



Bureau of Organizational Services

**Five-Year Capital Outlay Plan
FY2026 - FY2030**

October 25, 2024

2026 FIVE-YEAR CAPITAL OUTLAY PLAN

Michigan Department of Health and Human Services

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 self-sufficient.

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 Financial Operations, Policy, Planning and Operational Support, Legislative Affairs and Communication, 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 will 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, child care 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) has currently transitioned 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, are in 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.
Pierce Building - 1680 sq. ft. (Storage)

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

Unknown.

ATTACHMENT E
BAY PINES CENTER

- 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 and in 2022 the cutters on the sewage grinder had to be replaced. A new pump was purchased and will be installed fiscal year 2024.

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

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

In 2019, additional fencing was added to backyard around emergency exit doors to improve safety.

Flooring was replaced in the gym/hallway/recreational pods/youth rooms 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. The showers were also re-painted. Project was completed 2019.

Replacement of all interior/exterior locks to keyless pads eliminate the cost of repairing/replacing keyed locks and security concerns. This project was completed in 2022.

Replacing or repairing all doors will maintain or increase operation and security of the doors. The building is 30+ years old, and the doors are extremely heavy; therefore, over the years they have worn out the hinges, causing them to not shut properly. Estimating approximately 100 doors at 25,000/per door. This project is in the beginning stages and hopefully will be completed by the end of Fiscal Year 2025.

The boiler system has a 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 and the process of removing and re-installing the cooling fluid will be obsolete.

The generator at Bay Pines is the original generator that was installed when the building was constructed in 1993/1994. The generator kicks in to maintain the electricity in the building, heating, camera coverage, and locks. It needs to be replaced to maintain operation and safety.

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To continue to enhance safety and security, we strongly recommend replacing the windows with windows made from sturdier material. Each window is \$450 to replace (window plus installation). Approximately 70 windows total need to be replaced as well as any window in the outside recreational area. This project is expected to begin in Fiscal Year 2024.

We would also like to replace all of the youth's light fixtures in their rooms with a type made of sturdier material to improve operation and safety. It is recommended that the flooring be replaced with a more durable/solid surface.

The walls and other painted surfaces should be re-painted to maintain the condition of the facility.

The drop ceiling and duct work needs to be replaced with a better quality/sound-resistant product that enhances that reduces noise and improves the quality of sound for video footage. This will also enhance security and safety.

Current medical and dental offices have the original equipment in them when the facility was built in 1994. The equipment is starting to need repair and the cost of replacing it is cheaper than repairing it.

- 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 Commission on Accreditation of Rehabilitation Facilities (CARF). Building safety and security is part of the accreditation process.**

- 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

- 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.**

- 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.

Five-Year Capital Outlay Plan Components-Shawono

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.

Division of Child Welfare Licensing (DCWL) facility is acquiring significant damage on a regular basis. Additionally, the facility is serving an increasing number of youths who display acute moderate to severe mental and behavioral health symptoms.

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% 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)
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.):

Maintenance on the septic field must be a high priority to maintain health and safety.

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. 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. 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. 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.

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; however, we are currently replacing the roof. We are in the process of utilizing existing funds to repair the priority 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 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 (complete).

- 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 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:

Regular maintenance and capital outlay funding is an opportunity to reduce costs over time and protect health and safety. 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.

Building	Project	Brief Project Description	Facility Priority	Cost Estimate	Status	Funding Source
Shawono Center	Roof Repair	Finish replacing what is not completed this year to prevent leaks, and to maintain infrastructure and safety.	1	\$850,000		491/24132 in process with DTMB at \$603,750
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 and the process of removing and re-installing the cooling fluid will be obsolete.	2	\$1,500,000		
Shawono Center	Boilers	Funding the boiler project ensures it's continued operation and reliability for basic functions in the facility, including hot water in bathrooms and the kitchen. It would also reduce possible allergies. In addition, the project would reduce operational costs over time.	3	\$920,000		
BPC (Residential Center)	Generator Replacement	The generator at Bay Pines is the original generator that was installed when the building was constructed in 1993/1994. The generator kicks in to maintain the electricity in the building, heating, camera coverage, and locks. It needs to be replaced. Replacing it maintains safety.	4	\$300,000		
BPC (Residential Center)	Two-way Public Address System (PA) between staff console and each youth's room	The installation of a PA system would allow staff to hear and speak with youth while they are in their rooms and monitor between 15-minute checks. This would contribute to health and safety. This is a health and safety concern. Approximate cost \$500,000.	5	\$500,000		
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. It is recommended that this be replaced with current/updated equipment.	6	\$450,000		

