the building.

Hot water is provided under terms our of lease by the WMU power plant. The hot water lines are in fair condition. The hot water recirculating system needs to be upgraded to increase the return water temperature. The increase in temperature will mitigate the propagation of Legionella within the hot water system. The installed hot water recirculating system continues to supply hot water on demand to our patient areas but is undersized to provide our own supply of hot water should the power plant fail.

*Drainage System/Storm (Fair Condition)*

The drainage/sewer lines are very old and have been subjected to years of chemical clean-out practices that have weakened them. While drainage and sewer piping are replaced as necessary, great lengths of it are buried within the facility floors/walls. Most of the internal piping is in adequate condition, KPH is at risk with the piping coming out of the kitchen preparation area as previously mentioned.

The storm drainage system is in fair to poor condition. The storm drainage system needs to be thoroughly assessed to find out the true condition of the system. A visual assessment of the storm drainage system has shown signs of blockages and possible collapsed piping.

*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, much of the pipe insulation is an

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asbestos containing material which is abated as necessary by an independent contractor. Under the lease agreement with WMU, primary steam service is the responsibility of the WMU power plant.

The steam and condensate piping should be considered for replacement pending verification of condition once individual services can be isolated to accomplish the infrastructure repairs. It is suspected that the condensate pipe is in the worst condition, but the steam line has likely been in service since the 1920s and may well require replacement. It is suggested that a renewal program include an allowance for replacement to assure the long-term reliability of these services. A consequence of not performing this work would be the loss of steam to the facility. If it would be in the wintertime, both the high-pressure steam to the kitchen and the facility heat source for the air handlers would be lost.

KPH needs to undergo a complete and thorough assessment of the steam system by a third-party vendor to get an overall view of the condition of the system. With the assessment there will also be a complete energy audit of the steam system.

*Ventilation System (Fair to Good Condition)*

The ventilation system is operationally sound, but in need of some upgrades in filtration at this time.

*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 (for example, roads, bridges, parking structures, lots, etc.):

*Roadway Systems/Parking (Fair to Poor Condition)*

The roadway system and parking lots which service our hospital is in fair to poor condition. Certain areas suffer from significant potholes and cracking and patches are failing. Repaving of these areas is needed. Some roads are subject to heavy truck traffic with most of it being trucks associated with WMU.

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

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The utilities and infrastructure systems are adequate for current and five-year projected problematic needs.

- 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? 2006.
- i. Land owned by the agency, including a determination of whether capacity exists for future development, additional acquisitions are needed to meet future demands, or surplus land can be conveyed for a different purpose:

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**

- a. Itemized listing of major capital projects by priority, including brief description and estimated cost. (*Adjust previously developed or prior year's figures utilizing industry standard CPI indexes where appropriate*):

See Kalamazoo Psychiatric Hospital (KPH) Capital Outlay Five-Year Plan spreadsheet in this document.

- b. Define the impact of addressing deferred maintenance and structural repairs, including problematic impacts, immediately versus over the next five years:

This facility has several projects listed on the Capital Outlay Special Maintenance Request. Of those KPH has started on the anti-ligature, fire suppression, and KPH must show continual progress of this anti-ligature project to satisfy the Joint Commission. All other special maintenance requests will be performed in order of priority once funding is secured.

- c. Identify, to the extent possible, a rate of return on planned expenditures. This could be expressed as operational savings that a planned capital expenditure would yield in future years.

Delaying needed repairs until they become critical usually results in costlier special maintenance project costs and disruption in the hospital's mission of providing safe patient care and treatment.

**KALAMAZOO PSYCHIATRIC HOSPITAL (KPH)**  
Capital Outlay Five-Year Plan (Attachment E - IV. a.)

Building	Project	Brief Project Description	Facility Priority	Cost Estimate	Status	Funding Source
KPH	Keys/Locks	<p>Currently KPH is in need of a complete lock and key system update. The update is needed due to age and condition of our lock and key system. We have an antiquated and discontinued lock system from the 1950's. At this time, we are unable to purchase any new Female lock cylinders due to the cylinders being discontinued. The Female lock cylinder is our most used door access cylinder. We have approximately 20 Female cylinders available currently. We rebuild approximately 15-20 Female lock cylinders per year. Out of the 15-20 cylinders that we attempt to rebuild, we are successful 50% of the time. As time passes by we are getting to a critical point of not being able to secure the building.</p> <p>KPH also need to review how we access the buildings and how we move through out the buildings. We need to have more keyless entrances on the outside and inside of the buildings. We need to update our access keys and the associated controls. We are looking into an electronic key fob system that will replace the standard keys that we are using at this time. The change would allow for the deactivation of any key at any time. This system would allow more control and accountability with the fob being able to be activated and deactivated remotely. The system is trackable and will allow for each employee movement to be followed throughout the buildings.</p> <p>We have been exploring the Medeco XT lock and key system. It seem to fit the needs of KPH. It is the upgrade that KPH needs currently. In conjunction with the Medeco XT lock system we would also request the installation of an automated Key Watch System. The system would allow employees to check out loaner set of keys without any interaction with safety. The loaner set would be tracked, and a real time report would be available for review at the push of a button. The system would provide an extra level of accountability by sending emails to the staff.</p>	1	\$1,300,000		
KPH	Security Upgrade Front Lobby	<p>Redesign the front lobby area to add interior security checkpoints and physical barriers to prevent unimpeded access to the heart of the hospital. KPH needs to control visitors and contactors better. There are currently no physical barriers, as in other State facilities, to keep visitors from gaining access to the heart of the hospital. With the lobby redesign we would be able to implement a better flow of visitors through the metal detection for patient visitor safety. Further, better camera coverage on the exterior/interior of the building is needed to protect staff and visitors as well. On the inside of the Quad Area, we need to install multiple cameras for the protection of our staff and patients. The Quad area is where our patients take fresh air breaks and play outside court games with or without staff present.</p>	2	\$500,000		



