

Kansas Department of

Social and Rehabilitation Services

Don Jordan, Secretary

Joint Committee on State Building Construction

October 24, 2007

SRS Five Year Capital Improvement Plan for State Hospitals and the Chanute Service Center

Division of Health Care Policy

Ray Dalton, Deputy Secretary

785.296.3773

For additional information contact:

Dustin Hardison, Director Public Policy
Patrick Woods, Director Governmental Affairs

Docking State Office Building
915 SW Harrison, 6th Floor North
Topeka, Kansas 66612-1570
phone: 785.296.3271
fax: 785.296.4685
www.srs.ks.gov

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and the Chanute Service Center**

Chairman Hummerickhouse and members of the Committee, thank you for this opportunity to present Social and Rehabilitation Services' (SRS) Five Year Capital Improvement Plan for its five state hospitals and the Chanute Service Center. My name is Ray Dalton and I am the Deputy Secretary of the SRS' Division of Health Care Policy (HCP). The capital improvement funds for the state hospitals and the Chanute Service Center are budgeted in HCP. The HCP architect, Gary LaShell – here with me today, works with the hospitals and the service center leadership to plan for and implement approved capital improvement projects that meet the facilities' priority physical plant needs.

The five state hospitals provide residential support and in-patient treatment for Kansans with serious and profound developmental disabilities and/or serious mental illness. Every day the hospitals house, support, and treat about 1,100 Kansans. The state hospitals have 196 separate buildings with 2.1 million gross square feet of floor space. Many of these buildings are 50 years of age or older. The roofs, exteriors, and mechanical systems of many of these buildings are old, deteriorating, outmoded, and inefficient. These aging buildings require extensive rehabilitation and repair each year to maintain them at a standard that meets the needs of the Kansans they serve.

In 2004 the Legislature approved the issuance of bonds to fund capital improvements to catch up on a previous backlog of rehabilitation and repair, especially at Osawatomie State Hospital and Larned State Hospital. The bond funds were used for:

- Major repair on boilers and power plants
- Electrical system repair and replacement
- Roof and window replacement
- Sewer repair
- Street resurfacing
- Remodeling and renovation of Larned State Hospital's Meyer, Jung, and Dillon buildings for the Sexual Predator Treatment Program (SPTP) and
- Remodeling and renovation of Osawatomie State Hospital's Adair Treatment Complex (ATC)

Currently, \$1.4 million is appropriated annually from the State Institutional Building Fund for the on-going maintenance and repair of all five state hospitals. This annual amount is not sufficient to keep the state hospitals in reasonable condition, prevent catastrophic failure of key building systems, and ensure the health and safety of the residents and patients. Therefore, another backlog of maintenance and repair items is beginning to once again accumulate. Over \$8.3 million in needed maintenance and repair projects have been identified at the state hospitals.

(The sum of S-1 and S-5 of the Five Year Plan.) Items listed under S-1 are the most urgent, highest priority projects. SRS has made an FY 2009 enhancement budget request for \$2.1 million to fund these projects for a total of \$3.5 million for rehab and repair. SRS would hope that this increase would continue to be approved each year.

Projects that would be addressed in FY 2009 with these funds include:

