

**COUNTY OF MILWAUKEE
PREPROPOSAL MEETING Q/A RESPONSES
FOR
A NEW BEHAVIORAL HEALTH BUILDING
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

Date: January 31, 2012

Q1. Must the A/E consider in their fee proposal, kitchen and food service consultants, specialize medical equipment consultants, security and communications consultants?

A1. Answers to this question are often addressed and resolved in the project programming phase of the design process. The project program development is cited as the first task on this project. Therefore decisions with regard to kitchen design, interior design, security equipment installations and levels of technology, and telecommunication and data system as well as who will be responsible to provide for those services will be resolved in the programming phase.

Assistance in resolving kitchen and food service matters will come from BHD food service managers. Assistance in resolving security matters will come from county security staff. Assistance in resolving medical equipment requirements will come from county hospital staff, etc.

Q2. Is the work performed by Zimmerman Architecture Studios available to the consultants competing for this project before RFP's are due on February 20, 2012?

A2. Yes. (See .pdf accompanying this response.)

Q3. Will "Green" and "Sustainable" technologies be expected to be considered on this project?

A3. Yes. Milwaukee County must adhere to its "Green Print" ordinance, which requires all Milwaukee County projects to follow sustainable practices for all new construction. Therefore, technologies which will reduce the carbon footprint of the new building will be considered where and when appropriate. Other things to be considered in design and construction are imbedded energy, logistic, recycled content, and life-cycle issues, just to name a few.

Q4. What is the last date that questions can be submitted prior to the RFP submittal?

A4. Friday, February 10, 2012 at 4:00 p.m.

Q5. In attachment 5 at the bottom of page 3 there are references to several reports and studies that we feel would be helpful. We are requesting a copy of the following. We feel this background information will help provide a better understanding of the County's goals for this project.

- Chairman Holloway's Mental Health Pilot Project
- HSRI Report
- Dept. of Audit Patient Safety Audit
- Sheriff Site Safety Report
- Mixed Gender Unit Study
- 2011 Budget Initiatives

I understand you will also be sending out a complete copy of the study completed by The Zimmermann Design Group.

A5. The "Sheriff's Site Safety Report" is not an accessible document and therefore cannot be shared. The County Redesign Task Force took the work of all the reports referenced in Attachment 5, page 3, and streamlined them into one 'unified vision.' I am waiting for that item from DHHS management. When I receive it, I will post it on our County website with the other New Behavioral Health Building RFP information.

Also see A2 above.

COUNTY OF MILWAUKEE
Inter-Office Communication

DATE: April 18, 2011

TO: Supervisor Sanfelippo, Chairman - New Behavioral Health Facility Study Committee

FROM: Geri Lyday, Interim Director, Department of Health and Human Services
Prepared by: Paula Lucey, Administrator, Behavioral Health Division

SUBJECT: From the Interim Director, Department of Health and Human Services, submitting an informational report including details regarding fiscal estimates and square footage for replacing the existing Mental Health Complex in Milwaukee County.

Issue

At the last meeting of the New Behavioral Health Facility Study Committee, the Department of Health and Human Services (DHHS) and the Behavioral Health Division (BHD) presented a report that responded to the question: "If a new mental health facility were to be built, what would be the minimum size needed and what would need to occur to assure continued service to individuals with mental health service needs in Milwaukee County?" The model presented was a preliminary idea and was not intended to be taken as the final recommendation for what a future mental health facility might look like. It was only an initial response to the question raised by the Facility Study Committee.

During the discussion that followed the presentation of the report, the Facility Committee requested additional information regarding the design, square footage and potential costs for the new facility associated with the hypothetical plan presented. This report presents more information on a potential design and fiscal estimates based on the prior BHD report. All of the caveats and considerations mentioned in the report presented to the Committee, including the need for a comprehensive study, still apply to the hypothetical plan, layouts and fiscal estimates.