**KALAMAZOO PSYCHIATRIC HOSPITAL (KPH)**  
Capital Outlay Five-Year Plan (Attachment E - IV. a.)

Building	Project	Brief Project Description	Facility Priority	Cost Estimate	Status	Funding Source
KPH/ Building #7	Generator Power	KPH is currently using less than 30% of the generator capacity. KPH needs to perform a complete assessment of our emergency backup power system. We need to connect all of our heating systems to the emergency generators. At this time, we would have no heat in the wintertime in a power failure this is just one of the critical systems that we need to address. With a complete assessment we would be made aware of any other systems that may have been overlooked. Also need to look into have building #7 connected to the emergency power as well. At this time building #7 has very limited emergency power.	3	\$750,000		
KPH - Kent St. & Kent Circle	Replace Existing Roadway	A prior MOP has been approved for \$500,000, but additional funding is needed due to inflation. We are short funding by \$490,000. The roadways around KPH need to be repaved in some areas and patched in others. Patching would buy us some time in areas until we are able to completely resurface the roadways and parking lots. Any repaving or patching may also then need to be restriped.	4	\$490,000	Under Funded	
KPH	Door Access	At this time KPH needs to review how we access the buildings and how we move through out the buildings. We need to have more keyless entrances on the outside and inside of the buildings. We are also looking into installing more keyless doors inside as well as outside of the building. We have several interior doors that keyless access would be necessary for security purpose. With the installation of the keyless system, we would be able to track the movement of the employee within the buildings.	5	\$100,000		
KPH	Air Handlers	The air handlers throughout the hospital are in need of filtration and automation upgrades. As of now our air exchanges and filtration are below industry standards. The air quality within the hospital is of the utmost importance to insure the health and safety of all within the buildings.	6	\$80,000	No action	
KPH	Switch gear upgrade	Electrical Switch Gear in building needs to be upgraded due to age and condition. The switch gear has failed in past PM testing. The upgrade would allow for the future growth and use of Building #7.	7	\$85,000	No action	
KPH	Storm Drain Repairs	A minimum of 5 storm drains are not working properly, causing water to back up or not otherwise being taken away properly. This is potentially placing the hospital at an environmental risk by having rain run off going to the earth and creating the potential of erosion damage.	8	\$200,000	In progress	
KPH, Bldg 7	Interior drain lines replacement	Replace the drain lines in building 1 from the Servetean to the sewer system. We have drain lines stemming from the kitchen that have been eaten away through many years of harsh chemical cleaning. Potentially, we are putting kitchen waste down into the earth below causing contamination and erosion. Additionally, the lines can back up into the kitchen's food prep area placing food operations and therefore the patients at risk.	9	\$200,000	No action	
KPH	Exterior Lighting	To improve exterior lighting in all areas. The improvement will help with safety and building security.	10	\$30,000	In progress	

**KALAMAZOO PSYCHIATRIC HOSPITAL (KPH)**  
Capital Outlay Five-Year Plan (Attachment E - IV. a.)

Building	Project	Brief Project Description	Facility Priority	Cost Estimate	Status	Funding Source
KPH	Repair/Replace Doors	To be compliant with the Joint Commission and the 2012 Life Safety Code (NFPA 101), we will need to replace many fire doors. Most doors are original or near original and with modifications over the years when there were less stringent fire codes have rendered these doors non-compliant. Failure to replace them places patients at risk and will create citations from TJC and Fire Marshal.	11	\$250,000	Complete	
KPH - All areas	Install Sprinklers	Phase II- KPH needs to be 100% sprinklered per the 2012 NFPA 101 and therefore the Joint Commission as well as for the overall safety of patients and staff. Approximately 3/4 of the hospital is sprinklered already so much of the infrastructure exists. Phase I was funded with FY 19 Enterprisewide Special Maintenance funds. All patient areas must be done with ligature concerns in mind which dramatically increases the cost.	12	\$8,200,000	In progress	
KPH	Anti-ligature	Continues to be a need to address ligature concerns throughout the hospital. Joint Commission requires that this continue to be an ongoing priority.	13	\$300,000	In progress	
KPH	Phone replacement	Replace the phone system. It is antiquated and continued use puts the hospital at risk of not being able to communicate internally or externally with patient guardians, first responders, etc.	14	\$150,000	Complete	
KPH	Internal Water Piping	Here at KPH we have been experiencing multiple low-level hits with Legionella hospital wide. Currently KPH is conducting at Water Flushing Program to mitigate the propagation of Legionella within the water system. We will be continuing with the water flushing program as long as we are receiving acceptable results. In addition, KPH will be implementing some upgrades that were recommended by Byce & Associates from the water study. It has been their recommendation that KPH start with the Water Flushing Program and monitor the chlorine levels within the buildings water system. KPH may be required to make additional correction in the water systems based upon the outcome of the Flushing Program. KPH may be required complete the upgrades indicated within the body of the water study performed by Byce & Associates. To follow all of the recommended upgrades would ensure that KPH is providing our patients and staff with quality drinking water. Here at KPH safety is our top priority	15	\$950,000	No action	
KPH, Bldg #2 & #3	Elevator Upgrades	The elevators at KPH have been in service for many years. The systems are in need of having some major upgrades to improve the longevity and the overall safety of the elevators systems.	16	\$260,000	First two of KPH's eight units being refurbished in FY2023	
KPH	Furniture Replacement	The replacement of ALL patient unit furniture hospital wide.	17	\$945,000	In progress	
KPH - Bldgs 2, 3, 4, 7, Gate Cottage, Chapel	Repair/replace roof	Roof shows signs of being past its life expectancy (over 20 years old) and needs to be repaired or replaced to prevent further damage within the hospital. We recommend the application of the same product as we did building 1, 1A, and 1B in to reduce costs significantly over a complete reroof. The applied membrane material generates a 12 year warranty at approximately 1/2 the cost. This request also includes addressing, at a minimum the cap stone and facia needs.		\$1,500,000	Complete	