BPC (Residential Center)	Secure Youth Bedroom Upgrades - Replace light fixtures, and new flooring.	We would like to have light fixtures replaced with non-breakable/correctional grade material. It is recommended that the flooring be replaced with a more durable/solid surface. This is another step we can take to continue to enhance health and safety.	7	\$970,750		
Shawono Center	Convert All Lighting to LED	LED lighting is more cost effective for a 24-hour facility. Additionally, LED lights 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.	8	\$500,000		
BPC (Residential Center)	Replace all windows within the secure area of the facility with non-breakable glass/product.	Bay Pines Center has 70 windows that need to be replaced. Each window is \$450 to replace (window plus installation). We want to replace any window in the outside recreational area. This is a health and safety concern.	9	\$250,000		
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. 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 treatment with one of our goals being to reduce restraints and eliminate seclusion.	10	\$950,000		
BPC (Residential Center)	Interior painting	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.	11	\$450,000		

Five-Year Capital Outlay Plan Components –

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 January 2024, the East 4 unit reopened. In May 2024, ground was broken for the kitchen/cafeteria addition.

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 at full capacity and has an extensive wait list.

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.

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CENTER FOR FORENSIC PSYCHIATRY**

- 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 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 good condition; however, preventative maintenance (PM) is now due. The facility has started the PM, and 50% has been completed.

The heating and ventilation system is in fair condition and there is a need to better replace heating valves (or upgrade the system - add the solution you are focused on here to keep basic operations vs. the issue to tighten this up.) There is also a critical need to replace pipe and fittings throughout the system. The main building cooling chillers are approaching their end-of-life cycle within the next five years. They have been approved for replacement in a prior Capital Outlay.

CFP has a lift station/bar screen building that handles all the sewage from the facility. An upgrade of this system is currently in progress.

- 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 2023. 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. The handicap parking lot is being redone currently. All asphalt in the north and south parking lot needs to be removed and replaced due to ongoing cracking and heaving. 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 fair working condition as they are 20 years old now.

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

The utilities systems are currently adequate. We are currently in the process of upgrading the phone system.

- 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. There has not been another done since then.

- 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:

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CENTER FOR FORENSIC PSYCHIATRY**

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. **Upgrade the Building Management System (\$400,000)** – The front end is still working on Windows XP. All the facility mechanical equipment is controlled with this system. All patient units and staff offices, all heating and cooling units, and all bathroom exhaust systems.
 2. **Convert Fire Suppression System in The Patient Dining Rooms and Main Street Patient Care Areas. (\$539,000)** – Convert existing branches of wet fire suppression system to a dry system and replace existing dry system piping. This is critical to keep the fire suppression system and ceiling in good working order.
 3. **Replace All Flashing on The Building Roof System (\$550,000)** – Needed to maintain basic function by preventing leaks and to keep the roof in good working order.
 4. **Replace Heating Boilers (\$770,000)** – They need to be replaced to maintain the operational needs of the facility.
 5. **Replace The Front Lobby Clerestory Window (\$220,000)** – 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.
 6. **Cable TV And Audio-Visual System for The Patients' Units (\$605,000)** – 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.
 7. **Replace Audio Visual Systems (\$275,000)** – 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.
 8. **Replace Wing Command Workstations (\$467,000)** – Replace all 10 Wing Command workstations. The countertops are breaking. 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.
 9. **Perform Preventive Maintenance on The Emergency Power and Primary Power System (\$440,000)** – Perform preventive maintenance on all the automatic transfer switches, substations and primary transformers for the emergency power system and

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the primary power system, in accordance with recommended manufacturer timeframe to implement preventative maintenance.