Discussion

Design and Square Footage

The BHD has been working with Zimmerman Architectural Studios to put together an initial design for a hypothetical new facility. BHD had to make a number of assumptions to move forward on this project. The facility design presented assumes:

- **Location:** Facility built on 10 to 13 acres of County owned land on the County Grounds
- **Facility Size:** approximately 200,000 square feet (based on the number of patient beds and programs included in the hypothetical plan presented by BHD)

- **Included:**

- 96 long-term and inpatient beds and 24 observation beds
- Approximately 140,000 square feet patient areas (patient units, support services, day treatment)
- Approximately 60,000 square feet medical office building (4 story) including 300 offices/cubes, which was based on the percentage decrease in the number of patient beds.¹
- Patient Care/Hospital layout is a one story complex with 24 beds per patient unit
- Some expansion/swing space to be used as needed

Attachment A includes preliminary drawings for the proposed facility. As the process moves forward, BHD will continue to refine the design and schematics. Also, all assumptions and size estimates are based on the 120-bed facility proposal. The plan, as mentioned previously, is dependent on increased community capacity and many other factors. A full analysis has not been completed. Therefore, this design is just a rough sketch of what a facility may look like based on the hypothetical proposal presented by BHD. Any change in patient unit size, services provided or other major change would significantly alter the design and costs estimated below.

Fiscal Considerations

BHD has also been working with Zimmerman Architectural Studios on fiscal consideration. This process included review of costs for similar facilities in the area, reviewing fiscal estimates obtained during the St. Michael's initiative, working with other County vendors and consulting with area businesses to obtain more detail regarding the potential costs for a new facility model.

As was mentioned in the prior report, the construction cost would range from \$200 to \$242 per square foot for the 200,000 square foot complex. BHD assumed the facility would be built on County owned land therefore no cost is included to purchase land. In addition to the land and construction costs, there would be site preparation costs totaling \$1,393,000 including:

- Parking (450 surface spaces) islands, access roads, curb and gutter, and a majority of the landscaping
- ¾ acre detention pond (storm water management)
- Storm sewer and laterals to pond
- Manholes and catch basin
- Sewer line addition based on the length of run
- Loop water system (two water sources) for hospital code

¹ The square footage for office space could change significantly based on available County space elsewhere that could potentially be used for some BHD offices or administrative programs.

BHD also looked at costs for information technology for the new site. Based on prior St. Michael's estimates and information provided by IMSD, BHD estimates that the IT infrastructure costs would be approximately \$600,000 for 300 units which would include phones, switches, new computers, cable/internet, copiers/printers, and some teleconferencing.

BHD did NOT include patient furniture at this time and will look into this more based on an on-going furniture replacement initiative at BHD. The cost for office and cube furniture is estimated at \$360,000 based on a square foot cost of \$6. Finally, moving costs of \$200,000 are included in the estimate for moving furniture, patient belongings, support equipment and other miscellaneous items.

Below is a summary of the cost estimates for the Facility ONLY (no operating costs are included):

	\$200/sq. ft.	\$242/sq. ft.
Construction Costs for Building	40,000,000	48,400,000
Owners Contingency (10%)	4,000,000	4,840,000
Architectural Engineering Fees (6.5%)	2,600,000	3,146,000
Reimbursable Expenses	210,000	248,000
Site Preparation	1,393,000	1,393,000
Land - County Grounds	0	0
Information Technology	600,000	600,000
Patient Furniture	0	0
Office Furniture	360,000	360,000
Moving Cost	200,000	200,000
Total Cost	\$49,363,000	\$59,187,000

**This estimate is in 2011 dollars and does not include an escalator based on future inflation. When a construction date is determined, new estimates will be obtained based on current pricing. Industry standard is 5% escalator per year.*

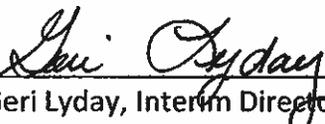
The fiscal estimate included is for the new hypothetical BHD facility only. There will be additional costs related to building up community infrastructure as BHD is potentially downsized. Since in the prior report the workgroup cautioned that any proposed changes to individual parts of the system must be considered in the overall context of all proposed changes in both the public and private sectors, this is an important cost to consider but very difficult to estimate without more detail on the type of community capacity needed and potential private partners.

Conclusion

As was cautioned previously, developing a new mental health service delivery model, which must precede and form the foundation for the physical and fiscal planning that is being requested, should be based on a comprehensive analysis of the mental health needs in the Milwaukee community. This analysis should take into consideration the current requirements on the community-wide system, future trends in clinical populations and treatment interventions, the impact of shifting funding streams, and be based on current research literature searches and best practice models, and thorough fiscal impact analyses. The development and commitment of private provider networks is essential to the success of any reorganization of mental health service delivery for the citizens of Milwaukee County. Developing a new model must be viewed from a systemic perspective and potential changes in any one program should not be viewed in isolation.