Larned State Hospital	Estimate
Replace Water Softeners in Power Plant	\$ 136,500
Install New Blowdown Tank for Boilers	\$ 41,600
Upgrade Swimming Pool Chlorinating System, Pumps and Filtering System	\$ 125,600
Replace Floor Coverings in Three Adult Treatment Center Units	\$ 139,700
Replace Nurse Call Stations with Secure Type Nurse Call Stations at ATC	\$ 351,000
Replace 200 lb. Dryer With 400 lb. Dryer in Laundry	\$ 78,800
Replace Toasters at Main Cafeteria Replace Toasters on North & South Serving Line's, Jung Serving Line and Dillon Serving Line	\$ 6,500
Osawatomie State Hospital	
Replace Electrical Transformer in Special Services Building (Installed in 1950)	\$ 117,000
Upgrade the IT in Special Services Building to Include UPS Electrical Backup	\$ 54,600
Rebuild the West Sewer Lift Station	\$ 110,000
Replace Five Pressure Steam Reducing Valve Stations (Installed in 1958)	\$ 318,500
Replace Condensers and Compressors in Administration Building (Installed in 1987)	\$ 93,600
Rainbow Mental health Facility	
Replace Existing Windows and Sliding Doors in Living Unit	\$ 182,000
Remodel restrooms and locker rooms in "A" Building	\$ 180,000
Parsons State Hospital	
Replace Fan Coil Units and Risers In Birch Cottage	\$ 273,000
Replace Chilled Water Chiller and Air Cooled Condensing Units in Recreation Building (Installed in 1984)	\$ 305,500
Replace High Pressure Steam Reducing Valve Station, Valves, Relief Valve, Pipe Insulation and All Related Items in The Recreation Building (Installed in 1961)	\$ 104,000
Re-roof Birch Cottage (Replaced in 1983)	\$ 159,600
Re-roof Carpenter Shop (Installed in 1918) & Bike Shop	\$ 49,600
KNI	
Replace Electric Substation (Installed in 1964)	\$ 346,000
Replace 40 Year Old Water Line From Wheatland to Honey Bee	\$ 323,400

The state hospitals are also in need of \$8.9 million in critical major repair and renovation projects. Single projects of this size have historically been approved as additions to the routine maintenance and repair projects.

SRS has made an FY 2009 enhancement budget request of \$8.9 million to fund the following projects:

		Estimate
LSH	Replace 50 year old Low Pressure Steam Distribution Line in Tunnel to High Pressure Steam Line, The Low Pressure Steam Line Starts at Power Plant	\$ 1,842,500
KNI	Replace Air Handler Units and Ductwork in Meadowlark Lodge And Add Sprinkler System (Built in 1970)	\$ 1,520,000
PSH&TC	Remodel Spruce (Built in 1963)	\$ 815,880
KNI	Replace Air Handler Units and Ductwork in Cottonwood Lodge And Add Sprinkler System (Built in 1970)	\$ 1,520,000
PSH&TC	Remodel Hickory Cottage for Male Behavioral Unit (Built in 1963)	\$ 741,000
OSH	Remodel Sedricks Building (Built in 1961)	\$ 2,451,000

In addition, the Department of Health and Environment recently determined that Larned State Hospital’s “Hospital” Building, constructed in 1931, cannot be used to house or treat patients. It is not cost effective or feasible to rehabilitate the “Hospital” building for patient treatment. LSH has made temporary adjustments by moving patients to a building on the outskirts of the Sexual Predator Treatment Program (SPTP) complex. However, this space is isolated from the rest of the Psychiatric Services Program and adjoins the SPTP making it far less than ideal for this purpose. Therefore, SRS is asking for funds to build an addition to Larned State Hospital’s Adult Treatment Center (ACT) building to house and treat patients who were displaced when the hospital building was closed. SRS has made a \$360,000 FY 2008 supplemental budget request to begin planning for this project and a \$5.25 million FY 2009 budget enhancement request to begin construction of the expansion. The construction cost request is an initial estimate of the cost of adding one wing to ACT based on previous construction of that facility. Final estimates are expected to be higher and additional program space may also be needed.

Finally, the Division of Post Audit has projected that the SPTP Program will run out of physical space in the next two to three years. Since that review the SPTP census growth slowed for a year. However, recently admissions have started to reach previous levels. This demonstrates the erratic nature of the SPTP census growth. Based on current information regarding persons in the commitment process, SRS believes the census could begin to grow at previous rates observed by the Division of Post Audit and the program will need to expand. In addition, more residents are graduating through the treatment steps, so the SPTP Transition Program, currently housed at Osawatomie State Hospital, will also need more building space. The older buildings used by the SPTP are also in need of repair. SRS did not make an FY 2009 budget request for the expansion

of building space for the SPTP, but is closely monitoring the census growth. Worst case scenario would be that the SPTP program will run out of space by October 2010 if the projected rate of growth is realized. This would mean new construction would have to start no later than October 2008 as there are no buildings left to remodel at OSH and LSH.

This concludes my testimony and I would be happy to stand for questions.