**KALAMAZOO PSYCHIATRIC HOSPITAL (KPH)**  
Capital Outlay Five-Year Plan (Attachment E - IV. a.)

Building	Project	Brief Project Description	Facility Priority	Cost Estimate	Status	Funding Source
KPH	Brick Tuckpoint	The penthouses are in dire need of tuckpointing. Failure to address this issue will cause damage to the roof system and within the hospital itself. Further, there are multiple points around the hospital that need to be addressed. Unlike the penthouses, these are intermittent and not nearly as widespread, but a couple of areas are potentially dangerous and will worsen over time and winters. We also have at least 1 large piece of limestone that is in the wall that has been pushed out slightly.		\$250,000	Complete 2022	
Gate Cottage	Historic Repairs	Repairs are needed for the roof, chimney, and interior walls. This is a historic building that the SOM is currently responsible for. We are looking to possibly turn this over to WMU, however until that is completed, KPH and the SOM are responsible.		\$50,000	Complete 2021	
KPH - Life Safety Drawings	Create Life Safety Drawings	The hospital does not have good life safety drawings. The ones it has are hand drawn and lack certain critical information due to a lack of CAD capability. LSD are critical to providing answers for questions and requirements the Joint Commission, Fire Marshal, and other inspecting agencies will look for.		\$50,000	Complete	Paid from Hospital Funds. Money originally designated for this had to be moved to the handrail project.
KPH - Tunnel area between Bldg 4 and power plant	Repair of tunnel structure	The tunnel that carries the steam and condensate piping between the WMU power plant and KPH has been structurally compromised over the years of service, most likely the 1920's. The tunnel could collapse removing steam heat from KPH, the hospital's primary heating and cooking source.		\$3,500,000	Closed - WMU sured up tunnel	N/A
KPH - All patient areas	Security Screens	Installation of security screens. With an increasing number of patients being admitted the risk of attempted patient escape has risen. Proposal is to install screens in the unsupervised patient occupied areas keeping the screens compatible with the ones previously installed with the new window project in 2014.		\$300,000	Complete	16442.CAK
KPH - All patient areas	Anti-Ligature	Replace all objects in patient areas with like anti ligature object, per Joint Commission request. Includes items such as beds, door knobs, grab bars, light fixtures, shower control panels, sinks & faucets, and many others. We intend to focus this money on patient safety projects and fixtures.		\$600,000	In Progress - \$435,000 remains	16442.CAK
KPH - All roof areas	Repair/replace roof	Roof shows signs of being past its life expectancy and needs to be repaired or replaced to prevent further damage within the hospital. Scheduled to be completed in FY2018.		\$832,000	Substantially Complete	16442.CAK
KPH - Handrails	Repair several handrails and entrance concrete	We have several areas that are significantly compromised either by bad concrete, bad handrails, or both. This has created significant safety issues with patients and visitors.		\$163,263	Substantially Complete	2017 Enterprise wide Special Maintenance Allocation.

KALAMAZOO PSYCHIATRIC HOSPITAL (KPH)  
Capital Outlay Five-Year Plan (Attachment E - IV. a.)