BHD has done their best to include the initial ideas and fiscal estimates for a new Behavioral Health Facility based on the information in prior reports. This is not inclusive of the additional community needs or costs and only focuses on the county-owned portion of the infrastructure needs. BHD will continue to refine the designs and fiscal estimates as the County Board moves forward in their process.

This is an informational report. No action is necessary.

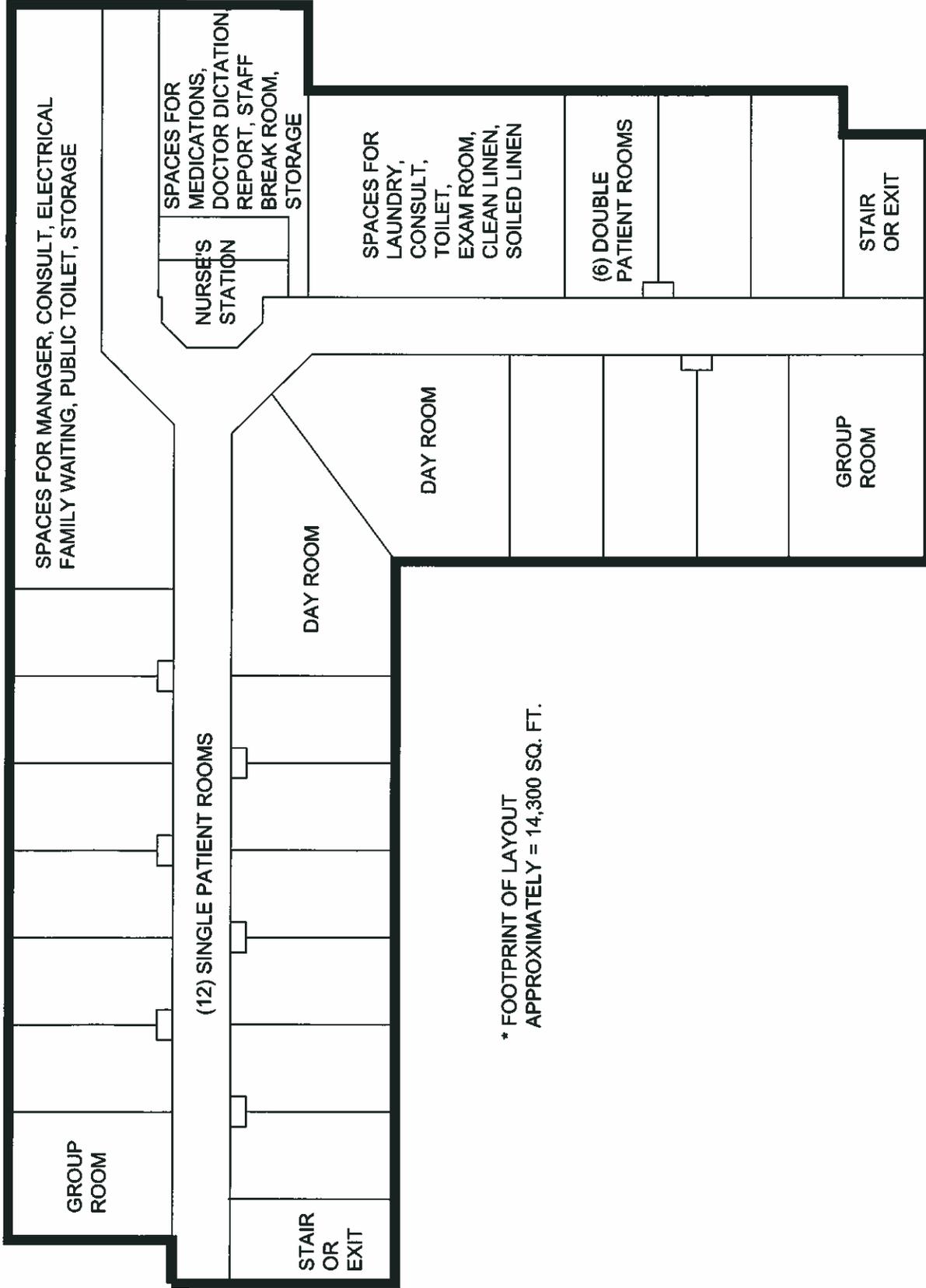


Geri Lyday, Interim Director
Department of Health and Human Services

Attachment

Cc: Marvin Pratt, Interim County Executive
Lee Holloway, Chairman, County Board of Supervisors
Terrence Cooley, Chief of Staff, County Board of Supervisors

