



Washington State
Department of Social
& Health Services

WESTERN STATE HOSPITAL MASTER PLAN

PROJECT #2006-466 a (1)
June 2, 2008

NAC | ARCHITECTURE

FINAL DRAFT

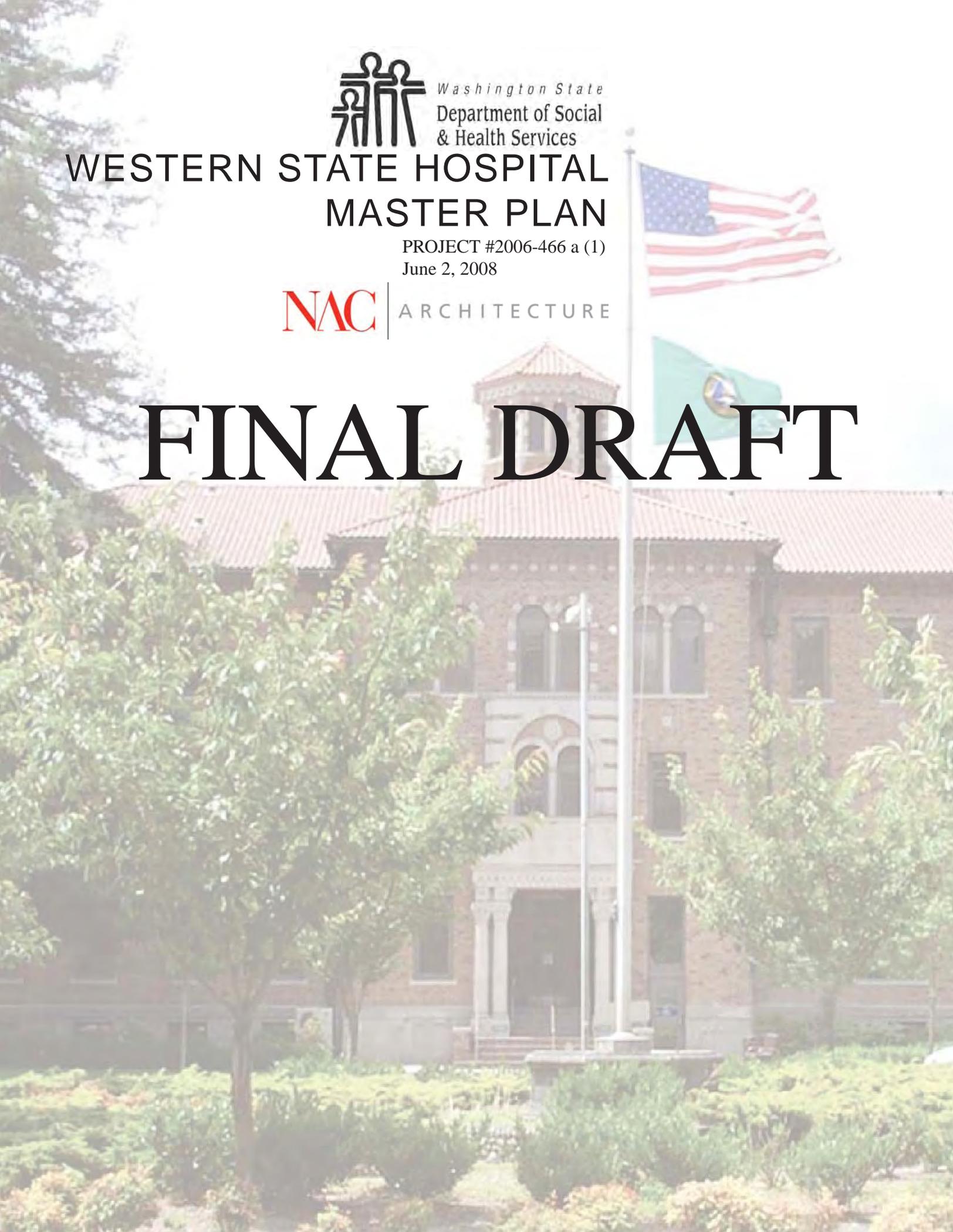


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**WESTERN STATE HOSPITAL
GENERAL FACTS**

Accreditation / Certification

- Accredited by the Joint Commission on Accreditation of Hospitals (JCAHO)
- Certified by the Center for Medicare and Medicaid Services (CMS)

Established

- 1871 – Second oldest state institution (University of Washington first – 1865)

Authority

- Mental Health Division Director Richard E. Kellogg
- Western State Hospital Chief Executive Officer Andrew J. Phillips
- Western State Hospital Chief Operations Officer Dale Thompson

Service Area

- Western Washington – 19 Counties

Facilities

- 264 Acres
- 56 Buildings
- 31 Wards
- 1.3 million sq.ft.

Hospital Capacity (June 2005)

- Center for Adult Services (CAD): 391
- Center for Geriatric Services (CGFS): 144
- Center for Forensic Services (CFS): 241
- **Total In-Patient** **776**
- Program for Adaptive Living Skills (PALS) 107
- **Total Census Capacity** **883**

Average Number of Admissions

- 150/Month

Average Budgeted Staff

- 1,795 Employees

Average Treatment Staff

- Social Workers 52
- Psychologists 54
- Psychiatrists/Physicians/Dentists 68
- Rehabilitative Services 134
- Registered Nurses 281
- Support Staff 1206

Major Treatment Components

- Psychotropic Medications
- Group/Individual Therapy
- Psycho-Social Rehabilitation Model
- Family Therapy
- Drug & Alcohol Education
- Behavioral Psychotherapy

MASTER PLAN TEAM MEMBERS

MASTER PLAN TEAM MEMBERS

The following 10 year Master Plan Study for Western State Hospital at Lakewood, Washington was prepared in cooperation with the following prime participants:

Owner:	State of Washington, Dept. of Social and Health Services
User:	Division of Mental Health Richard Kellogg: Director of Mental Health Division Western State Hospital Andrew Phillips: Chief Operations Officer Dale Thompson: Assistant CEO – CSTC Christine Campbell: Facilities Manager
Contracting Agency:	State of Washington, DSHS Office of Capital Programs Richard Christian: GA/DSHS Team Project Manager
Architect:	NAC Architecture, Inc. Colin R. Jones, AIA, Principal: Principal in Charge Steven M. Shiver, AIA
Civil Engineer:	Grey and Osborne Jon Hinton
Landscape Architect:	Jeffrey B. Glander & Associates Jeff Glander
Mechanical Engineer:	Quantum Engineering Matt Montagner
Electrical Engineer:	NAC Engineering Bruce Turner, PE

EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

Under contract for State Project Number 2006-466 A (1), with the Department of Social and Health Services, NAC|Architecture and its consultants were directed to prepare an update to the 10 year master plan for the Western State Hospital at Lakewood, Washington. The Master Plan was to rely on existing reports and recommendations where appropriate, along with current consultant recommendations, to develop a comprehensive study. In addition, this document is intended to aid in the preparation of an amendment to the current Master Use Permit with the City of Lakewood.

The booklet portion contains the entire effort put into this project. The sizes of drawings have been reduced so as to fit within the 8-1/2" x 11" format. All utility drawings are provided on electronic media. Additional future electronic copies will be available from NAC|Architecture as needed.

The existing utility plans for the campus have been reformatted into a system in which each utility can be viewed separately or combined with other utilities. The update plans have used existing information supplied by the owner. These were in the form of previous utility plans, construction documents and/or marked up as-built drawings. Field verification was not included in the consultant's scope of work.

The legal descriptions and lease agreements, provided by the owner, have been reviewed to confirm their degree of accuracy regarding property boundaries. All parcels of land have been identified, (see enclosed map). A boundary survey has been prepared by CTS Engineers and is included in the Campus Assessment.

The land use plan of the entire campus indicates that the area south of Steilacoom Boulevard road is not foreseen as an area of expansion for Western State Hospital in the foreseeable future based on current need and practice. However, the uncertainties of patient types, patient numbers, staff ratios, required facilities and state population growth make it impossible to quantify the amount of land necessary for the future. To base long term land needs on current ward requirements and patient information may be extremely detrimental for the hospital's long term needs.

The 10 Year Campus Master Plan indicates that the general location of Adult Psychiatric Units is to remain at the present location. Replacement of the wards, as they become obsolete, would complete the current partial quadrangle formed by the existing buildings. The East Campus buildings will form the portion of campus which will house patients requiring higher levels of security. West Campus Area around and including Buildings 27 and 10 will continue to function as the area to help transition patients back into their community (PALS program). Patient safety and security will be increased by expanding the patient quadrangle westerly and designating a secured quadrangle area. Safety and usability of this quadrangle is further enhanced by consolidating service functions beyond the north edge of the quadrangle within their present zone, plus providing additional expansion to the north of Building 9. Off-ward patient oriented treatment activities will occur within the quadrangle and are shown to adaptively re-use existing facilities. Historical areas are maintained and are proposed to be enhanced with additional historical and/or public interest elements.

Western State Hospital has indicated a need to provide additional or remodeled facilities to accommodate the space requirements of the desired Rehabilitation model. A portion of this

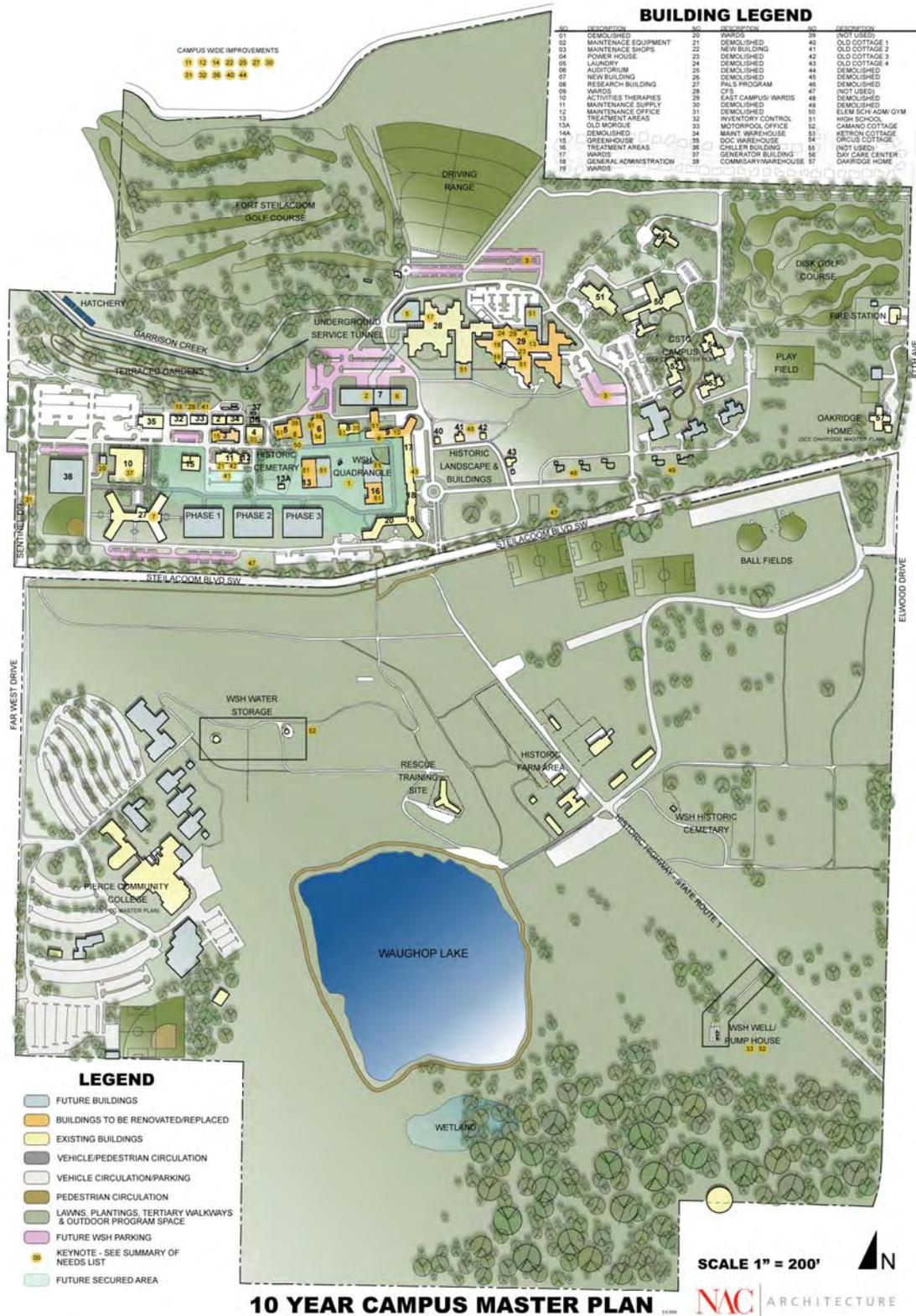
EXECUTIVE SUMMARY

model includes “Treatment Malls.” Treatment malls are locations separate from the wards on the grounds of Western State Hospital, where staff and patients from multiple wards come together to provide and receive mental health services. The services are provided through classes designed to teach daily life skills, vocational training, education and social skills that will strengthen and empower the patient toward recovery and transition them back into the community. The Master Plan addresses this need by indicating locations for additions to Buildings 13, 16, 28 and 29, along with the adaptive reuse of existing facilities.