10. **Replace All Patient Yards, Parking Lot, and Outside Building Lighting with LED Lights. (\$440,000)** – The lighting system outdated. 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.
 11. **Exercise Equipment for Patients (\$550,000)** – Replace old patient equipment, add electrical to all the fitness rooms, and check room design to ensure that they meet all codes and Joint Commission (JC) requirements.
 12. **Medical Equipment (\$550,000)** – Replace old outdated medical equipment—dental clinic, ophthalmology clinic, medical carts, vital sign monitors, and other medical equipment.
 13. **Repair Terrazzo Flooring (\$550,000)** – Due to cracking and missing pieces, the terrazzo flooring needs repairs to maintain safety in our main street area (patient activities area) and tweener area leading to the units.
 14. **Replace All the Asphalt in The Parking Lot Including and Docking Area (\$2,200,000)** – All asphalt needs to be removed and replaced due to ongoing cracking and heaving, to ensure it remains safe and ADA compliant. Replace the asphalt and redesign dock area based on usage and the increased traffic in the area.
 15. **Replace Flooring in Patient Areas (\$500,000)** – Replace the flooring in the patient bedrooms and in the patient dining rooms.
 16. **Replace Carpet and Furniture in Non-Patient Areas (\$1,320,000)** – Carpet and furniture in non-patient areas and staff furniture in patient areas is becoming worn, discolored, and frayed as it is 20 years old. Replacement is needed to continue to maintain safety of people walking around the building.
 17. **Replace Select Doors Throughout Building (\$100,000)** – Dining room doors, second floor unit doors, front entrance handicap doors, and others that get high traffic and/or are tied into the fire alarm systems are reaching the end of their lifespan and require replacement.
 18. **Increase Security Cameras in Patient Care Areas and Elsewhere (\$200,000)** – This will address the need to continue to improve security by providing the ability to monitor additional spaces.
 19. **Building Landscaping Renovation (\$165,000)** – 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.
- a. Define the impact of addressing deferred maintenance and structural repairs, including programmatic impacts, immediately versus over the next five years:

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CENTER FOR FORENSIC PSYCHIATRY

Failure to provide special maintenance or capital outlay funding to maintain the facility creates increased facility repair costs, unnecessary demands on facility maintenance staff. 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 results in costly special maintenance and/or capital outlay project funding it also disrupts the CFP mission of providing psychiatric treatment to patients. Also, the CFP is a 24-hour psychiatric hospital and must maintain a secure, safe, and functioning facility for patients, staff, and visitors.

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 administration and all departments to provide the necessary physical improvements to the environment.

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.

BUILDING STRUCTURES

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 needs 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 current air conditioning unit in the kitchen is not sufficient and would benefit from an upgraded unit or solution. 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 first followed by trees that could affect the structural integrity of the hospital buildings.

The major concerns are:

- 1) Currently, KPH is in need of being re-keyed. The existing keys and lock cylinders have become obsolete, as we are unable to get replacement or repair parts. We need to have a complete redesign and replacement of the keys and the lock system within the entire

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hospital. We have been working with Assa Abloy on the redesign and the keying of KPH. The new key and lock system will allow for increased building security and access. We have no choice but to replace the entire key and lock system from the ground up. This will be a process that KPH maintenance will be undertaking to minimize the cost of implementing the key and lock system.

The lock replacement involves the replacement of 3,169 lock cylinders with a secured key scheme. We would also be upgrading all the outside pad locks. Each key cylinder will come with two keys. This replacement system will have the pin kit that is necessary to re-key the cylinders.

- 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. With the lobby redesign we would be able to implement a better flow of visitors through 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.
- 3) Generator Power (Main Quad)-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 heating systems to the emergency generators to maintain heat in the event of 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 could benefit from our attention.
- 4) Door Access-Currently KPH needs 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 within the buildings. A State Hospital Administration timeclock project could be used in conjunction with the KPH door access upgrades to meet the needs of the hospital.
- 5) Air Handlers-The air handlers throughout the hospital need 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. An upgrade to the air handler systems would better prevent the spread of various airborne particulates.
- 6) Switch Gear-The 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.
- 7) Generator Power Building #7 is not connected to the emergency power from the main hospital. Building #7 needs to have its own generator installed. This will allow the uninterrupted operation of the building during a power outage.