Jennifer Collins, Research Analyst, County Board
Toni Thomas-Bailey, Fiscal and Management Analyst, DAS
Jerome Heer, Director of Audits

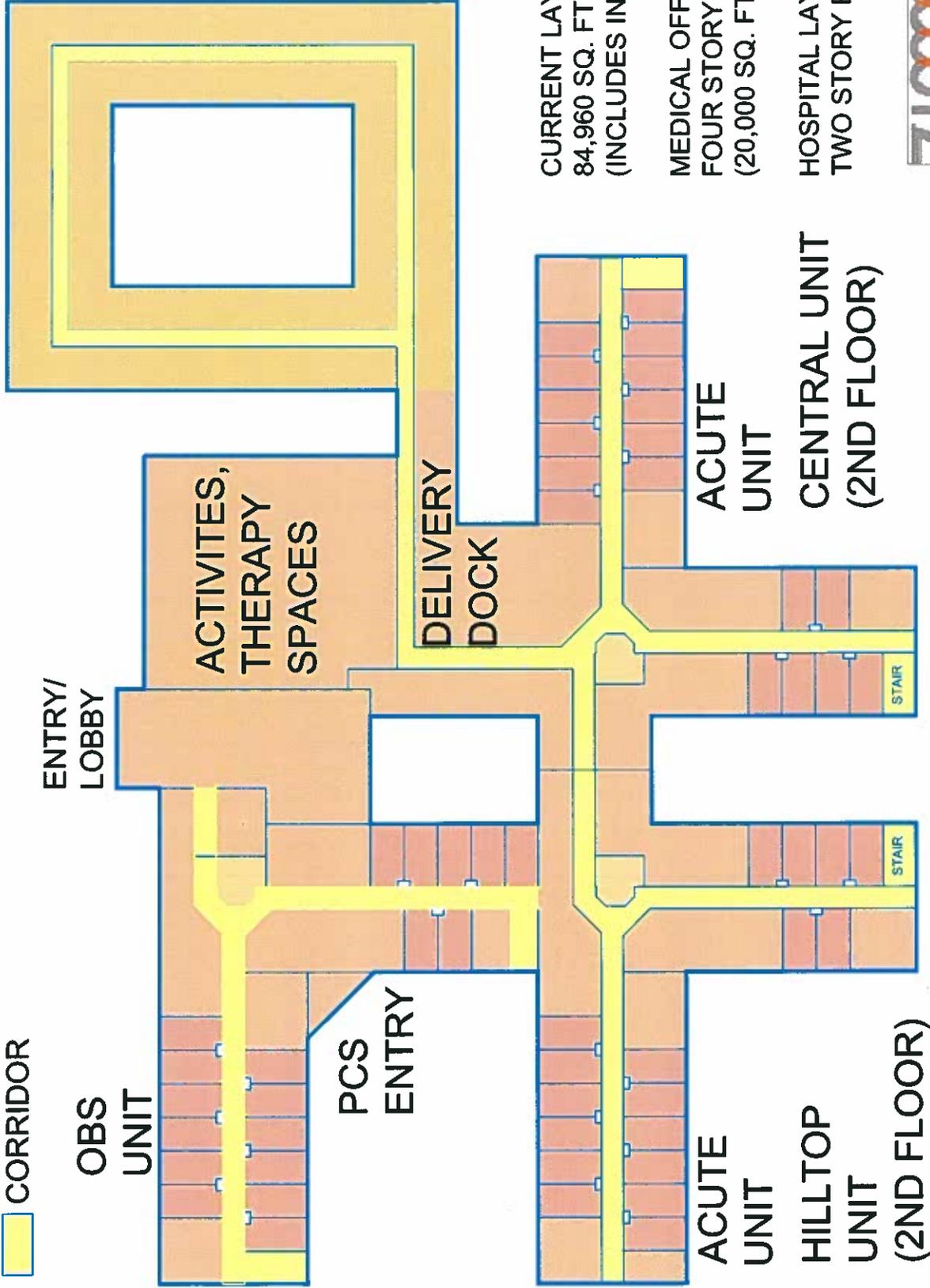


CONNECT TO ELEVATORS, ADDITIONAL STAIR, ADMINISTRATIVE OFFICES ACTIVITY SPACES, LOBBY, ETC.