The traffic revisions reflected in the Master Plan respond to the recommended campus modifications and address existing traffic issues on campus. These revisions are based on recommendations summarized in the previous master plan and the previous traffic study. The main traffic revision concept reflected in the master plan is to separate vehicular circulation from pedestrian circulation. The main vehicular circulation will be accomplished by utilizing a vehicular loop located toward the outside of the campus and the quadrangle. New guest, employee and service parking will be located along the new vehicular loop outside the quadrangle. Additional revisions include a new entry from Steilacoom Boulevard, added roadways to better serve East Campus and CSTC from the main entry gate located directly south CSTC and from the hospital service facilities, alignment of existing roadways and a widened service access boulevard along Sentinel Drive.

The updated master plan for the Western State Hospital Campus incorporates the collective input and recommendations from numerous past consultant reports, the previous master plan and from NAC|Architecture. In addition, it reflects the current thinking of the Western State Hospital Administration and DSHS staff and anticipates the direction the profession and mental health treatment is headed within the country, which focuses individualized treatment to meet the patient’s specific requirements.

EXECUTIVE SUMMARY



**INSTITUTIONAL MISSION /
VISION FOR THE FUTURE**

INSTITUTIONAL MISSION/VISION FOR FUTURE

MENTAL HEALTH DIVISION MISSION

The mission of Washington State’s mental health system is to ensure that people of all ages experiencing mental illness can better manage their illness, achieve their personal goals, and live, work and participate in their community. The mission of the Mental Health Division is to administer a public mental health system that promotes recovery and resiliency as well as personal and public safety.

- Committed to taking action consistent with these values.
- Value the strengths and assets of consumers and their families, and seek to include their participation in decision-making and policy setting.
- Respect and celebrate the cultural and other diverse qualities of each consumer.
- Work in partnership with allied community providers to deliver quality, individualized supports and services.
- Treat people with respect, equality, courtesy and fairness.

MENTAL HEALTH DIVISION VISION

MHD is committed to creating a seamless system of care that is timely, effective and efficient, that treats each person holistically and embraces each person’s ability to recover and gain the skills, insight and personal and interpersonal reserves needed to be resilient as circumstances and symptoms change. The hope is that people living with a mental illness will live, work, learn, and participate fully in their communities and without fear of discrimination. The Division strategic priorities are to:

- Improve access to and quality of mental health services.
- Improve supports for recovery and resiliency of mental health consumers.
- Increase consumer and community safety through effective treatment.
- Strengthen capacity to support the overall health of individuals with mental illnesses.
- Making sound and effective community investments.

WESTERN STATE HOSPITAL INSTITUTIONAL MISSION

To promote recovery and well-being in partnership with people we serve.

WESTERN STATE HOSPITAL VISION FOR THE FUTURE

We are a dynamic community that supports people in their healing and recovery. We promote personal and professional growth, research, and innovation.



VALUES

SAFETY

WSH provides a healing environment free from danger, fear, hurt, injury, coercion, or intimidation for people with psychiatric disabilities. Seclusion and restraint practices are used only to ensure safety when other measures fail. Through vigilant attention and effort, WSH ensures a safe haven where all within its boundaries experience trust.

RECOVERY

Recovery is an evolving, nonlinear, highly individualized process that is founded on hope and leads to healing and growth. Principles of recovery guide our efforts.

HOPE

Hope is the essential spark that ignites recovery.

RESPECT

We hold in esteem the innate personal worth and dignity of every individual. We value diversity and culture, and we respect individual choice.

RELATIONSHIP

Person-to-person kindness, politeness, compassion, respect, empathy, and a spirit of fun characterize interactions within the WSH community. We recognize the importance of extending beyond the boundaries of oneself to invite belonging.

STRENGTHS

All people with psychiatric disabilities possess unique personal qualities and assets. When recognized, valued, and supported, these strengths open doors to recovery. We acknowledge that the organization's most valuable resource is the knowledge, skill, and compassion of its staff.

INNOVATION

Freedom to creatively apply knowledge and resources to empower people with psychiatric disabilities leads to excellence.

BEST PRACTICES

Proven practices and the best available research determine service design and delivery. Treatment incorporates best practice guidelines.

ACCOUNTABILITY

The WSH community holds each individual responsible to provide and continuously monitor the effectiveness of all services in order to ensure the best care possible. Accountability fosters recovery.

COORDINATION

Comprehensive networks of providers within and outside of WSH cooperatively deliver an array of medical, psychological, self-help, social, supportive, and rehabilitative services that support recovery from psychiatric disability.

**STRATEGIC PLAN AND
IMPLEMENTATION**

BACKGROUND AND DISCUSSION:

The censuses of Mental Health Division's three psychiatric hospitals are increasingly affected by a major, long-term program reform which began with SHE 5400 in the 1989 Session. That trend has been downward over time, predictable over the long run, but not as to time or amount. The state hospitals now have fewer patients, but patients with higher medical and psychiatric acuity. They are treated with a Rehabilitative Model that requires more square footage, somewhat higher staffing per patient, and much greater secure outdoor and activities orientation.

STRATEGIC PLAN:

The DSHS Mental Health department seeks to ensure that a full range of treatment and rehabilitation services are provided at the state hospitals. The hospitals will continue to develop as centers of professional expertise and as treatment centers for consumers with the most clinically complex illnesses, or who are in need of a secure treatment facility.

FUTURE FACILITY CHALLENGES OF THE STATE MENTAL HEALTH PROGRAM:

Reductions in State Hospital and in Community Hospital Bed Capacity: The reduction in permanent bed capacity mandated by the legislature will continue to add census pressure through the state hospital system. Community psychiatric hospital beds have been in decline, reducing local resources for diverting state hospital commitments. MHD will continue its expansion of community services projects and focus on the development of more community residential resources.

State hospitals must serve those patients considered too acute or too dangerous for community-based services: Chapter 205, Laws of 1989 (2SSB 5400), mandate that state hospitals serve the most complicated long-term care patients. Persons receiving care at these facilities show an increasing acuity due to physical and psychiatric impairments. This requires a higher staff to patient ratio, higher square footage space needs, and increased space for on-site rehabilitation services. Two other statutes are expected to continue to increase the count of hospital patients likely to cause serious harm. Chapter 297, Laws of 1998 (2SSB 6214), encourages the courts to consider hospital commitment for a misdemeanor who has both a mental disorder and a history of inflicting serious harm. As a result of Chapter 214, Laws of 1999 (SSB 5011), a prisoner in discharge process who has a mental disorder, chemical abuse problems, and a history of inflicting serious harm may be assigned to the state mental health system. These challenging populations raise issues of facility configuration and hardening and proscriptions of movement, in addition to internal and external safety features.

Preservation and Renovation: The state hospitals are a key component of the state mental health system. Preserving these assets, renovating them for current use, and re-fitting them for evolving needs is a significant part of the program's capital administration.

Ensure the effective and efficient provision of ancillary or support services: Ensure that pharmacy, food service, laundry, commissary, central supply and plant maintenance move

from any obsolete buildings and equipment to facilities that allow for efficient, effective and safe operations.

Continue to evolve toward a rehabilitation model: In the spirit of Chapter 205, Laws of 1989 (2SSB 5400), state hospitals continue to evolve toward a rehabilitation model as distinct from a medical model of treatment. New lines of psychotropic medications have enabled large numbers of patients to be discharged from the hospital and to participate more fully in therapeutic activities while in the hospital. The fundamental importance of access to various levels of indoor and outdoor activity - recreational, pre-vocational, and vocational - is becoming increasingly more apparent in the speed of recovery and the permanence of improvement of hospitalized patients.

Address Needs of Developmentally Disabled (DD) Patients in Residence: The WSH lawsuits concerning appropriate housing and treatment of DD persons at WSH resulted in Agreed Orders that mandate some physical separation, staff and rehabilitation efforts, and gender segregation in the forensic wards. Duplicate litigation at ESH is moving through the court system. The appropriate management of this population may require future facility changes.

Meet federal/state/county standards in an environment of changing consumers and shifting funding: As the state hospitals make changes in accordance with statewide program needs, mental health care managers must continue their work to ensure that state hospital practice is in compliance with the expectations and requirements of federal and JCAHO in order to maintain the federal portion of the hospitals' funding support as well as third party insurance. Federal clinical and facility surveys consider over-crowding to seriously deteriorate quality of care and to be a basis for a revenue-impacting deficiency finding. State and county fire codes require particularly close scrutiny and strict monitoring of construction.

Construct / Renovate Legal Offenders Units: For mentally ill patients, committed out of the criminal justice system, construct/renovate Legal Units that support program efforts to restore patients to sanity and enable them to return safely to the community.

Differentiated Facilities & Grounds: Provide the facilities and grounds to serve increasingly differentiated and diverse populations of mentally ill consumers. This is consistent with SHE 5400, which mandated that state hospitals "become clinical centers for handling the most complicated long-term care needs." Specialized hospital populations include patients with the following conditions: MICA, Alzheimer's, DD, Traumatic Brain Injury, AIDS, TB, persons discharged from LOU and immediately ITA detained, geriatric populations with complex medical conditions, juvenile offenders with major mental illnesses, persons with bipolar and schizophrenic conditions with substantial vocational abilities. More differentiated patient problems means more differentiated treatment, and therefore, more differentiated facilities and grounds, a higher square footage requirement, and increased space for on site rehabilitation services.

Rehabilitation Model: For the civilly-committed populations, provide the facilities and grounds that support the hospital's increasing commitment to a rehabilitation model. A medical model seeks to restore the patient to their pre-crisis condition. A rehabilitation model seeks to go much further: to return patients to the community with an ability to live as

independently as possible, including self-supporting as possible. This requires facilities and grounds for increased patient activities, including freedom of movement with a secure and safe environment. A rehabilitation program builds on their strengths rather than focusing on their illnesses as a general hospital would do. This requires a mix of use of facilities and outdoor space. Recreational, pre-vocational, and vocational outlets are increasingly more apparent in the speed of recovery and permanence of improvement of hospitalized patients. It includes a patient quadrangle at Western State that would be safe both inside and outside with less or minimal need for staff supervision, and a more active, activities-based recreational outside program at Eastern State Hospital, improving access to patios for patients on secure wards, and greenhouses at both state hospitals.

Develop Hospitals as Centers of Professional Expertise: The state hospitals are focuses of professional expertise, research capability and training potential for the larger Community Mental Health market. Physical assets for training facilities can be put back into use at both major hospitals. At Western State, signage, available public parking, implementation of traffic studies and renovated auditoriums are important needs.

Ancillary Services: Assure effective and efficient provision of ancillary services for increasingly clinically complex patients. As the problems and treatments of patients become more differentiated, there is an increasing impact on the facilities and equipment in ancillary services such as pharmacy, laboratory, food service, laundry and plant maintenance. It is important to provide these in an efficient and effective manner.

RSN Use of Hospitals: As/if vacant buildings occur, respond to the needs of the local mental health services in furtherance of SF113 5400, which gives the state hospital's host RSN a right of first consideration for the use of any vacancy. This integrates mental health resources, whether state-owned or locally administered, for the overall benefit of patients.

Meet Federal State/County Standards in an Environment of Changing Funding and Clients: As the state hospitals make changes in accordance with state-wide program needs, their management must continue their work to ensure that state hospital practice is in compliance with the review expectations of federal and JCAI-IO surveyors in order to avoid loss of the federal portion of hospitals' financial support, as well as loss of third party insurance. State and county fire codes also require scrutiny by planners and strict monitoring of construction by managers.

MASTER PLAN EVALUATION CRITERIA

The following list contains major criteria used during the evaluation of the Master Plan concepts.

1. Provide pedestrian friendly, patient oriented central campus/quadrangle.
2. Phase construction projects with minimal hospital disruption.
3. Master plan should be responsive to Pierce County and the City of Lakewood anticipated growth management issues. It is anticipated that this master plan and county/city involvement and review at this time will greatly streamline the permit processes that are associated with future projects.
4. Master plan should provide a clear campus entrance.