Building	Project	Brief Project Description	Facility Priority	Cost Estimate	Status	Funding Source
KPH - Exterior Sewer	Repair broken sewer line	Deteriorated sewer lines outside of building 3 was located a few years ago. This needs to be repaired/replaced. We expect to complete this repair in late FY2017 or early 2018 and is currently in progress.		\$75,000	Substantially Complete	2017 Enterprise wide Special Maintenance Allocation.
KPH - All patient areas	Anti-Ligature	Replace all objects in patient areas with like anti ligature object, per Joint Commission request. Includes items such as beds, door knobs, grab bars, light fixtures, shower control panels, sinks & faucets, and many others.		\$800,000	Funds exhausted, more Anti Lig listed above	18055.CAK
KPH	Install Sprinklers	KPH need to be 100% sprinklered per the 2012 NFPA 101 and therefore the Joint Commission as well as for the overall safety of patients and staff. Approximately 1/3 of the hospital is sprinklered already so much of the infrastructure exists. All patient areas must be done with ligature concerns in mind which dramatically increases the cost. It is recommended to break this project up into smaller chunks over the next several years to make to manageable.		\$4,200,000	Phase I- Substantially Complete July 2022	FY19 Enterprise wide Special Maintenance
KPH, Bldg 1	Interior drain lines replacement	Replace the drain/sewer lines in building 1 from the last repair to the exterior sewer system. We have sewer lines stemming from the kitchen that have been eaten way through many years of harsh chemical cleaning. Potentially, we are putting kitchen waste down into the earth below the drain pipes causing contamination and erosion. We also can back up into the kitchen's food prep area placing food operations as risk.		\$98,200		391/17163.C DP- LSSM

**Five - Year Capital Outlay Plan – Walter P. Reuther Psychiatric Hospital 2024**

**I. Mission Statement**

Walter P. Reuther Psychiatric Hospital (WRPH) shall 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 has merged with the Hawthorn Center. The new WRPH now provides psychiatric patients to adults, adolescents, and children. With the influx of child and adolescent patients, WRPH has had to renovate one of its adult patient units into a school and treatment unit for the child and adolescent patients.

**III. Facility Assessment**

Originally constructed in 1973, Walter Reuther Psychiatric Hospital is a 273,844 square foot facility consisting of three buildings. The main tower comprised of 256,982 square feet includes a basement (kitchen, warehouse, training, clinic), six stories where patients are housed, first floor clinical wing, and a seventh-floor maintenance area. Other parts of the main building include the Annex (added in 1981) which provides office space for support staff and conference rooms to facilitate meetings, and the Center for Activity, Rehabilitation, and Therapy, the newest (2014) addition to WRPH includes a gymnasium, a variety of patient activity and therapy programs, and the Reuther Academy that provides secondary education to our younger patients. The other two buildings include the power plant and a maintenance shed. There are several updates and repairs required to keep the buildings safe and comfortable for our patients, staff, and visitors.

A Facility Condition Assessment was completed by FTC&H Architects and Engineering in collaboration with the Michigan Department of Technology, Management & Budget in January 2015. This assessment identified \$22,725,840 in 2015 dollars of recommended/required infrastructure upgrades or improvements. Some of these have been completed, but many others are still needed.

**a. Building utilization rates compared to industry standards:**

WRPH is one of four remaining public hospitals that provide inpatient psychiatric services to residents of the state of Michigan. The hospital's authorized census is for 180 patients aged four years and older. The patient population is comprised of patients committed for mental illness, those found incompetent to stand trial, and those deemed Not Guilty by Reason of Insanity. This range of patients presents the hospital with a unique set of circumstances to provide safe yet essential treatment.

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

WRPH is accredited by the Joint Commission (JC) and is a deemed status facility, where the Joint Commission surveys and accredits for the Center for Medicaid and Medicare Services (CMS).

WRPH has worked within its operating budget to address many of the deficiencies identified by accrediting and regulatory agencies.

**Completed Projects as a Result of Citations from Accrediting/Regulatory Agencies**

In 2014 the Joint Commission cited minor deficiencies and the repairs were completed using funding from the facility operations budget. These items included:

- Build an annex egress sidewalk.
- Install mechanical shaft steel platforms.
- Repair and update emergency egress lighting/wiring.
- Air duct cleaning.

More recent repairs completed include:

- Installation of new boiler controls.
- Replacement of fill in cooling towers.
- Replacement of concrete structures.
- Installation of new fire suppression system on seventh floor maintenance area.

The Joint Commission (JC) and Center for Medicaid/Medicare Services (CMS) conducted surveys in 2017 and again in 2018 resulting in WRPH receiving citations for several deficiencies. In 2017 the following repairs were completed using facility operating funds:

- Replaced exam tables.
- Installed ligature resistant handrails in shower room toilet areas on units 1-6.

In 2018 through 2019 projects addressing deficiencies included:

- Installation of ligature resistant doorknobs/hinges on all patient rooms.
- Installation of ligature resistant faucets in all patient bathrooms.
- Replacement of all non-ligature resistant patient beds.
- Replacement of all patient wardrobes with ligature resistant lockers.
- Reinforcement of windowsills.
- Replacement of all non-ligature resistant hallway and stairwell handrails throughout the main hospital and patient areas.
- Installation of fire suppression system and smoke detectors throughout hospital.

These projects were funded through the capital outlay process.

In 2018, The Office of the Auditor General Audit completed an audit and cited deficiencies related to key control and insecure entry/exit points to the hospital. Findings related to key control included inaccurate and incomplete records of key assignments. Findings related to insecure entry/exit points included poor key management and

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frequently broken or damaged locks.

- In 2019, new Best door cores were installed throughout the hospital.
- In 2020, hospital entry doors and doors to the patient units were outfitted with badge readers and card swipe entry system.