COLOR CODE LEGEND

- PATIENT ROOMS
- OFFICE BUILDING
- SUPPORT SERVICES
- NURSE'S STATION
- CORRIDOR

**MULTI-STORY
MEDICAL OFFICE
BUILDING**



CURRENT LAYOUT SHOWS:
84,960 SQ. FT. FOOTPRINT
(INCLUDES INTERIOR COURTYARD)

MEDICAL OFFICE BUILDING IS
FOUR STORY - TOTAL 80,000 SQ. FT.
(20,000 SQ. FT. FOOTPRINT)

HOSPITAL LAYOUT IS FOR
TWO STORY BUILDING COMPLEX



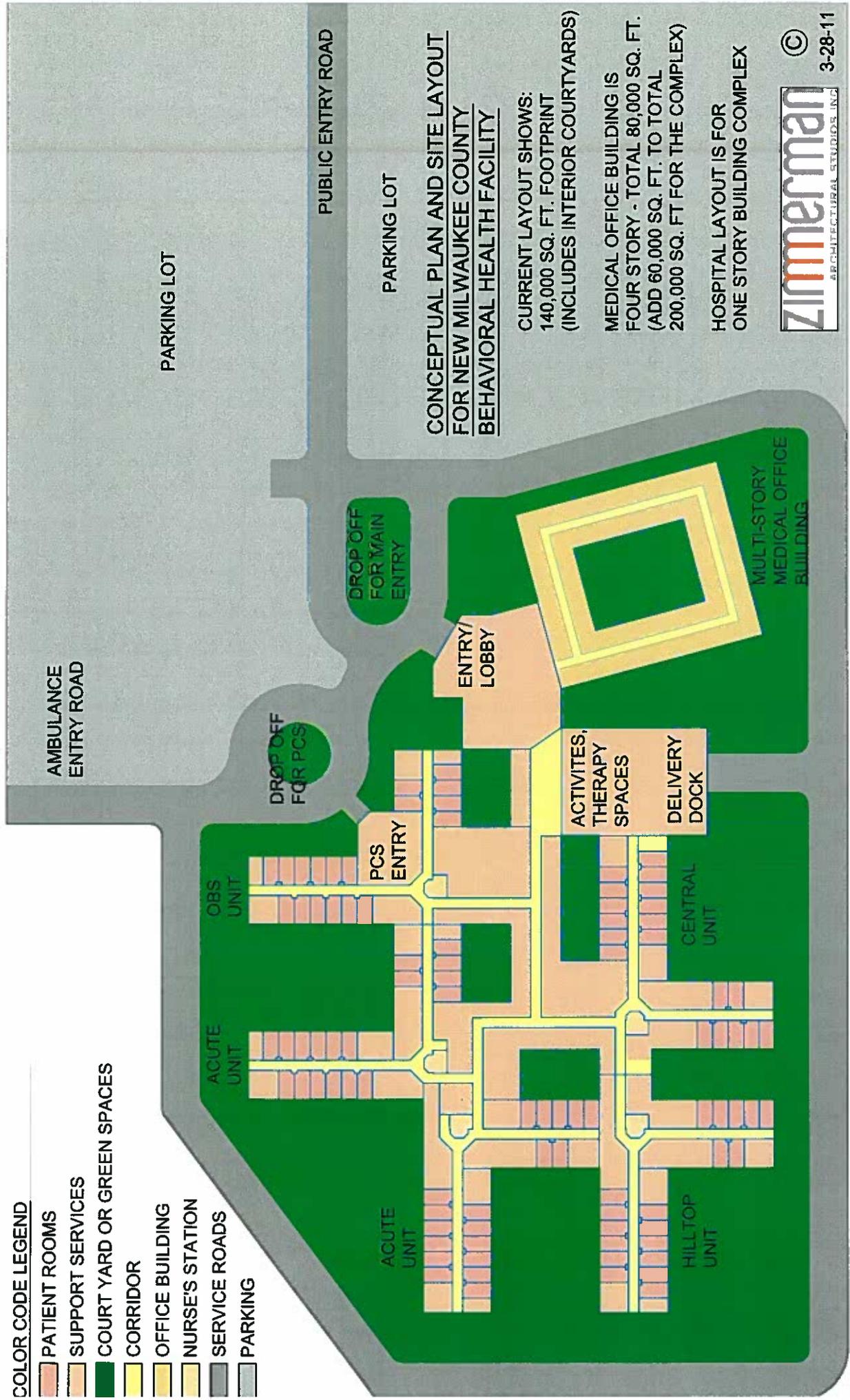
**CONCEPTUAL LAYOUT FOR
NEW MILWAUKEE COUNTY
BEHAVIORAL HEALTH FACILITY**

3-28-11

B

COLOR CODE LEGEND

- PATIENT ROOMS
- SUPPORT SERVICES
- COURT YARD OR GREEN SPACES
- CORRIDOR
- OFFICE BUILDING
- NURSE'S STATION
- SERVICE ROADS
- PARKING