5. Master plan should be responsive to the following stakeholders:
 - a. Western State Hospital
 - b. State Legislature
 - c. City of Lakewood
 - d. Department of Archeology and Historical Preservation
 - e. Department of Social and Health Services Mental Health Division
 - f. Child Study and Treatment Center
 - g. Pierce Community College
 - h. Oakridge Group Home
6. The Master Plan should provide a safe and secure campus.
 - a. WSH and the City of Lakewood services coordination
7. Ancillary Services should be located outside of quadrangle.
8. Provide additional physical and recreational opportunities to patients.
9. Provide additional recreational opportunities which are pedestrian accessible by pedestrians.
10. Accommodate anticipated patient population.
11. Provide for an organized infrastructure corridor.

CAMPUS ASSESSMENT

TRAFFIC ANALYSIS

An updated traffic study was not part of the scope of the master plan update. Therefore, traffic recommendations are based on the previous study prepared by Tudor Engineering Company in January 1993, comments from those present at the Master Plan Organizational Meeting on October 22, 1996, and in response to the Master Plan recommendations contained in this document.

Parking:

This campus has numerous parking areas scattered throughout the grounds, as shown in the attached existing condition traffic plan. The sizes and shapes vary and there is no designation of the specific parking areas as to which buildings or areas they are intended. In some areas the visitors and maintenance vehicles park in the same lots without any attempt to control. Access to/from the parking areas is also uncontrolled and conflicts with frequent walking areas.

Parking strategy and control needs are integrated as a part of the Master Plan. The new buildings will have the parking areas associated with the building and its destination. The following are the components to be addressed during planning and design of the various areas of the campus:

1. Visitor parking separated from maintenance and service vehicles.
2. Parking areas planned in conjunction with new and existing buildings.
3. Designated walkways, some of them covered, need to be developed to provide access from parking to buildings, to eliminate conflicts.
4. Maintenance and service traffic needs to be separated from visitors and staff.

Vehicular Traffic:

Traffic systems in and around the WSH complex consist of internal campus circulation, access points, and outside traffic on Steilacoom Boulevard.

Internal Circulation:

With the exception of the visitor information entry, the existing system of roads and vehicular paths is quite irregular. There is no circulation system and there are several conflict points, some quite hazardous, between pedestrian and vehicular traffic. As with the parking, there is no separation of visitor traffic from maintenance and service. There are no directional signs for different building destinations. We have observed several drivers stopping in their travel and asking to be directed to a certain location.

When new plans are being implemented for vehicular circulation in the campus, the directional signing and traffic safety signing will need to be a part of the plan.

Access Points and Steilacoom Blvd. Traffic:

There are total of seven entrance/exit points to/from the campus area. All of them are unattended, left open to wandering of anybody who wishes to do so. This can produce a security problem for the institution. The following proposals were developed based on the assumption that the entrance to the whole complex may need to be fully controlled and monitored.

The original new entry proposal illustrated in the Tudor Engineering Traffic Report provides for a good access point, except its location is very close to the intersection of Steilacoom Boulevard and 87th Avenue. There may not be enough space to store queues of vehicles waiting to enter the campus, of those waiting for traffic signal phase.

Also, the traffic on Steilacoom Boulevard is growing rapidly, has relatively high speed, and the alignment bend in the middle, just west of the main entrance, produces a serious sight distance problem. Vehicles intending to enter the Hollywood Gate need to slow down to enter and their maneuver cannot always be seen by drivers in the following cars. This is a high potential for rear-end accidents.

Steilacoom Blvd.:

The portion of Steilacoom Blvd. in front of the Western State Hospital is within Lakewood area, while the west portion, beginning at Far West Intersection, is in the jurisdiction of town of Steilacoom. The town of Steilacoom does not have any improvements planned in their Comprehensive Master Plan in the near future. The traffic signals along Steilacoom Blvd. are maintained by Pierce County.

Steilacoom Blvd. is currently a four lane facility with almost no shoulders and no sidewalks. The gravel walkway exists along north side of the boulevard. Ancient trees along both sides of the boulevard will make the widening a challenge. The stone wall along north side of the boulevard creates a sight distance problem around the roadway bend and makes the widening on that side very difficult.

BOUNDARY INVESTIGATION

As a result of the initial investigation as to the status of the Hospital boundaries, records, and the current occupation, we have compiled this brief synopsis. It generally outlines the definition and methodology of a real property survey, summarizes the findings of the initial research, and defines the final survey and its intended uses.

Land Surveying and the recordation of the information garnered in the performance of the survey of real property boundaries are essential for orderly land ownership and use. As an attorney may examine the chain of title to real property for the legal conveyance to another party, the title insurance company can guarantee the title against loss due to defects in the records. However, the land surveyor defines the physical existence of the property legally described. He determines the size and location of the real property and determines that the deed actually describes the piece of ground intended by the description.

The U.S. General Land Office (GLO) sectionized the land which the Western State Hospital now occupies in the mid-1800's; further, they defined the locations of various Donation Land Claims (DLC) and U.S. Military Reservation (USMR) corners relative to the section geometry at that time. These sections, DLC and USMR corners were each physically set in the field according to the GLO plat, and over the years they are generally lost due to construction, vandalism or decay. Some of them have been replaced and they, along with original corners, may have been used to determine boundaries of individual parcels. Because the same corners may not have been used to establish adjacent boundaries, discrepancies become evident due to the irregularity of the theoretical sections. The State of Washington recognized these possibilities and created the Survey Recording Act of 1973, the purpose of which is "to provide a method of preserving evidence of land surveys by establishing standards and procedures for monumenting and recording a public record of the survey." These standards are defined in the Revised Code of Washington section 58.09, to which parameters all recorded surveys are to be prepared.

With this GLO plat information, the next step is to determine the existence of these recorded surveys within each section of land on which the Hospital sits. In review of the records of the Pierce County Auditor, the authority which is charged with making these records public, we have determined that although various surveys have been performed and recorded since 1973, no comprehensive attempt has been made to reestablish the subdivision boundaries for each of the sections on which the Hospital sits. In checking with the Department of Natural Resources, the original GLO notes and plats are the only record evidence of the corners having been set. Original drawings archived at the Hospital which were prepared in the early 1900's seem to have the best evidence for original monuments (stone monuments) which were set at the USMR corners and their geometric relationship with the section corners. In order to recreate the boundaries of the Hospital, it is imperative that these original corners are looked for and their positions held if found. Other controlling corners are determined by the deed calls and the date of conveyance. (One deed may have senior rights over another, that is to say that an earlier recorded deed may have precedence in determining the location of a line over a later deed.) Once these corners are found, they are located according to their relationship with the section geometry and then the lines are analyzed as to how they fit with record calls.

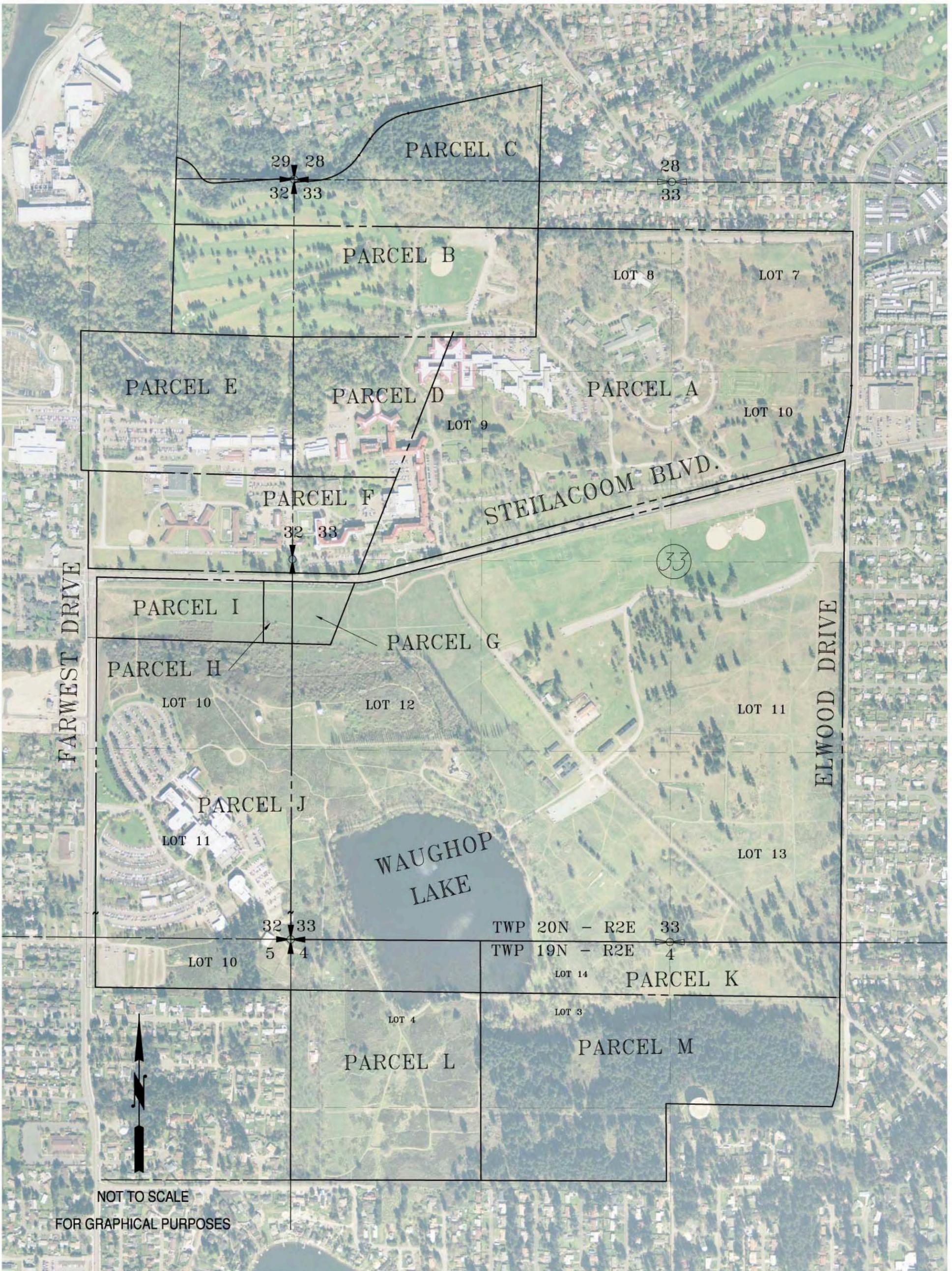
In making the decisions as to where to set boundary corners during this process, CTS relies on several different sources to review these decisions. Ken Gregory, PLS, has been licensed since the 1950s and has vast experience with land boundary surveying, Ken

McAfee, PLS, has nearly twenty years of experience as well. In the recreation of the positions of section corners, the Department of Natural Resources (DNR) will issue a written opinion as to the prescribed method for restoration of obliterated corners, essentially checking the surveyor's decision prior to establishing the corner in the field. Additionally, we may file a Land Corner Record with the DNR consistent with the requirements of the Washington Administrative Code Chapter 332-130.

These are the steps in apportioning the boundaries as described in the various deeds of transaction supplied by the State. As much of the land surrounding the Institution has been platted and some parcels abut dedicated roads, these lines will be somewhat easier to determine; however, we will survey all these perimeter boundaries to ensure that encroachments onto the Institution are located and shown on the record drawing. There may be areas where the legal descriptions are ambiguous or occupation lines are not consistent with the property lines determined as a result of the survey, and we will identify these places on the drawing as well.

The final step is to physically set permanent monuments at the Institution's corners, document the size and type of monument, its location relative to the boundaries and prepare the record of survey which reflects the intended positions. This drawing is prepared consistent with the requirements established in RCW 58.09 and is the document used as reference for any subsequent survey information which is intended to be relative to the Institution's boundaries.