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Projects in process:

- 1) Anti-ligature project. The scope of this project is to address ligature concerns expressed by the Joint Commission during their 2019 inspection. Includes, but 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 need some major upgrades to improve the longevity and the overall safety of the elevator systems. The elevators that need immediate attention are elevators #1, 5 and 6. Elevator #6 was upgraded in June 2024. Elevators #1 and 5 will be modernized in late 2024 or early 2025. All funding will come from the State General Fund. With the follow up conversations with service provider, there has been strong recommendations for the elevators to be upgraded or replaced. Elevators 2 and 3 were modernized in 2023 and Elevators 4, 7, and 8 will be modernized in 2025/26.
- 3) 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 2024.
- 4) Roadway and Parking areas—Additional funding is necessary due to inflation. We are short funding by \$490,000. The roadways around KPH need to be repaved in most 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) Storm Drains-This project is underfunded currently due to inflation. We will need additional funding of \$250,000 to complete the project. Replacement of the storm drains due to age would keep infrastructure of the drains and roadways/sidewalks in better condition. We need to address this prior to the repairing or repaving any of the roads and sidewalks at KPH.

Building utilization rates

KPH is one of four public hospitals that provide adult inpatient psychiatric services to residents of the state. Hospital overall bed capacity is 170 beds. The current average census is 125.

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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.

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

The programming areas within the Kalamazoo Psychiatric Hospital have been made as functional and aesthetically pleasing as possible, given the structural limitations of the buildings. The facility is adequate to meet the current and projected needs of the program.

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

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

BUILDING #	BUILDING PURPOSE	STATUS	SQ. FT.
Administration and Nutritional Services (1)	Office/Kitchen	Active	58,765
Acute Psychology and Medical (3)	Hospital	Active	35,147
Pheasant Ridge (7)	Maintenance	Active	37,176
Acute Psychology and Staff Training (4)	Hospital	Active	44,134
Acute Psychology (1A)	Hospital	Active	58,909
Gate Cottage (42)	Museum	Active	2,199
Interfaith Chapel (14)	Chapel	Active	6,323
Acute Psychology, PSR (2)	Hospital	Active	35,399
Acute Psychology, Administration, and PSR (1B)	Hospital	Active	37,016
Shed-Trolley Storage	Warehouse/Storage	Active	192
Storage (9)	Warehouse/Storage	Active	2700
Water Tower (49)	Utility Storage	Inactive	0
Grounds Building (8)	Maintenance	Active	1500

Total 319,460

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

Not known.

Building Roof-Fair to Excellent 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 roofs. We are working to repair/replace or coat these roofs in 2024, The building roof has continued to age and replacing it would maintain the integrity of the facility overall.

UTILITY SYSTEMS

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 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 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. Replacing them would help keep water lines clear.

Hot water is provided under terms of lease by the WMU power plant. The hot water lines are in fair condition. The hot water recirculating system has been 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-Poor Condition

The drainage/sewer systems are in fair to poor condition. The drainage/sewer lines are very old. 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.

The storm drainage system is in poor condition. The storm drainage system needs to be thoroughly assessed. Replacement would prevent failures, blockages and other structural issues. 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. Because of the insulation's poor condition, large amounts of heat are lost to the atmosphere, increasing utility costs. Under the lease agreement with WMU, primary steam service is the responsibility of the WMU power plant.

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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 currently needs some upgrades in filtration and controls.

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.

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

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

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.

GROUPS INFRASTRUCTURE

Roadway Systems/Parking-Poor Condition

The roadway system and parking lots which service our hospital should be addressed to smooth out the surface. Some roads are subject to heavy truck traffic with most of it being trucks associated with WMU.

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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, 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 could disrupt in the hospital's mission of providing safe patient care and treatment.

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

I. Mission Statement

The Mission of WRPB is to provide integrated inpatient psychiatric care employing a compassionate multidisciplinary team approach and person-centered goals reflecting a culture of safety.

II. Programming Changes

Walter P. Reuther Psychiatric Hospital has merged with the Hawthorn Center. The new WRPB now provides psychiatric patients to adults, adolescents, and children. With the influx of child and adolescent patients, WRPB has had to renovate one of its adult patient units into a school and two adult patient units into units 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 WRPB 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 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:

WRPB 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 160 patients aged four years and older. The patient population is comprised of patients diagnosed with mental illness, those found incompetent to stand trial, and those deemed Not Guilty by Reason of Insanity. The child and adolescent patients also include those with severe behavioral problems, those in the foster care program, and from the juvenile court system. 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

In 2014, the Joint Commission called for 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.
- Replacement of heating coils in the Air Handler Units.

The JC and CMS conducted surveys in 2017 and again in 2018. 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 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.