***The goal is to equip all general access area doors with the card swipe entry system to decrease the reliance upon keys. There are still many doors that need to be addressed.***

In 2020 the update of the surveillance cameras on perimeter and grounds area for patient safety and security of state buildings and land began and was completed. The upgrade of the security system throughout interior and exterior hospital included adding more cameras and replacement of old cameras to improve resolution. Many of these cameras also include audio recording capability to improve care and incident investigation. Along with this upgrade the hospital added thermal camera monitoring to allow non-invasive and the least labor-intensive method to monitor temperatures of all persons entering the hospital at both of our main entries.

### **Projects as a Result of Citations from Accrediting/Regulatory Agencies**

The kitchen area located in the basement of the main tower requires significant renovation according to CMS physical plant findings of 2017. The kitchen floor does not slope to remove water in the dish room and pot and pan tank areas. Condensation removal from dishwashing unit requires upgrading ventilation to exhaust directly out of kitchen to outside. The current system exhausts up through the seventh floor from the basement, resulting in continued leaks and ceiling tile damage. Other problems included standing water on floors, dented equipment, and non-working equipment requires updating and replacement. ***The hospital received funding in 2021 for a complete renovation of the kitchen. This project was completed 10/2022.***

The fencing around the grounds area of the hospital was in poor repair, and not high enough to prevent patient elopement. Replacement and installation of fencing around the grounds area and north parking lot for patient security and safety to conduct required outside activities and programs as required by CMS, as well as to prevent theft and damage to staff/visitor vehicles. ***This project has been funded and began May 2021 with completion in August 2021.***

In 2019 the hospital was placed in Immediate Jeopardy by CMS due to hot conditions in the hospital. The two chiller units (air conditioning) were not functioning and were at the end of their useful life. This has necessitated rental of a temporary chiller and generator for the past three spring/summer seasons to keep the hospital at a comfortable temperature. ***The hospital did receive funding, and the chiller replacement project was completed February 17, 2022.***

The chiller replacement project will lead to increased damage to the south parking lot area and service roadway. The parking areas have broken concrete, crushed stone, and potholes creating safety concerns for staff and visitors. This leads to increased cost to maintain snow equipment broken from servicing this area. This area is needed to

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accommodate the number of staff working at the hospital. ***This project is in process and funded by monies from the Hawthorn Center move.***

**c. Functionality of existing structures and space allocation to program areas served with additional activity therapy building.**

In 2016 WRPB increased its census to approximately 180 patients. In 2020 this was temporarily adjusted to 157 to address the COVID-19 pandemic. With the transfer of Hawthorn Center patients, the adult census has been lowered to 120 to accommodate up to 50 child and adolescent patients.

WRPB completed the construction build of an 18,000 square foot activity therapy building which is connected to the east side of the hospital. This building addresses the space needs for physical activities and scheduled programs to meet the therapy requirements of our patients.

With both the main hospital building and the activity therapy building, patients are provided with easy access to a full spectrum of mental health services and programs.

Reuther Hospital - 256,982 sq. ft.  
Reuther Administrative Wing - 13,862 sq. ft.  
Power Plant – 3,000 sq. ft.  
Haveman CART Building – 18,000 sq. ft.

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

Unknown

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

All utility systems at WRPB are beyond their useful life currently at 48+ years. The HVAC chillers and cooling tower are beyond their life expectancy. A new HVAC computer system upgrade was completed FY18.

The hospital chiller is broken and beyond repair. In 2019, the hospital was cited by CMS for excessive heat in the building that placed the health of our patients in jeopardy. For the past three years, WRPB has had to use a rented, temporary chiller at significant cost. The hospital chiller was replaced as of 2/2022. Upgrading this system has increased the hospital's cooling capacity and will greatly reduce energy consumption and will meet life safety requirements.

Replacement of high voltage electrical panels and electrical switchgears, which includes the main distribution panel to the hospital and the main transformer, is needed. The electrical panels require replacement due to excessive water damage and past useful life 48+ years to meet Life Safety Code.



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Plumbing systems are of original construction (48+ years) and develop frequent leaks causing disruption to patient care. The system requires updating heat exchanger and hot water pumps. One pump is working, the backup pump is not workable, past its useful life, and parts are not replaceable. If system goes down, there is no hot water throughout the hospital. ***The hospital replaced the domestic water heater system 1/2022.***

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

The main hospital's south parking lot and main roadway was listed in the Facility Condition Assessment by FTC&H Architects and Engineering completed January 2015 and Capital Outlay report. The parking lot and roadway continue to deteriorate rapidly, and significant damage is expected during the chiller replacement project as a multi-ton crane will be parked in this lot. This replacement of parking and roadway was removed from original project included in the AT building construction due to lack of funding.

The south parking lot is in the process of being replaced. The roadway continues to be a risk to the safety of the building.

The facility's north and east parking lot and Reuther Road (in front of the hospital) will need to have repair and sealing to improve life expectancy.

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

Infrastructure systems are not adequate and require current and five-year projected plan for replacement, update, and repair.

**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 is unknown. WRPB will reach out to utility companies to see if one has been completed and/or if one can be completed in the future.

**i. Land owned by the agency, including a determination of whether capacity exists for future development, additional acquisitions are needed to meet future demands, or surplus land can be conveyed for a different purpose:**

The WRPB is located on approximately 14.33 acres in Westland. There is a need to expand and there is space to do so. Space or open ground around the facility is needed to maintain the privacy and safety of the patients.