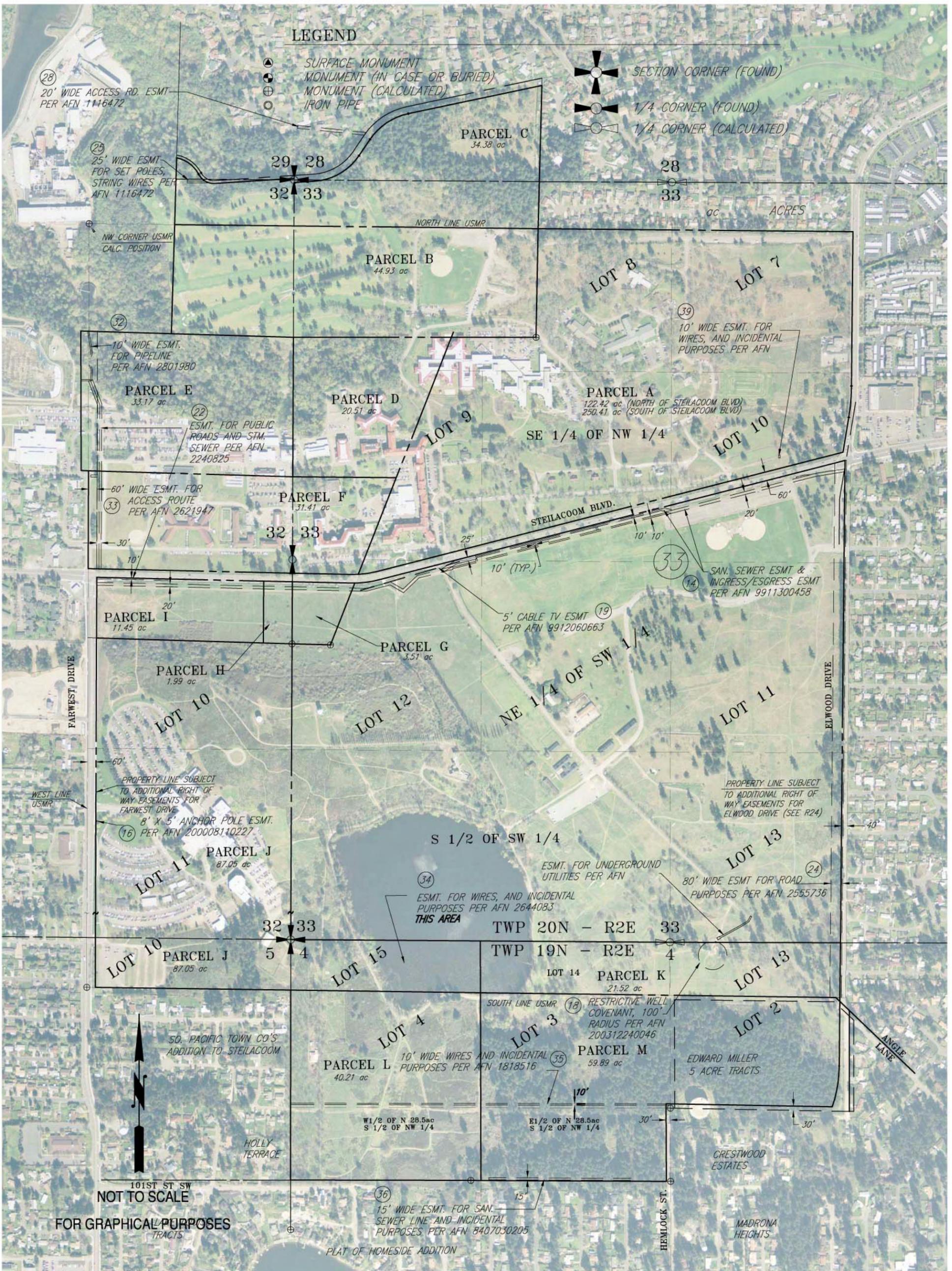
The survey will enable Western State Hospital to accurately determine areas of encroachment, define precise locations and areas for the current leases, and show any known easements or encumbrances which affect the property. A current, updated ALTA title report should be secured by the State in order to make certain references are made to all easements of record.



SOURCE: AERIAL PHOTOGRAPH - WASHINGTON STATE DEPARTMENT OF TRANSPORTATION, 2005; PROPERTY BOUNDARIES: CTS ENGINEERS INC. 1997, 2005



WESTERN STATE HOSPITAL
TACOMA
PIERCE COUNTY, WASHINGTON



SOURCE: AERIAL PHOTOGRAPH – WASHINGTON STATE DEPARTMENT OF TRANSPORTATION, 2005; PROPERTY BOUNDARIES: CTS ENGINEERS INC. 1997, 2005



WESTERN STATE HOSPITAL TACOMA PIERCE COUNTY, WASHINGTON

UTILITY SYSTEMS

With any institution the age of Western State Hospital, the service utility systems require constant attention to keep in operation and properly repaired. In addition, the growth of an institution also requires additional system capacity for new buildings or new technologies. WSH is no exception, the number of buildings on campus has grown and obsolete buildings have been replaced with new. To support the changes, existing utilities have been extended or upgraded. In many cases, old lines have been abandoned and forgotten only to be found later during later excavation projects.

The master utility plans which have been updated for this report clearly indicate there has not been a strong priority to organize or group the routing of utility lines. The exceptions are those lines which run through the main steam tunnels which serve central campus. Most campus utilities, when installed, have connected point A to point B in the most direct and shortest route. The economy of this approach can be short lived if at the next project, major utilities need to be rerouted to avoid conflicts. In addition, the sheer numbers of lines make it difficult to select future building sites without the need to relocate numerous systems. The method to keep current information regarding location and conditions of existing lines is vital to avoid costly overruns in the form of change orders during later capital improvement projects, or emergency repairs if a breakdown occurs unexpectedly.

The development of a utility corridor through campus which would be designated for new utilities and updating of existing systems would provide an organizing element for these distribution systems. Such a corridor would provide the backbone which branch lines could tie into to serve both existing and new facilities. Ideally, the corridor would allow maintenance space as well as space for additional capacity. The location of a corridor depends on the future expected growth and proper phasing or scheduling to take advantage of the planning opportunity.

Based on the 10 Year Campus Master Plan, there appears to be an opportunity to provide a new utility corridor which could be advantageous. The route of the new corridor would follow the new service road which starts near Building 5 and extend northeast to the location of the new LOU. This corridor would connect to the existing utility steam tunnel near the Powerhouse Building #4 on one end and to the LOU on the other. The basement level of future inpatient unit buildings would be designed to be continuous and connected into the existing utility steam tunnel to allow the continuation of new utilities in an easily maintainable space.

The following is a brief review of the various utility systems on campus and their status. All of these systems have had improvements over the last 10 years based on the recommendations of various engineering reports (see Report Bibliography). Many of the recommendations which have not been implemented are still valid and may be included in this Master Plan Study. The successful completion of those recommendations which have not been completed will require additional analysis to update statistic and planning criteria.

Steam:

The existing steam system serves the major campus buildings with a system of steam pipes located in the underground tunnels, or direct buried insulated steam pipes. The two existing boilers are located in building #4. The steam plant is fueled by natural gas. The back-up wood pellet system has been removed per the previous 10 year master plan. A third boiler

has been installed to meet the heating needs and maintenance requirements of the existing boilers. This new boiler uses diesel fuel for backup.

The boiler chimney was demolished in 2004.

The majority of campus buildings depend on the central steam plant for heat. The distribution system relies on steam lines which are either direct buried or are routed through the steam tunnel and building chases. As the systems age, the insulation can become physically damaged or damaged from water intrusion. The resulting damage seriously affects the systems efficiency due to the loss of energy. The greater the length the more susceptible the system will be to damage and energy loss.

Alternate methods for heating new buildings should be considered to avoid further dependence on the existing steam plant and its existing distribution system.

Domestic Water:

The water main appears to enter the site at the pedestrian tunnel under Steilacoom Blvd. From the entry point, the water main serves the irrigation systems, domestic water system and fire flow systems. The looping of the fire flow system is adequate.

As recommended in the report by JWM&A Jerome W. Morresette and Associates Inc. P.S. Civil and Municipal Engineering and Planning, dated August 1991, "future improvements to the Domestic Water System should be held off until specific facility improvements are identified and planned for on a case by case basis."

The relocation of specific buildings and functions as indicated on the current 0 year Master Plan will need to be reviewed by a civil engineer to determine the impacts on the water system. A hydraulic analysis of the system will be necessary to verify adequate fire flows, connection points, routing, etc.

Storm Sewer:

The existing storm drainage system consists of a closed system serving some buildings and impervious surfaces, and various individual infiltration systems (drywalls). The best way to describe this system will be to divide it into the following areas it serves:

1. Oakridge Home does not have any storm drainage indicated.
2. The Old Cottages have downspout and splash block systems.
3. Daycare and Maintenance Buildings are using a common drywell for roof drains. No catch basins for the AC. Pavement is indicated.
4. Elementary School, and Camano, Kentron and Orcus Cottages share the same drywell. Some catch basins are shown connected to this system but no oil/water separator is indicated. Paved areas around these buildings do not have any catch basins.
5. High School has its own closed system terminating in an oil/water separator and a drywell. The catch basins around high school are connected to this system.
6. East Campus/Wards Building has several infiltration systems for roof drains and one drywell for the parking lot system. No oil/water separator is shown.
7. Greenhouse has no storm drainage indicated. The main access entry has a system with two catch basins and a drywell without an oil/water separator.

8. The closed storm drainage system starts at the Circle and runs north collecting catch basins and some downspouts from Wards. Northeast from the Research Building this system turns west and serves Research, Kitchen, Auditorium, Laundry, Steam Plant, Chiller, Generator, Wards, Maintenance, Commissary, Maintenance Shops, Office, Equipment, DOC Warehouse, Supply Office and surrounding paved areas. There is no oil/water separator on this system and it leaves the site at the northwest corner.
9. There is a large infiltration drain field west of Pharmacy serving this building, South Hall and surrounding paved areas. There is no oil/water separator indicated. The parking lot south of South Hall has catch basins connected to a 18 dia. perforated infiltration pipe without an oil/water separator.
10. Chapel, Payroll/Legal Services, Patient Lounge, Tacoma Work Release, PALS Program have their own individual infiltration systems without oil/water separators.

The study prepared by Pararnetrix, Inc. Entitled "Western State Hospital inflow and infiltration Study", dated 1988, identified areas on campus where the storm system was inadequately sized to handle the storm load and also portions of the storm system which were connected to the Sanitary Sewer System. The maintenance department has isolated the known portions of the storm system from the sanitary sewer and has diverted the storm water into new drywells or made connects to the existing storm sewer. Additional areas remain on campus, which are still subject to flooding during heavy rain fall. The systems in these areas will require additional attention as budget permits. Several additional new storm lines have been recommended to provide the necessary capacity and to mitigate the dependence of infiltration to the ground for major quantities of storm water.

The addition of new buildings, relocation of parking lots and roadways will also affect the storm system. These proposed changes will require consideration to insure adequate capacity of the system and appropriate routing.

Sanitary Sewer:

The existing sanitary sewer is a combination of a gravity system and force main system. The general direction of the system is from the east to the west of the site. The gravity sewer begins at Oakridge Home due west and on its way picks up Camano, Kentron, and Orcus Cottages and all ten Old Cottages. In a manhole north of Old Cottage No. 1 this sanitary sewer branch picks up a force main from a pump station located northeast of Old Cottage No. 3. The pump station collects gravity waste from East Campus Wards, High School, Elementary School, Maintenance Building and Daycare Center. The gravity line continues west with connections for a force main from Greenhouse, Research Building, North Hall, Morgue, Auditorium and Laundry. A major branch from Wards, General Administration and Kitchen together with a force main from Laundry building joins the main line just north of laundry.

The main line continues west serving Chiller, Generator, Maintenance Warehouse, Equipment, Carpenter Shop, Inventory Control, Maintenance Office, Maintenance Shops, DOC Warehouse buildings with branches to Commissary, Chapel, Payroll/Legal Services, Patient Lounge, Tacoma Work Release, PALS Program and Activities Therapies.

The sanitary sewer exits the site at the southwest corner via 21 dia. pipe into a public system.

Two reports addressed problems with the sanitary sewer; one report by Morse Stafford Partnership, dated 1 March 1984, the other and more specific one by Whitacre Engineers, Inc. dated September 1984, entitled "Sanitary Sewer System Evaluation, Western State Hospital." In each of these reports the main emphasis was to reduce the amount of storm water infiltration into the system. The maintenance department has succeeded in making the necessary modifications, diverting the storm water into drywell or into new storm lines. Also, recommendations to correct the problem with the septic system serving the Child Treatment Center have been implemented by connecting these facilities to the sanitary sewer system. The existing septic system has been abandoned.

The sewer system which will be required to serve future central campus buildings under Option A may utilize the existing system, provided it has adequate capacity. The proposed buildings PALS, APU, and GPU under Option B will require a separate sanitary sewer system.

Electrical Distribution:

Overhead power supply comes from FarWest Drive into the facility substation from which it is distributed to each one of the buildings in a direct burial system.

An analysis of the electrical distribution system was conducted by Doyle Engineering Inc., and dated June 22, 1987. Discussions with the maintenance department indicate that the major recommendations from the Doyle report were completed relatively recently. It was also noted that due to the addition of the new chiller facility behind the Power Plant (Building #4), the electrical system is again at capacity. Also, the Tacoma City Light Substations which serve the campus may not have the capacity necessary to provide the future anticipated requirements. Another electrical study is anticipated to address the capacity concerns.