CONCEPTUAL PLAN AND SITE LAYOUT FOR NEW MILWAUKEE COUNTY BEHAVIORAL HEALTH FACILITY

CURRENT LAYOUT SHOWS:
 140,000 SQ. FT. FOOTPRINT
 (INCLUDES INTERIOR COURTYARDS)

MEDICAL OFFICE BUILDING IS
 FOUR STORY - TOTAL 80,000 SQ. FT.
 (ADD 60,000 SQ. FT. TO TOTAL
 200,000 SQ. FT FOR THE COMPLEX)

HOSPITAL LAYOUT IS FOR
 ONE STORY BUILDING COMPLEX

SUMMARY OF DEPARTMENTS AND OTHER SPACES FOR BHD

DEPARTMENT	PAGE	TOTAL USEABLE SQUARE FEET
6312	Administration	3
6323	Medical Director's Office	4
6324	Psychology	5
6325	Nursing Administration	6
6332	Quality Improvement / Dev.	7
6333	Human Resources	8
6334	Utilization Management	9
6336	Education Services	10
6363	Rehabilitation Center - Hilltop (PT)	11
6364	Rehabilitation Center - IMD (PT)	12
6373	Acute Adult Inpatient Units (PT)	13
6383	Child / Adolescent Inpatient Services (PT)	14
6402	Community Support Administration	15
6406	Targeted Case Management	16
6407	Service Access Independent Living	17
6413	Day Treatment	18
6423	Alcohol / Other Drug Abuse - TANF	19
6424	Alcohol / Other Drug Abuse - NON-TANF	20
6425	Alcohol and Other Drug Abuse - Grant	21
6433	Housing	22
6443	Psychiatric Crisis Services (ER)	23
6504	Legal Services	24
6512	Support Services Administration	25
6513	Dietary	26
6514	Storeroom	27
6515	Pharmacy	28
6516	Clerical Pool	28
6532	Facilities Maintenance Admin.	30
6535	Housekeeping	31
6536	Linen	32
6552	Fiscal Administration	33
6553	Fiscal Services	34
6554	Accounts Receivable	35
6555	Admissions	36
6557	Medical Records	37
6600	Staffing Office	38
6700	Various	39
6800	Security	40
6900	Accenture	41
7000	Consumer Affairs	42
7100	Winged Victory	43
	Non-Departmental Requirements	44
		<u>26,114</u>

64,768



Milwaukee County Behavioral Health Options Study

March 24, 2011

Floor						
	Scope of Work	Area per Floor	Cost/SF Low	Cost/SF High	Total Cost Low	Total Cost High
		200,000	\$200	\$240	\$40,000,000	\$48,000,000
Total Construction Cost by Building		200,000			\$40,000,000	\$48,000,000
Total Construction Cost					\$40,000,000	\$48,000,000
Owner's Contingency (10%)					\$4,000,000	\$4,800,000
Architectural/Engineering Fees					\$2,625,465	\$3,106,410
Reimbursable Expenses					\$210,037	\$248,513
IT Expenses					\$3,000,000	\$4,000,000
Furniture & Equipment					\$4,000,000	\$7,200,000
In-house moving, etc					\$0	\$0
Other Fees, Expenses					\$1,200,000	\$1,440,000
Escalation Cost (assumed to be 5% per year over seven years)					\$16,284,017	\$19,540,820
Total Project Costs					\$71,319,519	\$88,335,743

zimmerman



Study for Milwaukee County Behavioral Health New Hospital Building Conceptual Layout

March 28, 2011

Contents Summary

The future size and configuration of a new Behavioral Health Hospital for Milwaukee County can vary significantly depending upon the programmatic size and site location. What follows is a small study of a variation on a theme of a reduced program located at a new open location. This may yield some cost parameters and possible direction towards resolving the dilemma of consolidation of the current programs and related issues at the present hospital location.