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- 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 that resulted in upgrades related to key control and insecure entry/exit points to the hospital.

- In 2019, new 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.

The hospital received funding in 2021 for a complete renovation of the kitchen. This project was completed October 2022.

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.**

The hospital did receive funding, and the chiller replacement project was completed February 17, 2022.

Project to redo roadways due to wear and tear from the chiller project was completed 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 WRPH 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.

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WRPH 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 WRPH are beyond their useful life currently at 48+ years. A new HVAC computer system upgrade was completed FY18. However, there are connectivity concerns as the computer system does not function well with the current heating/cooling system.

The hospital chiller was 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, WRPH 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.

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.

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

1. Replace All Cooling Coils in Air Handler Units 1-3 (\$220,00) – Cooling coils are rusted through and are no longer functional. This is a life and safety situation. If not replaced, this will result in no air conditioning in the warm weather months.

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2. Replace or Repair Fire Pump (\$20,000-\$1,000,000) – The fire pump has been deemed not functional during testing and inspection. The hospital has been cited by the Fire Marshal. A functional fire pump is life safety standard of the Joint Commission. If the fire pump does not function properly to provide water to the fire suppression system, patients, staff, and property are at risk.
 3. Replacement of the Domestic Water Booster Pump System (\$30,000) – the current pumps are over 50 years old and parts to repair are difficult to located. Isolation valves no longer hold, making repairs difficult. Hot water is unable to climb to the higher floor patient units. Patients frequently complain of cold water for showers.
 4. Replacement of Climate Control Compressor (\$30,000) – Age of current compressor has exceeded life expectancy. If the current compressor goes down, we will not be able to provide cooling during the hot summer months. This is a life and safety concern under Joint Commission standards.
 5. Replacement of Annex Building AC Compressor (unknown) – The current compressor is not functioning and needs to be replaced. This is required to provide cooling to the Annex building that includes patient and staff use areas.
 6. 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.
 7. 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.
 8. Replace Asphalt Walking Path (\$120,000) – 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.
 9. 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.
 10. 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.
 11. 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.
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The remainder of the items on our capital outlay request include items that have been identified as needs. However, the state is in the process of constructing a new hospital. The patients and staff from WRPB will be moving into the new building at the end of the construction. Dedication of funds to the following would not be good stewardship of taxpayer funds.

12. **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.
13. **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.
14. **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.
15. **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.
16. **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.
17. **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 increased risk to patient and staff safety.
18. **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.

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19. **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.
20. **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.
21. **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.
22. **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.
23. **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 WRPH 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.

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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.

Building	Project	Brief Project Description	Facility Priority	Cost Estimate
CFP	Upgrade building management system	Upgrade the Building Management System. The front end is still working on Windows XP. All of the facility mechanical equipment is controlled with this system. All patient units and staff offices heating and cooling units, bathroom exhaust systems.	1	\$400,000
KPH	Keys/locks	The existing keys and lock cylinders have become obsolete, we are unable to get replacement or repair parts. We need to have a complete redesign and replacement of the keys and the lock system within the entire hospital.	2	\$400,000
CFP	Convert fire suppression system in patient dining rooms/main street patient care areas	Convert existing branches of wet fire suppression system to a dry system and replace existing dry system piping.	3	\$539,000
CFP	Replace heating boilers	Hot Water Heating and Domestic Hot Water Boilers need to be replaced to maintains the operational needs of the facility.	4	\$770,000
KPH	Switch gear upgrade	Electrical Switch Gear in building needs to be upgraded. The upgrade would allow for the future growth and use of Building #7.	5	\$85,000
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. Also need to look into have building #7 connected to the emergency power as well.	6	\$750,000
CFP	Preventive maintenance on 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.	7	\$440,000

CFP	Increase number of security cameras in patient care areas and elsewhere	Added cameras will further improve line of sight and safety.	8	\$200,000
KPH	Security lobby upgrade and external	Redesign the front lobby area to add interior security checkpoints and physical barriers. Add metal detectors and cameras to lobby, in addition to adding additional cameras in patient quad recreation area and other interior/exterior locations of building for ongoing safety.	9	\$500,000
KPH	Building #1 replace interior drain lines	Replace the drain lines in Building 1 from the serveteen to the sewer system.	10	\$200,000

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