**IV. Implementation Plan**

While there are 20 items listed on the current capital outlay spreadsheet, we are limiting request for funding for items that will meet patient safety needs as funding for a new combined hospital for Walter P. Reuther Psychiatric Hospital and Hawthorn Center has

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been secured. A site has been determined and plans are in process. Below are the items requested in order.

1. **Replacement of Unit Doors (\$160,000)** - Door frames, doors, and hardware to the patient units are in poor condition from 50+ years of use, getting hit by carts. Many are easily pulled open making patient elopement a risk.
2. **Replace/Repair All Exterior Doors (\$75,000)** – The exterior paint on ferrous metal items such as doors, frames, bollards, and lintels are in poor condition. The metal items are beginning to rust. These need to be repaired and/or replaced.
3. **Increase the Number of Doors with Card Readers (\$300,000)** – To address the FY18 OAG audit, the addition of card reader entry to all restrooms, conference rooms, nursing stations, and other multi-use areas will reduce the number of keys distributed to the 600+ staff at the facility.
4. **Replace Asphalt Walking Path (\$61,000)** – The walking path is used by patients as a form of exercise and a way to de-stress. There are cracks and broken/sinking asphalt that present a safety risk.
5. **Replace Furniture in Patient Common Room Areas (\$175,000)** – The furniture in the patient common room areas presents a ligature risk. It is highly recommended that while this area is generally supervised by staff, the furniture should be of an anti-ligature nature.
6. **Replace the South Parking Lot and Service Drive (\$593,000)** – The South parking lot is over 40 years old and has only been maintained by filling potholes with cold patch asphalt. Further filling of potholes is ineffective. Replacement is needed to prevent future accidents and injury to staff and visitors, and property damage claims.
7. **Replace North Hospital Drive Roadway (\$500,000)** – The road leading to the hospital west of Merriman Road is one of two roadway entrances to the hospital. Ownership of the roadway is unknown but is used almost exclusively by WRPB staff and visitors. This roadway is in poor condition, with crumbling asphalt, extreme potholing, and creates a significant risk to property.
8. **Replace Patient Ceilings (\$4,000,000)** - The current concealed grid drop ceilings in patient living areas present a significant risk to our patients as a ligature point. Replacement with solid, thick drywall that would be extremely difficult to penetrate is needed for patient safety.
9. **Replace Exterior Joint Sealants of Windows and Doors (\$350,000)** – The exterior joint sealants on the main tower and annex are in poor condition. The perimeter sealant around window frames has cracked and is deteriorating. Water is penetrating the building, collects on windowsills, drips onto floors leading to decreased integrity of the interior walls and exterior brick, and

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increased risk to patient and staff safety.

- 10. Replace Heat Recovery Unit, Air Handler Unit Dampers, and Actuators (\$412,500)** – The dampers that direct air no longer control properly to regulate the temperature. The balance of air leaving and entering the building is not maintained, resulting in spaces starved for air and doors that do not open and close properly (potential risk for patient elopement.) Dampers have deteriorated and must be propped open to allow for air flow when the fan is in the “on” position.
- 11. Upgrade Air Handler Units (\$862,500)** – Preventive maintenance on the air handler units is no longer sufficient to keep the air handlers functioning without costly need for outside service. Installation of variable motor fans, updating the air handlers and returning fans to balance air flow and ventilation is needed.
- 12. Replace Grade Mounted 2500kVA Distribution Transformer, Substations, Electrical Distribution Panels, and Motor Control Centers (\$690,000)** – The transformer is in poor condition and has exceeded its life expectancy and needs to be replaced. The substations need substantial maintenance to be conducted. Due to the ventilation in the electrical room, the electrical distribution equipment is dirty and can cause arcing and other catastrophic failures that could damage the equipment and cause extended down time. The transformers and distribution equipment are the original equipment dating back to 1972 and have exceeded their useful life. The motor control centers are in poor condition and have had extensive and costly maintenance required in recent years.
- 13. Replace All Dual Duct Terminal Units with New that Include DDC Controllers (\$1,380,000)** – The current dual duct terminal units are at the end of their useful life and the dampers no longer modulate, causing spaces to overheat or overcool.
- 14. Replace Granite Windowsills (\$144,000)** – The current patient area windowsills are granite. These windowsills are easily broken and become a means for patients to make weapons or articles of self-abuse.
- 15. Replace and Renovate All Common Area Restrooms (\$400,000)** – All of the common area restrooms for staff and visitors are extremely outdated. There are frequent plumbing problems due to old piping and fixtures. The stalls are rusting and beyond repair. Floor and wall tile and grout present sanitation and infection control risks.
- 16. Replace Vinyl Flooring Throughout the Hospital (\$3,000,000)** – Existing vinyl floor tiles on all seven levels of the main tower building and administration area are aged and deteriorating. We are no longer able to obtain matching tiles to replace damaged tile. This tile requires intensive and continuous upkeep.

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**17. Replace All Patient Cafeteria and On Unit Dining Tables and Chairs**

**(\$100,000)** – The current tables and chairs are 25+ years old and have exceeded their life expectancy. We are no longer able to obtain matching replacements. The current furniture presents an infection control and patient safety risk

**18. Replace Office Furniture (\$100,000)** – All office furniture needs to be

replaced. Most desks are over 40 years old or items that have been obtained from the Lansing surplus warehouse that are old, used, and not ergonomically adequate.