Telephones/Fiber Optics:

The fiber optic system provides a communication backbone for most of the WSH campus. The recent additions to the fiber optic system closely follow the routing of the existing phone cable system throughout campus. The fiber optic system contains 12 fibers, with 4 of them currently allocated for use.

With voice, data and video technology evolving at an extremely fast pace, it is expected that technologies will merge and more fibers within the existing cable will be required and will be put into service. It is conceivable that in 3 to 5 years, all of the available fibers will be used.

A review of existing voice and data systems, as they relate to the programmatic needs of WSH, is recommended in combination with a study to evaluate how technology will impact programmatic needs in the future. The outcomes of a review/study will provide the data necessary to effectively plan for infrastructure and technology upgrades throughout the WSH campus.

Gas:

The supply line to the site is connected to the gas main in FarWest Drive. From this connection the gas line goes directly east to the steam plant building.

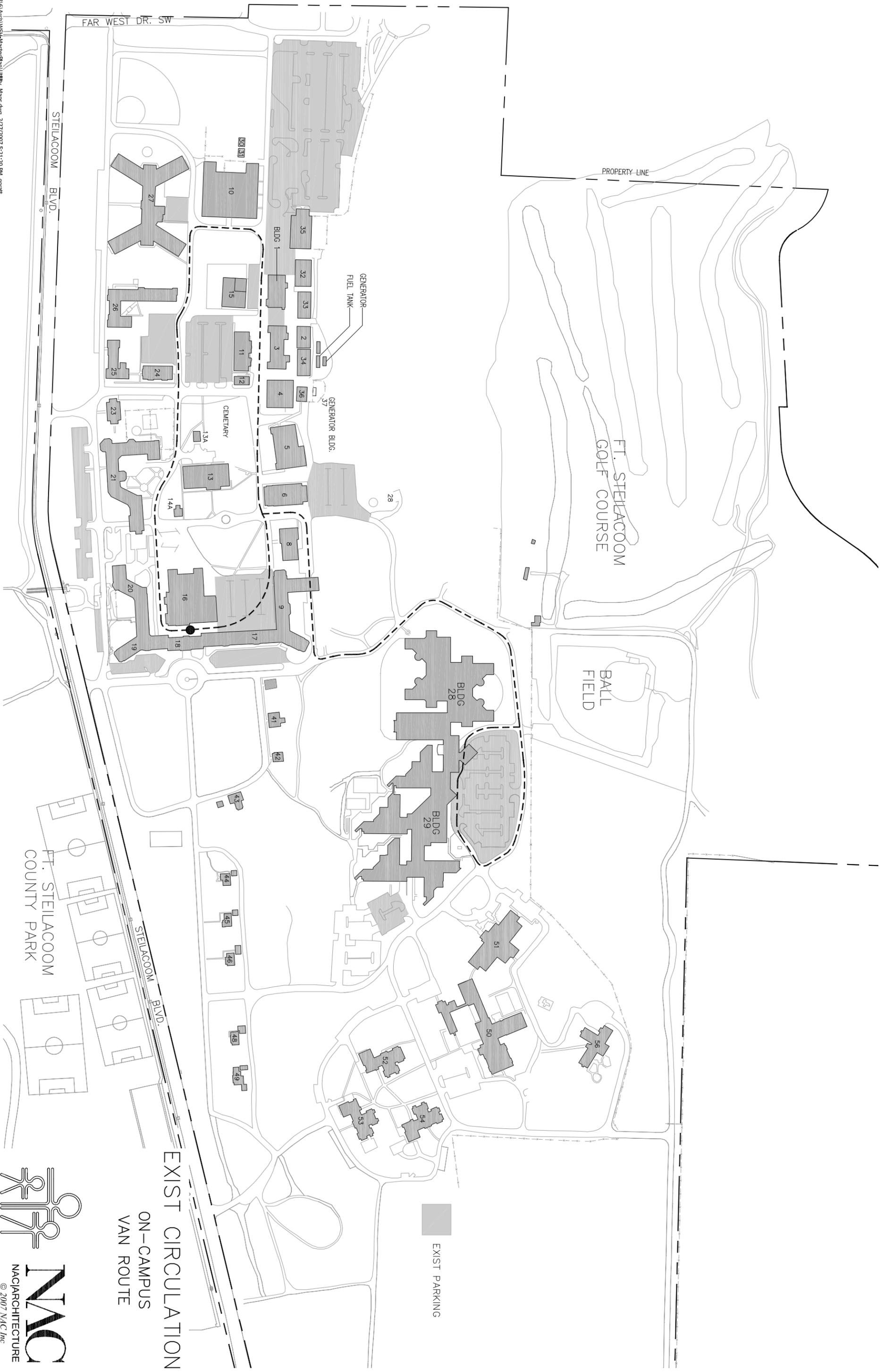


EXIST CIRCULATION
 MAJOR AUTO
 TRAFFIC ROUTES

EXIST PARKING

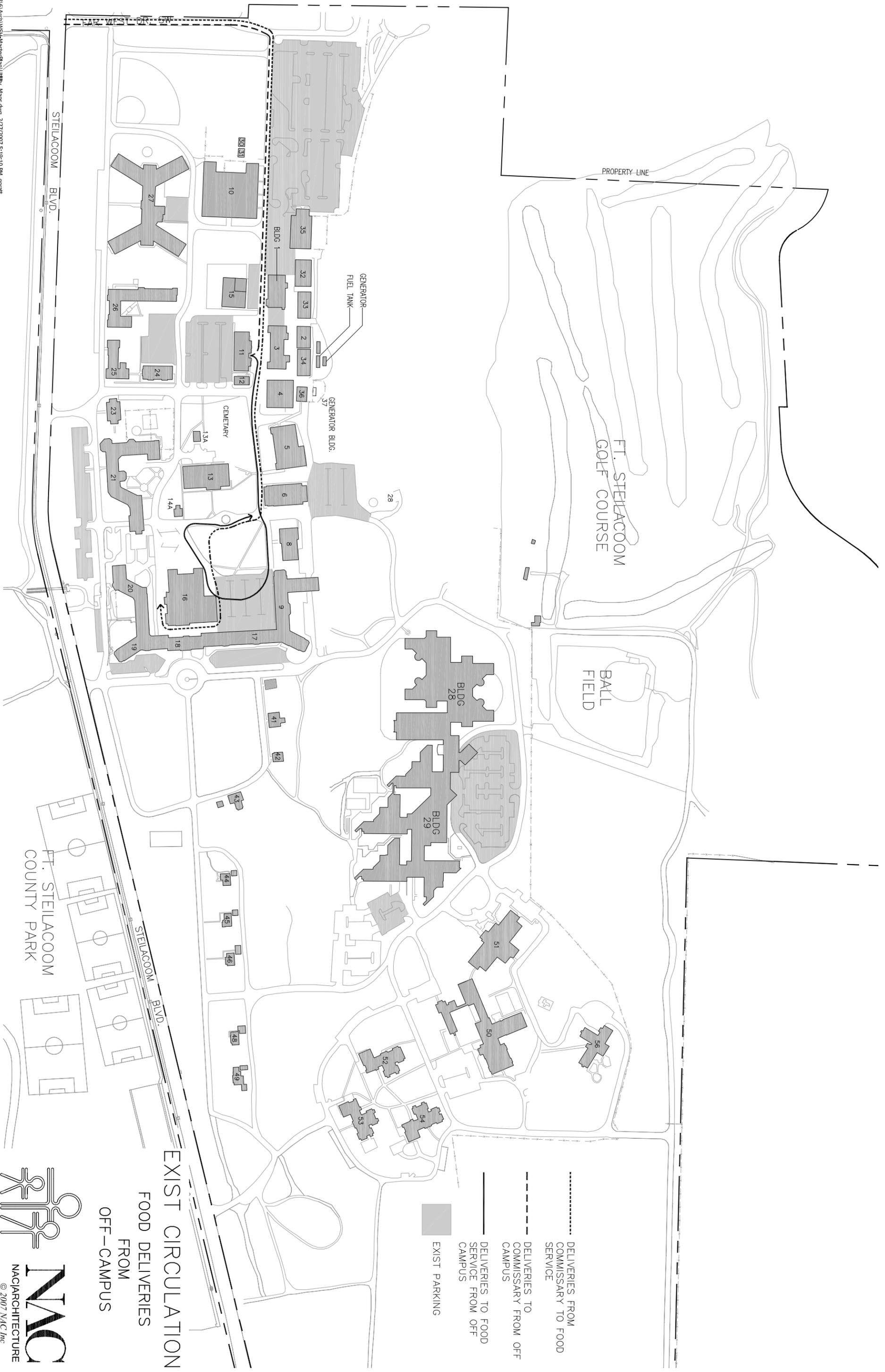






EXIST CIRCULATION
ON-CAMPUS
VAN ROUTE





EXIST CIRCULATION
 FOOD DELIVERIES FROM
 OFF-CAMPUS

- DELIVERIES FROM COMMISSARY TO FOOD SERVICE
- DELIVERIES TO COMMISSARY FROM OFF CAMPUS
- DELIVERIES TO FOOD SERVICE FROM OFF CAMPUS
- EXIST PARKING