This study takes in to account notes from the preliminary status of an informational report outlining a possible conceptual model for a new smaller Behavioral Health Facility to be built as a replacement for the existing Behavioral Health Complex.

The preliminary report includes background information regarding previous reports, studies, planning and resizing efforts from the past up to present day. The current resizing information used for this study is as follows:

- Downsizing of the Hilltop Rehabilitation Center to (1) unit with (24) beds
- Downsizing of Rehabilitation Central to (1) unit with (24) beds
- Closing of Acute Child Inpatient unit
- Downsizing of Acute Adult Inpatients units to (2) units with a total of (48) beds
- Expansion of the Psychiatric Crisis Services capacity within the Observation unit to (24) beds

Other information used to for the conceptual new building model is from a Space Utilization and Space Needs Analysis. This information was created within the framework of efforts to adapt the Milwaukee County Behavioral Health Complex into the former St. Michael's Hospital site. Information for price estimation is based upon recent bidding activity within southeast Wisconsin on similar new facilities.

Study Attachments

The content of this study is delivered in the attachments. They are as follows:

- A. Behavioral Health Hospital (24) Bed Unit Layout
- B. Two Story Patient Units Behavioral Health Hospital Conceptual Layout
- C. One Story Patient Units Behavioral Health Hospital and Site Conceptual Layout
- D. Summary of Departments and Other Spaces For BHD
- E. Construction Cost Ranges for MCBH Study

Each of the attachments has been developed based upon information gathered from Milwaukee County Behavioral Health over the past several years and other similar Behavioral Health projects that are local, regional and national.

Attachment "A"

The conceptual layout shows a typical configuration for a patient unit of 24 beds. Half of the 24 beds are shown as 12 single patient rooms. The other half are shown as 6 double patient bed rooms. Double bed patient rooms require more length (73 sq. ft. more) and as a result, the wing of rooms is wider and shorter. This patient unit layout contains the support spaces necessary for a self functioning unit as an attachment to a hospital. The hospital building, to which the unit is attached, would provide the circulation to activities, food services, chapel or other special services.

This unit layout can serve as a module to attach, group or stack with or on other modules in order to create the basis for a hospital building or complex of buildings.

Attachment "B"

The conceptual building layout shows how the module developed in attachment "A" can be configured into a building footprint that includes all of the patient units outlined in the reduced scope, their support spaces along with office and administrative spaces. The patient units are indicated as stacked to make a two story building. The medical office building would need to be multi-story to create enough square footage in a relatively compact building to meet the departmental, doctor's offices and administrative spaces needs (see attachment "D").

Attachment "C"

The conceptual layout shows a single story hospital with a multi-story medical office building fitting together on a site. The hospital and medical office building would have a total square footage of 200,000 sq. ft. in this conceptual layout. The module of a typical patient unit is used to show how relatively compact a single story layout can be. Without further development, the building complex would have a footprint of 140,000 sq. ft.

Attachment "D"

This attachment is a summary page from a previous Space Needs Study of the MCBHD. If there is to be a reduction in the number of patient units to be included in a new behavioral health hospital, then it stands to reason that a reduction in the number of office type spaces or the amount of space required for related departments would also be reduced. However, the type of space included as part of a medical office building could be filled with related departments not currently part of the existing MCBH building complex. The square footage shown at the end of this summary sheet includes circulation space. The conceptual medical office building is a better indication of location with adjacency to the hospital rather than size. The size can be adjusted to suite a redefined program.

Attachment "E"

Construction costs for a behavioral health hospital using the patient unit module and Type I construction (Brick veneer, concrete floors, and fireproofed steel) have been bid as low as \$220 per square foot recently. This cost per square foot number should represent a bottom line starting point for a reasonable match to the layouts shown in this conceptual study. Many factors need to be included in developing a cost for a known building site. The attached sheet has a table which helps to identify a range of issues and their costs as part of any budget consideration. The table also has a provision for the longer term escalation of costs.

Conclusion

This study is intended to quickly develop a scenario in which a new Behavioral Health Building could be created based on a reduced number of patient units. There are many variations that can be applied to grouping patient units, to assembling a building complex and applying cost principles. This study represents a variation on a theme that takes into consideration current real world layouts, costs and spatial needs.

Please contact me with any questions.
Thank you,

Roger Kuick, AIA

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