See Attached Spreadsheet.

- V.** Define the impact of addressing deferred maintenance and structural repairs, including programmatic impacts, immediately versus over the next five years:

Failure to provide special maintenance funding or work order-approved funds 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; results in WRPB being non-compliant with Joint Commission and Centers for Medicare and Medicaid Services; and typically results in taking programming areas out-of-service while critical projects are being performed. Failure to address structural operational issues can result in shut down of basic functions of heat, water, and cooling.

- VI.** Identify, to the extent possible, a rate of return on planned expenditures. This could be expressed as operational “savings” that a planned capital expenditure would yield in future years.

Delaying needed repairs until they become critical will result in higher cost, increased special maintenance project costs and disruption in the hospital's mission of providing safe patient care and treatment. Delays in operational equipment replacements such as, electrical panels, dampers, etc., may result in implementation of an emergency plan to ensure safety and security of patients. Delaying repairs may result in non-compliance with Joint Commission and Center for Medicare and Medicaid Services with the potential to lose accreditation.

## WRPH Capital Outlay FY 2024

Building	Project Description	Reason Description	Facility Priority	Cost Estimate	Status	Funding Source
WRPH Facility	Replace entry doors, frames, and all hardware to patient units	Door frames, doors, and hardware to the patient units are in poor condition from 50+ years of use, getting hit by carts. Many are easily pulled open making patient elopement a risk.	1	\$160,000		
WRPH Facility	Exterior doors	All exterior doors, frames, lintels, bollards, and railings need to be repaired/replaced.	2	\$150,000		
WRPH Facility	Add Card Reader Entry to All Restrooms, Conference Rooms, Nursing Stations, and Other Multi-Use Areas	Per FY18 OAG Audit - To reduce the number of keys distributed to 600+ staff to open secured areas of the facility.	3	\$300,000		
WRPH Facility	Replace asphalt walking path	This walking path is used by both patients and staff. The cracks and broken/sinking asphalt present a safety risk to all.	4	\$120,000		
WRPH Facility	Anti-ligature Furniture	Replace furniture in patient Common Room areas with anti-ligature furniture. Joint Commission Life Safety standards.	5	\$175,000		
WRPH Facility	Replace South Parking Lot	The South parking lot is over 40 years old. Maintenance and repair of potholes and crumbled asphalt is ineffective. Replacement is needed to prevent future accidents to staff and visitors, and property damage.	6	\$592,268	In Process	DTMB

## WRPH Capital Outlay FY 2024

WRPH Facility	Replace South Roadway - North Hospital Road	The South roadway is over 40 years old. Maintenance and repair of potholes and crumbled asphalt is ineffective. Replacement is needed to prevent future accidents to staff and visitors, and property damage claims. <b>This is a bigger priority now with need for additional parking due to having staff from Hawthorn Center coming to this building.</b>	7	\$500,000		
WRPH Facility	Replace Patient Ceilings	The current concealed grid drop ceilings in patient living areas present a significant risk to our patients as a ligature point. Replacement with solid, thick drywall that would be extremely difficult to penetrate is needed for patient safety.	8	\$6,000,000		
WRPH Facility	Replace exterior joint sealants (windows/doors)	Replacement of all exterior joint sealants. There has been increased frequency of water penetration leading to decreased integrity of interior walls and exterior brick, and increased risk to patient safety and infection control. CMS recommendation. Energy savings.	9	\$500,000		
WRPH Facility	Air Handler Upgrade	Install variable motor fans, update air handlers/return fans to balance air flow and ventilation. Preventive maintenance is no longer able to keep the air handlers functioning without costly need for outside service. Cost Efficiencies - Quality of Life	10	\$862,500		

## WRPH Capital Outlay FY 2024

WRPH Facility	Replace Main Distribution Panel and Electrical Panels	Replace panels for facility power distribution located in basement. Electrical panels need to be replaced due to water damage and age. Life Safety Code concern with Joint Commssion.	11	\$690,000	Partially completed with kitchen project. Others still need to be replaced.	Special Project Funding
WRPH Facility	Replace Dual Duct Boxes	Replace all dual duct boxes to update and include DDC controls - current system is 47 years old and significantly past useful life. Convert Pnuematic to Electronic	12	\$1,380,000		
WRPH Facility	Equipment Storage Building	Protect and secure facility maintenance trucks, lawn care and snow removal equipment, store bulk salt, dirt, gravel. Will decrease need for frequent replacement/repair of these items.	13	\$575,000		
WRPH Facility	Replace Granite Window Sills	Replace broken/loose granite sills. These can become weapons or articles of self-abuse. CMS and Joint Commission Life Safety standards	14	\$144,000		
WRPH Facility	Common Area Restrooms	All common area restrooms for staff and visitors need to be brought up to date. There are frequent plumbing problems due to old piping. Stalls are rusting and beyond repair. Floor and wall tile grout presents sanitation and infection control risks.	15	\$400,000		