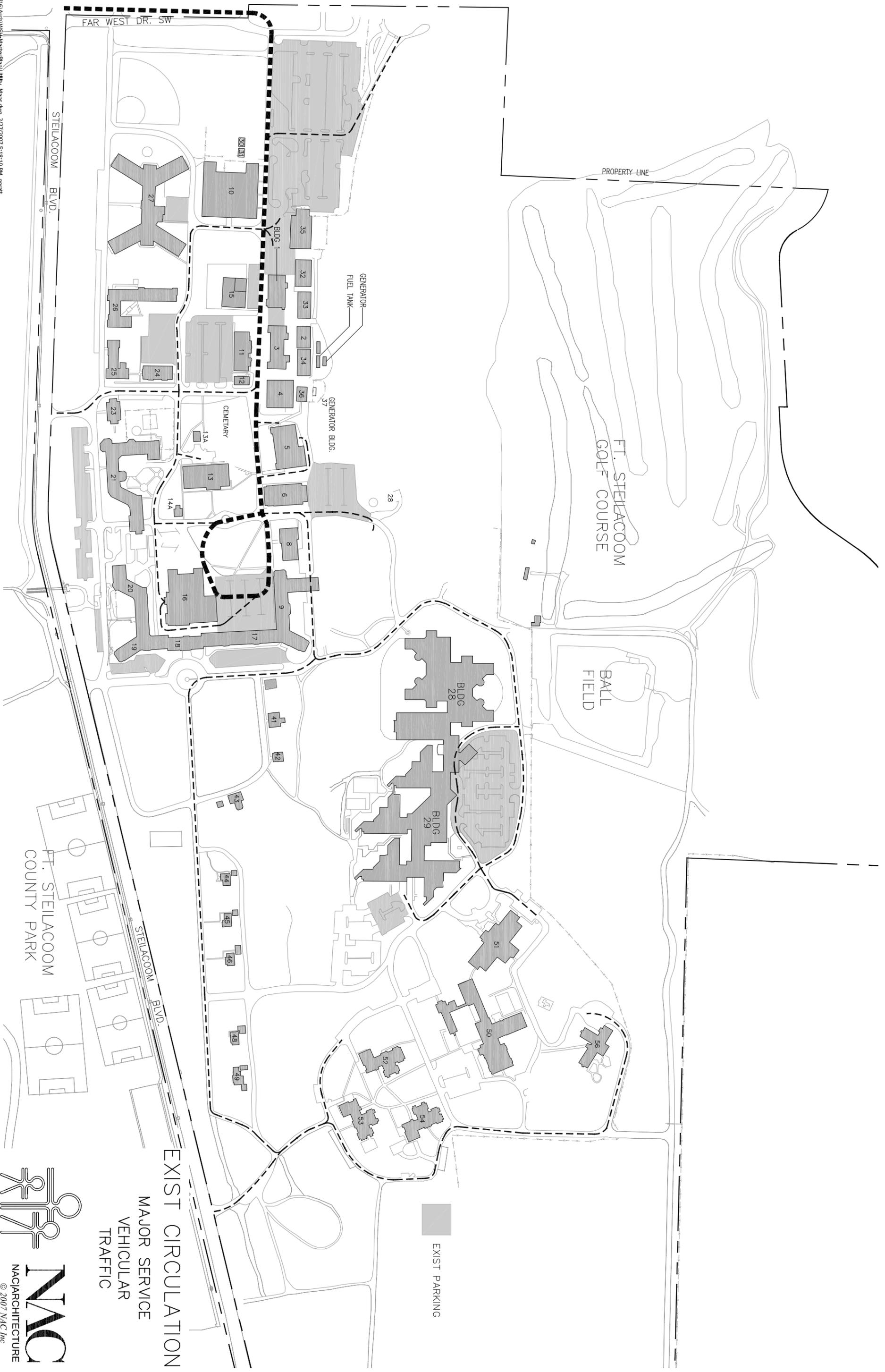




EXIST PARKING
 DUMPSTER

EXIST CIRCULATION
 INTRACAMPUS
 GARBAGE
 COLLECTION





EXIST CIRCULATION
 MAJOR SERVICE
 VEHICULAR
 TRAFFIC

EXIST PARKING



EXISTING UTILITIES
TELEPHONE





EXISTING UTILITIES
STORM SEWER





EXISTING UTILITIES
SANITARY SEWER







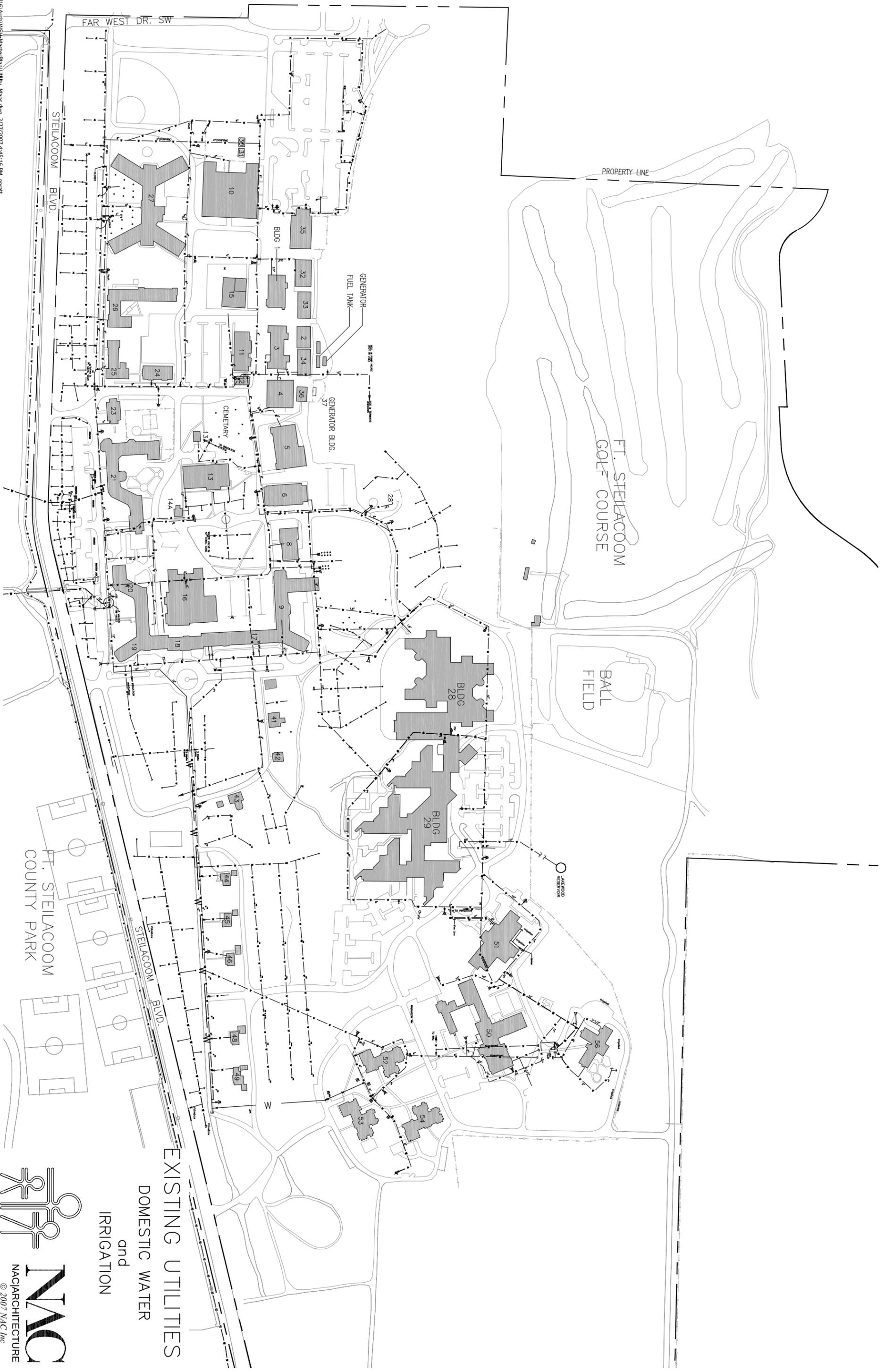
EXISTING UTILITIES
LIGHTING



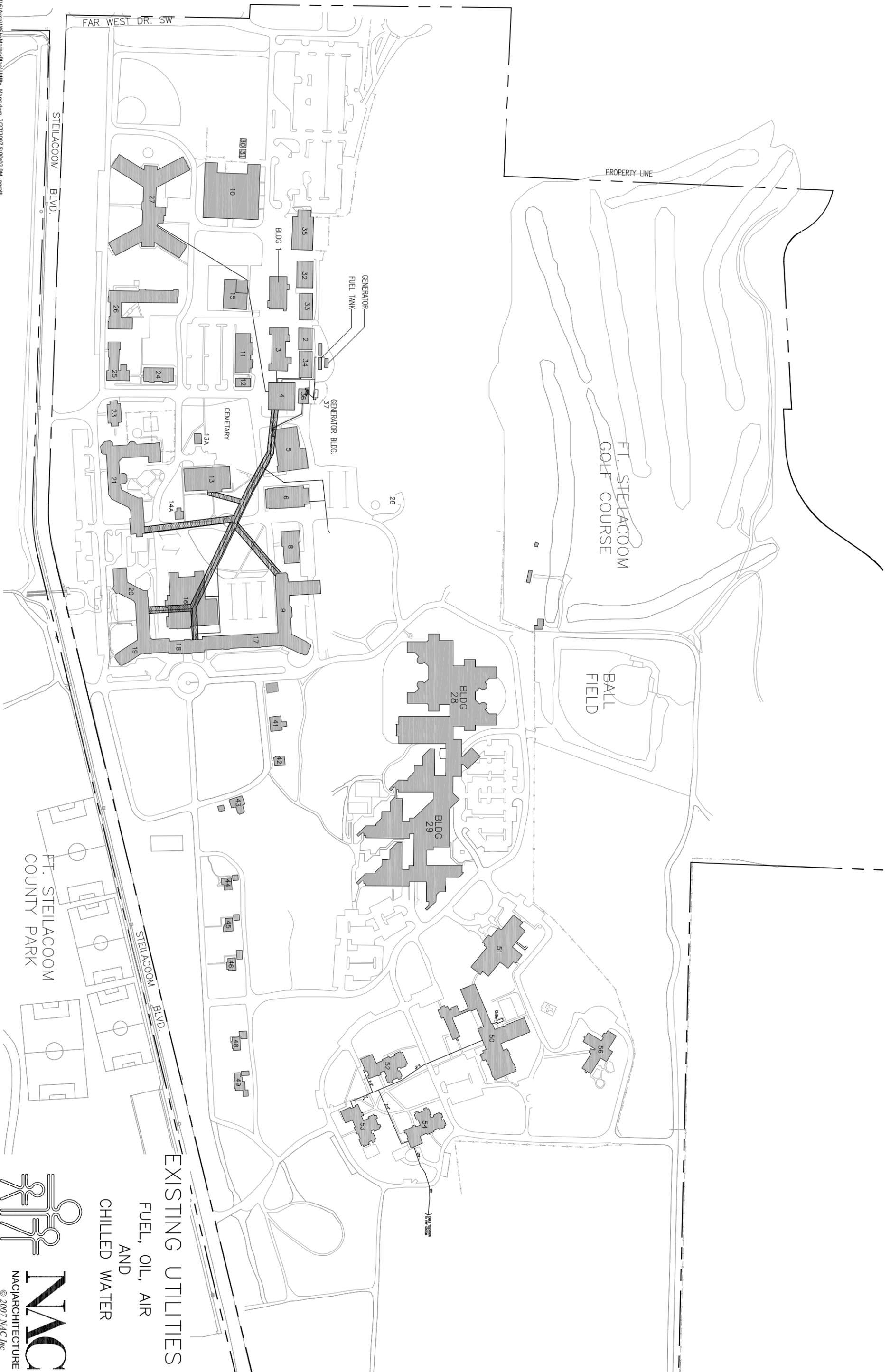


EXISTING UTILITIES
ELECTRICAL





EXISTING UTILITIES
DOMESTIC WATER
and
IRRIGATION



EXISTING UTILITIES
 FUEL, OIL, AIR
 AND
 CHILLED WATER





EXISTING UTILITIES
FIRE ALARM





EXISTING UTILITIES
FIBER OPTICS

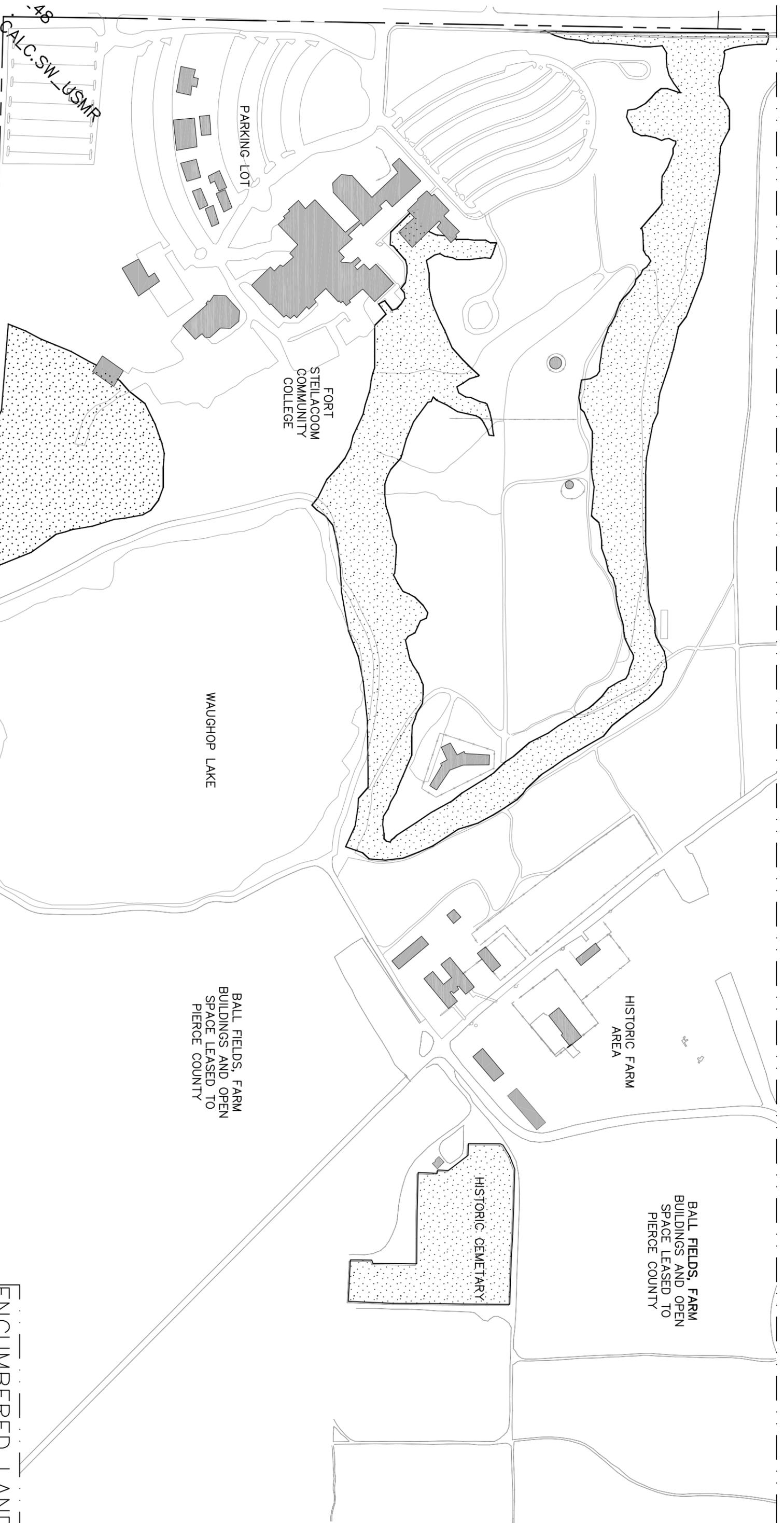


Encumbered Land and Leased Areas:

There are currently seven organizations that lease portions of the campus for their activities. The current leaseholders are:

1. Community College District No. 11 for Pierce College. Lease dates are July 1, 1970 to November 1, 2045.
2. Department of Corrections for warehouse space and parking to support operations at McNeil Island. Lease dates are June 1, 2008 to May 31, 2028.
3. Department of Fish and Wildlife for the rights to the fish hatchery. This ongoing lease started on May 20, 1975 and has no expiration date.
4. Historic Fort Steilacoom Association for the historical Officers Quarters Cottages. This annual lease was renewed on July 1, 2008 and expires on June 30, 2009.
5. Lakewood Fire District No. 2 for a fire station located at the east side of the campus. Lease dates are July 1, 2000 to June 30, 2020.
6. Pierce County for the golf course at the north side of the site. Lease dates are November 2, 2004 to December 31, 2052.
7. Pierce County for the Fort Steilacoom Park. Lease dates are December 1, 1970 to December 1, 2025.
8. Steilacoom School for school softball and soccer fields. This ongoing lease started on October 1, 1988 and has no expiration date.





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BUILDING ASSESSMENT

HISTORIC DESIGNATED STRUCTURES AND AREAS

In 1974 the Site of Western State Hospital was nominated and subsequently entered in the National Register of Historic Places. The boundary of the Historic District is the original United States Military Reservation boundary of one square mile contained within portions of Sections 28, 29, 32 and 33 Township 20N, Range 2E and Sections 4 and 5, Township 19N, Range 2E Willamette Meridian.

The district contains numerous structures which have been classified based on historical significance. A formal campus wide historical preservation survey will be conducted as part of the campus Master Use Permit process.

Primary List

Ft. Steilacoom Officers Row
Old Bakery
Old Morgue

Map Designation

40, 41, 42, 43
14A
13A

Secondary List

Structures north of Steilacoom Boulevard

State Hospital Buildings and Support facilities
Power House
Maintenance Shop
Laundry
Frame Cottages
Geriatrics Building (PAL)
Nurses' Dormitory (DOC)

6, 7, 8, 9, 16, 17, 18, 19, 20, 21
4
3
5
45, 46, 47, 48, 49
27
26

Structures south of Steilacoom Boulevard

Caretaker Residence
White Building (Farm Workers Dormitory)
Farm Buildings

B
D
H, I, J, K, L, M, N, O, P

Historic Sites and Landscape Features

Orchards and Vineyards

First Catholic Church in the Puget Sound Vicinity Built 1885 (the church has been moved to Steilacoom and the original site of the church has not been positively located)

Intrusions to Historic District

Recreation Center
Pharmacy and Central Supply
Child Study and Treatment Center
Baseball Development and Playfields

10
13
50, 52, 53, 54, 55, 56
Located South of Steilacoom
Boulevard

- The only structures designated as intrusions are those that do not conform to the uniform architectural treatment of the hospital complex because of dissimilar scale, materials and design.

**WESTERN STATE HOSPITAL
MASTER PLAN BUILDING INVENTORY
10/8/96**

Building	Name	Year Constructed	Last Remodeled	Description ²	Expected Life	Historical Significance ¹
01	Maintenance Office Contains plant manager office, Motor Pool office, Motor Pool office and storage for automobiles	² 1937	NRR	1 story- frame	5 to 10 yrs	N
02	Maintenance Equipment Storage of Miscellaneous equipment	1958	NRR	1 story-stl. fr	5 to 10 yrs.	N
03	Maintenance Shops Contains plumbing, steam, paint, garage, glass and machine shops	1917	NRR	1 story- masonry	5 to 10 yrs.	N
04	Power House Contains boiler room and Electrical shop	1917	?	2 story- concrete	10 to 15 yrs.	2
05	Laundry Main Laundry	1917	?	2 story- concrete	5 to 10 yrs.	2
06	Auditorium Auditorium, ceramic shop, sewing, CAP Program	1933	NRR	3 story- conc/brick	Needs repair	N
07	North Hall Legal Offender Unit	1934	NRR	5 story conc/brick	1999	2
08	Research Building Library Offender Offices, Safety Offices, Offices and Amphitheater	1948	None	3 story- conc/brick	Needs repair	N

BUILDING ASSESSMENT

Building	Name	Year Constructed	Last Remodeled	Description ²	Expected Life	Historical Significance ¹
09	Wards Adult Psychiatric Wards	1954 ²	Predesign	5 story- conc/brick	2004	2 ¹
10	Activities Therapies Gym, bowling alley, exterior swimming pool, block shop, club room and Christmas storage	1961	None	1 story- conc/brick	2011	INT
11	Commissary	1933	NRR	2 story- concrete with basement	2025	N
12	Supply Office	?	?	1 story wood	2000	N
13	Pharmacy/Central Supply	1975	None	Concrete	2005	INT
13A	Old Morgue	1887-1889	NRR	1 story-brick	Historical	1
14A	Old Butcher Shop	1887-1889	NRR	1 story- conc/brick	Historical	1
15	Greenhouse	1940	None	1 story glass	2000	N
16	Dietary/Staff Development Kitchen, Dining and Educational Center	1930	?Addition	1-3 story conc/brick	Needs repair	N
17	Wards Adult Psychiatric Wards and Administrative Offices	1938	1992	4 story- conc/brick	2022	2

BUILDING ASSESSMENT

Building	Name	Year Constructed	Last Remodeled	Description ²	Expected Life	Historical Significance ¹
18	General Administration Administrative Offices	1934 ²	1994	4 story- conc/brick	2024	2 ¹
9	Wards Upper floor contain Adult Psychiatric Wards lower floors, Home Care Offices, Post Office, Social Work Offices	1934	1994	4 story- conc/brick	2025	2
20	Wards Upper floor contain Adult Psychiatric Wards Lower floors, Medical Records Department, Inventory control storage	1934	1991	4 story- conc/brick	2025	2
21	South Hall Upper floor contain Geriatric Medical Wards	1948	1989	5 story- conc/brick	2014	2
22	Does not exist					
23	Chapel Chapel and living quarters for chaplaincy intern	1925	NRR	2 story- wood/stucco	2010	2
24	Payroll/Legal Services	1938	NRR	2 story- conc/brick	2000	INT
25	Patient Lounge	1938	NRR	2 story- conc/brick	2000	INT
26	Tacoma Work Release Contains the Tacoma Work Release Training Program	1945	NRR	2 story- wood/brick	2000	N
27	PALS-Wards	1945	1987	1 story- conc/brick	2017	2
28	Morgue	1934	NRR	1 story- conc/brick	5 to 10 yrs	N

BUILDING ASSESSMENT

Building	Name	Year Constructed ²	Last Remodeled	Description ²	Expected Life	Historical Significance ¹
29	East Campus/Wards Geriatric Psychiatric Wards, support functions and related Offices	1982	None	1-2 story- concrete	2032	N
30	Portable/West Storage	?	None	1 story wood frame	1998	N
31	Portable/East Storage	?	None	1 story wood frame	1998	N
32	Inventory Control	1985	?	1 story steel	2005	N
33	Carpenter Shop Carpentry Shop and Storage	?	?	?	2005	N
34	Maintenance Warehouse Warehouse Storage for Maintenance Department	1979	None	1 story steel	2019	N
35	DOC Warehouse	1992	None	1 story steel	2020	N
36	Chiller Building	1994	None	1 story steel	2024	N
37	Generator Building	1994	None	1 story steel	2024	N
38	Reserved for WSH					
39	Reserved for WSH					
40	Old Cottage 1	1857	1980	1-½ story- frame	Historical	1

BUILDING ASSESSMENT

Building	Name	Year Constructed	Last Remodeled	Description ²	Expected Life	Historical Significance ¹
41	Old Cottage 2	1857 ²	1980?	1-½ story- frame	Historical	1 ¹
42	Old Cottage 3	1857	1980?	1-½ story- frame	Historical	1
43	Old Cottage 4	1857	1980?	1-½ story- frame	Historical	1
44	Old Cottage 5	1934	NRR	1-½ story- frame	<5 yrs.	2
45	Old Cottage 6	1934	NRR	1-½ story- frame	<5 yrs.	2
46	Old Cottage 7	1934	NRR	1-½ story- frame	<5 yrs.	2
47	Old Cottage 8	1934	NRR	1-½ story- frame	<5yrs.	2
48	Old Cottage 9	1934	NRR	1-½ story- frame	<5yrs.	2
49	Old Cottage 10	1934	NRR	1-½ story- frame	<5yrs.	2
50	Elementary Sch/Admin/Gym	1961	1992	1 story	2022	N
51	High School	1994	NRR	1 story	2044	N
52	Camano Cottage	1961	NRR	1 story	2011	N
53	Ketron Cottage	1961	NRR	1 story	2011	N
54	Orcus Cottage	1987	NRR	1 story	2037	N
55	Maint Building Cottage	1987	NRR	1 story	2037	N

BUILDING ASSESSMENT

Building	Name	Year Constructed	Last Remodeled	Description ²	Expected Life	Historical Significance ¹
56	Day Care Center	1987 ²	NRR	1 story	2037	INT ¹
57	Oakridge Home	1969	NRR	1 story wood frame	2019	N
Structures South of Steilacoom Boulevard associated with the Hospital Farm Complex						
B	Caretakers Residence	1916 to 1931	NRR	Wood frame	—	N
D	White Building	1916 to 1931	NRR	(demolished)	—	N
H	Root Cellar	1916 to 1931	NRR		—	2
I	Framing Building	1916 to 1931	NRR	Wood frame	—	2
J	Framing Building	1916 to 1931	NRR	Wood frame	—	2
K	Framing Building	1916 to 1931	NRR	Wood frame	—	2
L	Framing Building	1916 to 1931	NRR	Wood frame	—	2
M	Framing Building	1916 to 1931	NRR	Wood frame	—	2
N	Framing Building	1916 to 1931	NRR	Wood frame	—	2
O	Farm Building	1916 to 1931	NRR	Wood frame	—	2
P	Farm Building	1916 to 1931	NRR	Wood frame	—	2

NRR = no recent renovations

N/A = not applicable

1 = "Primary" historical significance* 1

2 = "Secondary" historical significance* 1

N = Not indicated to have historical significance 1

INT = Building Intrusion into Historical District. Additional buildings may be considered intrusions, but are not indicated on the registration documents 1

1. The information regarding the historical significance of various buildings has been obtained from the National Register of Historic Places Inventory Nomination Form. A copy can be obtained from the State Historical Society, Olympic, Washington.
2. The information regarding building names, date of construction and construction materials has been obtained from the "Department of Social and Health Services Facility Assessment Program" and other sources. For additional building information, refer to the full document dates 8/30/95.

HISTORIC PRESERVATION PLAN

Western State Hospital will continue to monitor and update structures listed on the National Trust, will include reuse of historic buildings in the hospital's program requirements, and will preserve suitable historic buildings and historic site features.

WSH will work with the Fort Steilacoom Historical Society, City of Lakewood Landmarks Commission, and the Washington State Department of Archeology and Historical Preservation to preserve Buildings 40, 41, 42, 43, Fort Steilacoom Officers Cottages.

Buildings in poor condition, which have been determined to be unsuitable, will be documented and photographed, prior to removal. WSH will attempt to salvage significant building details: such as weather vanes, door hardware, light fixtures or other components and incorporate them into public areas for display.

Immediately west of the Fort Steilacoom Officers Row, the original hospital buildings are arranged in a west-facing "U" shape configuration. The original connecting complex was built over several years and consists of buildings 9, 16, 17, 18, 19, 20 and 21. Except for building #9, the buildings have been renovated and carefully remodeled and repaired, preserving major features such as: exterior building elements and fenestration proportions, precast or stone trim, cornices, mission style clay tile roofs, and brick patterning

Along the north side of the central campus area, there are a number of support buildings that were built in the 1920's and 1930's. The Auditorium and Library, buildings 6 and 8, are brick structures and will be included in the design of the patient quadrangle as patient support facilities. Although the Auditorium is not currently in use, it is scheduled to be renovated with its character preserved. Building 7 was severely damaged in the 2001 earthquake, subsequently condemned and demolished.

Located west of the Auditorium, there are three support buildings that were built in the 1920's. Those are the Maintenance Shop, Powerhouse and Laundry. Typical of industrial support buildings of the time, all three are concrete structures with industrial steel sash windows, cornice treatments and cast embellishments. All three buildings are in use and are scheduled to continue in their current functions. The Laundry is currently undergoing fire damage repairs and the character of the building will be preserved.

Cottages built in the 1930's and 40's, located east of the Officers Row, have been determined to be unsafe and are scheduled for demolition.

Buildings 23, 24 25 & 26 are not suitable for patient program space and may be replaced with new patient ward and support space. All four buildings are wood frame with brick veneer and are generally in poor condition.

As buildings are renovated or replaced, existing architectural elements, proportions, and scale will be incorporated to reflect and maintain the historic context of the campus.