## WRPH Capital Outlay FY 2024

WRPH Facility	Flooring	Replace flooring throughout hospital. Current flooring is outdated 45+ years old, waxable tile. No longer able to obtain tile that matches the current tile. This tile requires labor intensive upkeep with continuous need to strip and wax.	16	\$3,000,000		
WRPH Facility	Patient Cafeteria	Update patient cafeteria and unit dining area tables and chairs. Current chairs and tables are 25+ years old and have exceeded their life expectancy and present an infection control and patient safety risk. No longer able to obtain replacements that match the current furniture.	17	\$100,000		
WRPH Facility	Replace Office Furniture	All office furniture needs to be replaced. Most desks are items over 40+ years old, or items that our Warehouse staff have obtained from the Lansing surplus warehouse that are old and used. Ergonomically, these items are not adequate and lead to increased risk for staff injury.	18	\$100,000		
WRPH Facility	Domestic Water Booster pump System	Pumps are outdated (over 50 years old) and parts are difficult to locate. Isolation valves no longer hold, making repairs difficult.	19	\$30,000		
WRPH Facility	Back up Climate Control Compressor	Age of current compressor. If current compressor goes down, will not be able to provide cooling during hot summer months. Having a back up would allow for redundancy of system.	20	\$30,000		



## WRPH Capital Outlay FY 2024

WRPH Facility	Upgrade Cubicle and Shared Use Areas	Reconfigure cubicles, update materials and equipment to meet the demand and changes of the department and staffing. Current configurations and equipment exceed 30+ years.		\$150,000	Completed 5/25/23 due to need to provide additional work space for Hawthorn staff.	Carry over funding.
WRPH Facility	Waterproofing	Water leaks into the electrical room located in the basement. This is of concern as the potential for damage to our electrical panels in this area is significant.		\$75,000	Completed as part of the kitchen renovation project.	
WRPH Facility	Replace Absorption Chillers, Controls, and Cooling Tower	Current are past useful life 40+ years. Cooling tower is of inadequate capacity and 30 years past average serviceable life. Life Safety need for patients and staff. Environment and temperature controls are Joint Commission and CMS requirements. Significant energy cost savings. Additional funding will be necessary.		\$2,200,000	Completed.	
WRPH Facility	Kitchen Renovation and Upgrade	CMS audit for FY17 identified physical plant issues in Kitchen areas; stagnant water on floors, improper drainage, inadequate storage and work space.		\$1,900,000	Completed 10/2022	
WRPH Facility	Automated Medication Dispensing System	Dispensing system for accuracy of patient pharmaceutical distribution.			Completed 2022	

## WRPH Capital Outlay FY 2024

WRPH Facility	Replace Fencing Around Outside Patient Access Areas and Add Around North Parking Lot	Secure outside area for patient movement, activity, and programs. Joint Commission, CMS, and ORR requirements. Theft and property damage to staff/visitor vehicles leading to property damage claims.		\$197,800	Completed 9/2021	
WRPH Facility	Domestic Hot Water System	Heat exchanger and hot water pumps have reached end of useful life at approximately 40+ years. Provision of hot water is necessary for Life Safety and is a standard of the Joint Commission and CMS.		\$190,000 + \$64,000	Completed 1/2022	MOP for \$190,000/Agency Operating Budget for \$64,000
WRPH Facility	Site Security Upgrade	Upgrade existing security camera system to meet increased camera installations for fencing and observation areas within/outside the hospital		450000	Completed	Agency MOP?
WRPH Facility	Physical plant and overall hospital environment must be developed and maintained for the safety and wellbeing of patients	Joint Commission multiple ligature points throughout facility in patient rooms door knobs, door handles, hinges, faucets parts of beds.		\$675,000	Completed	Agency MOP 391/16266.MN B, 391/16441.MN B
WRPH Facility	Replace Bathroom Doors on Five Units R2-R6	Remove and Replace 100 bathroom doors existing doors are past useful life and cause safety hazard.		\$307,000	Completed	Agency MOP 391/16266

## WRPH Capital Outlay FY 2024

WRPH Facility	Install new smoke detectors in patient rooms, add fire suppression system throughout patient units, patient activity and education rooms. Add monitoring points to current fire alarm system.	Patient, staff, visitor, and facility safety. Meet fire code, CMS, and Joint Commission Life Safety Code standards.		\$1,141,622	Completed	Agency MOP. 391/14072.MN B, 391/14076.MN B
WRPH Facility	Built in Furniture - Patient wardrobes.	This will decrease the number of ligature points in patient rooms throughout the facility. Joint Commission Life Safety standards.		\$600,000	Completed	Work Order - 491/18067.MN B Legislative Appropriation
WRPH Facility	Replace Entry Doors	Replace front entry lobby doors and rear of building entry doors per OAG audit FY17.		\$125,000	Completed	Agency - Facility Appropriation Funds
WRPH Facility	Install card access	Security access entry for hospital entry doors in the lobby, rear of building entrance, entry to unit doors. Install card access for limited entrance/exit doors and entry. Joint Commission Security standards.		\$106,000	Completed	Agency - Facility Appropriation Funds
WRPH Facility	Roof Replacement	Roof leaks and is seperating form parapit. Existing is 40+ years old. Life safety, health and sanitation.		\$985,000	Completed	Work Order - 491/18056.MN B Legislative Appropriation

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