The wife of the first hospital superintendent imported non-native trees which are planted throughout the site. Many of these trees are marked with a small inscribed placard describing their historic nature, which will be preserved.

BUILDING ASSESSMENT

The United States Department of the interior - National Park Service, has developed standardized resources that can be used when planning on modifying, removing or restoring structures of a historical nature. Developed to promote consistent preservation practices, the standards can be applied to properties, buildings, sites, structures, objects and districts that have been designated as a historical landmark.

Although non-regulatory, WSH will use the Secretary of the Interior's Standards for the Treatment of Historic Properties when undertaking work on historic properties. WSH will select the most appropriate treatment process, preservation, rehabilitation, restoration, or reconstruction depending on its intended use and for compliance with local building codes. Their website is located at http://www.nps.gov/history/hps/tps/standards_guidelines.htm.

PROGRAM ASSESSMENT

PROGRAM ASSESSMENT

Requires additional input from Western State Hospital staff and administration to further understand nature of work and how departments may change in response to the institution's vision.

SUMMARY OF NEEDS

SUMMARY OF NEEDS**NEEDS IDENTIFIED BY FACILITIES DEPARTMENT AT WESTERN STATE HOSPITAL**

1. Central Campus Redevelopment –
 - a. Quadrangle Pre-Design Development – A carry-over project from last year. In order to remove vehicle traffic from the Quadrangle to provide security and central services to the residents of Central Campus, Design the use of Building 9.
 - b. Support Services Pre-Design Development – Relocate the Main Kitchen, Commissary, Central Supply and Laundry. Though the Commissary and Laundry are not in the Quadrangle for central services, these functions should be grouped together.
2. Relocate the Main Kitchen, Commissary.
3. New entrance road to East Campus/East Campus parking lot paving/lighting.
4. East Campus Retrofit and ADA Upgrade – This building is over 25 years old and many utility services, floorings and fixtures need to be repaired and/or updated to meet the needs of the patients and to maintain Infection Control and DOH, CMS and JCAHO Standards. This project would need to be phased in one wing at a time. Currently, Wards E-1 and E-2 are completed and the remaining Wards E-3 – E-8 would need to be completed.
5. CFS Two - Four Ward Expansion
6. New Pharmacy/Central Supply
7. Building 27 reprogramming upgrade
8. Laundry – Implementation of Laundry Study/Replacement of Building
9. Replacement of Office Buildings (Buildings 24, 25) – Buildings 24 and 25 are reaching the end of their life cycles and there's a need to move non-patient activities out of the Quadrangle. A replacement office building is needed to house: Computer Information Services, Regional Support Network, Attorney General, Hospital Reimbursement Groups, RSN Liaison Director, Financial Benefits, Financial Recovery, Admitting Services Finance Group, Organizational Performance and Quality Management. Additional space may be required in this building for SCC.
10. Remodel Building 9.
11. Personal Alarm Duress System Build Out – Follow the prioritized list for installation for a full build out of the Alarm System Campus Wide. COAS, Parking Lots, Equipment Tracking, alarm Pendants and training.
12. Key/Door Control Card System – To install card readers on every door campus-wide to control entry and monitor access to all rooms for safety and security of patients, staff and property.
13. Modification of Physical Therapy Area (Building 29) for better space utilization for therapeutic patient use.

SUMMARY OF NEEDS

14. CCTV/Cable Television – To provide an avenue for information and training for patients and staff through closed circuit TV. To provide our patients with alternative, informational and educational television programming.
15. Replacement of Maintenance Shops – Current facilities have met their life span, built in 1903. Shops need to be designed to be safe, secure and efficient for use.
16. COAS Day Treatment Expansion – Increase occupancy load capacity to optimize therapeutic programming.
17. Loading Dock for Building 28 food/ laundry delivery.
18. COAS Court Yard Shelter – Provide a safe shaded area for the patients to enjoy the outdoor courtyard yearlong.
19. DD Storage Facility.
20. Car Wash Station – Department of Ecology will not allow washing of any vehicles on this property without proper controls. This would provide a specified area for the washing of all vehicles with the proper oil separation equipment. WSH currently pays to wash cars, trucks and equipment off campus. This would also be a good patient work station or an avenue for patients once again to hold “Car Washes” to gain funds for Ward Projects.
21. Commissary remodel to Facilities Department office.
22. Secure Emergency Communications Infrastructure Upgrade and PBX System Replacement.
23. Replace the Sally Port Doors in CFS Level 1 – To maintain safety and security, these doors need to be replaced with doors that are rated to be open and closed on a very consistent basis. Current doors were not designed to withstand the continuous use and they malfunction frequently, presenting a security breach and safety hazard.
24. East Campus Lab and dental office upgrades/HVAC upgrade.
25. Campus Wide Carpet/Flooring Replacement.
 - a. Nurses’ Stations and other locations where flooring is beyond life expectancy and in need of replacement to maintain sanitation and Infection Control. Carpet classrooms in Staff Dev. - remove carpet from back of 205 that is really beyond economic repair and carpet rooms 205, 214, 221, and 222.
 - b. COAS Flooring – To provide safe flooring (Nora rubber flooring) that will aid in the safety of patients falling, decrease injuries, decrease noise levels. To include Wards E-3 – E-8.
26. Hazardous tree evaluation/removal.
27. Campus Wide HVAC Repair/Retrofit & Upgrade – (carry over from previous years).
 - a. This will complete the air quality improvement project in Building 21. This will provide a new Air Handling Unit and Centralized Controls. Provide replacement units for other buildings identified in the Facilities Condition Assessment. Buildings 19, 20, 21 and 29.
 - b. Improve Building Controls not a part of the ESCO project.
28. Security upgrade for all Warehouses and Pharmacy/Central Supply.

SUMMARY OF NEEDS

29. CFS Emergency Power Transfer Switch Upgrade – Currently Wing A has no backup power, nor do the offices on each ward, leaving personnel in the dark not being able to work and in some cases see to travel in the building.
30. Campus-wide Parking Lot Review and Implementation.
 - a. For security and safety, provide upgrade to all the parking lots to fill in holes, pave, lighting and line stripping.
 - b. Implementation of the Traffic Study – Institute the suggested Traffic Study to improve the roads and sidewalk infrastructure of WSH.
31. Roads and Grounds – Upgrade/repair to include Sentinel Drive.
32. Campus-wide Signage – Interior and Exterior.
33. New pump house electrical upgrade.
34. Building 6 (Auditorium) Remodel – Asbestos abatement, ADA accessibility and upgrade for patient programming and leisure activities, would provide a space for evening and weekend programming. This facility has great promise, but it needs to be repainted inside. It also needs ADA access via ramp or elevator, bathroom remodeling per ADA, new curtains on stage, floor refinishing, acoustic alterations and a new sound system. ADA accessibility for ground floor functions, i.e. ceramics.
35. Electrical Upgrades for buildings 4, 8 and 25.
36. Campus-wide Roof Repair.
37. Plumbing Upgrades – Building 10.
38. Dietary Services Main Kitchen. Walk-in refrigerator upgrade.
39. Laundry Equipment – In the event that the “New Laundry” facility is not approved, this request is being made to replace the current old inefficient equipment in the WSH Laundry. The upgrade would benefit the taxpayers by providing a more efficient use of resources that supports our efforts in the DSHS Sustainability Plan and goals.
40. Campus-wide Exterior Building Repair/Cleaning/Painting.
41. Maintenance Department Storage Facility – To provide adequate space for the safe keeping and storing of the multiple equipment and supplies utilized by the Maintenance Shops.
42. Archival Space for Documents – WSH stores its archived records in many nooks and crannies, most unheated and in basements of buildings. Archived records at WSH have been an ongoing problem. The first step would be for the Hospital to get a handle on these records. If needed, this project would centralize and provide secure storage of archived records.
43. Appropriated Funds Remodel – Add Walls to separate the multiple functions that are placed in this one open large space. To provide and maintain privacy of sensitive material and documentation.
44. Campus-wide irrigation improvements.
45. Historical Cottages Upgrade – Roof and Siding is in desperate need of repair, to maintain the structure of the buildings.

SUMMARY OF NEEDS

46. Demolition of Bakery (Building 14A) – The 2001 Earthquake destroyed the rear wall of this historic building and no funding is currently available for repair. As it is located inside the Quadrangle, and is structurally unsafe, this building will be historically documented and demolished.
47. Historic rock wall preservation.
48. Amphitheater Renovation – To provide an aesthetic looking, safe, efficient training environment.
49. Abate and demolish Cottages and historical Bakery Building 14A.
50. Laundry Lint Diffuser System.

LIST OF MAJOR PROGRAMMATIC PROJECTS IDENTIFIED IN 1996 MASTER PLAN THAT ARE VALID FOR NEW MASTER PLAN

1. Renovate WSH's Building 9.
2. Develop a Safe & Secure Patient Quadrangle Yard for WSH's Central Campus.
3. Re-Develop CSTC's outside Recreational Therapy and Activity Facility.

LIST OF SITE AND LANDSCAPE NEEDS IDENTIFIED BY LANDSCAPE AND SITE PLANNING STUDY BY JEFFREY GLANDER AND ASSOCIATES

1. Upgrades to Sentinel Road
2. Replacement of Rock Fence and New Walk Along Steilacoom Boulevard
3. Campus Wide Beautification – Phase 1
4. Campus Wide Beautification – Phase 2
5. Campus Wide Hazardous Tree Survey
6. New Round About at Campus Entrance on Steilacoom Blvd.
7. Improvements to Hillside Above Artesian Well and Hatchery
8. Improve Golf Course Entry
9. Disc Golf Course Renovation

LIST OF NEEDS IDENTIFIED IN THE DSHS STRATEGIC PLAN 2007-2011

1. Construct a new Kitchen and Commissary Building at WSH
2. Construct a new Activity and Therapy Building at Child Study and Treatment Center
3. Construct a new 48 Bed Children's Facility at WSH
4. Remodel and Addition at Maintenance Shops at WSH
5. New Nora Flooring in Geriatric Wards at WSH
6. Storm and Sanitary Sewer Upgrades at WSH

PROBLEM / OPPORTUNITY STATEMENTS**ACTIVITY FACILITIES****DESCRIPTION**

The existing activity facility located in Building 10 was constructed in 1961. When it was constructed, it provided activity space for a patient population which is very different than the typical adult patient currently at Western State Hospital. The location on site makes it out of reach by many of the current population or is not suited for their use. The PALS program is the largest single group that currently uses Building 10. Limited smaller groups are escorted to the building from other wards to use the building. The existing exterior swimming pool, west of building 10, is no longer operational and is too small for efficient use. Other outside activity spaces on campus are either limited in area, are compromised by vehicle traffic in and around service buildings or service entries, or are not well suited for the current patient population.

PROBLEMS:

- Most of the activity spaces are not well suited for general patient use.
- The location on campus of Building 10 is too remote from the general ward areas.
- The exterior pool is too small, non operational and difficult to maintain.
- There is a lack of adequate drinking fountains or restrooms on the grounds for patient use.
- There is a lack of properly equipped exterior space and facilities to accommodate large numbers of people for annual functions.
- The site lacks clear pedestrian circulation routes linking activity areas or buildings to separate foot traffic from vehicular traffic.
- The existing center of campus is not accessible to large numbers of patients due to lack of adequate safety and security features.
- Most exterior patient areas are not well suited for year round use.

OPPORTUNITIES:

- Use Building 10 for the exclusive use of the PALS program and develop a stronger link to Building 27.
- Remove the existing parking lot from the area around the existing food service building and the routine service vehicle circulation routes from the center of campus.
- Organize the center of campus to provide a safe and secure exterior retreat where individuals or large groups of people can use and feel comfortable in both active and passive activities.
- Provide new activity space adjacent to, or in, a new central campus courtyard.

- Develop activity space suited to the abilities of the current and anticipated future patient population.
- Provide weather protected space in the courtyard which can be used year round.
- Provide facilities such as paths, walkways, and covered walks which will encourage walking in all weather conditions.
- Provide interior activity space adjacent to, or integral with, new ward facilities.
- Provide passive exterior space for patients and their visitors.
- Provide drinking fountains and restroom facilities accessible from the patient courtyard.
- Provide an indoor therapeutic pool facility.
- Remove Building 13 or remodel it for more directly related patient activities.

FOOD SERVICE FACILITY

DESCRIPTION

The existing food service building is housed in Building 16. This building was originally constructed as the main power plant for the institution and has undergone numerous remodels and additions to become the present facility. As several food service studies have indicate the existing building and the method of food preparation are obsolete and needs to be updated to improve the efficiency of the process.

PROBLEMS:

- The method of food preparation and delivery is obsolete and labor intensive.
- The kitchen layout is compromised due to existing building restraints.
- The location of Building 16 requires service vehicles to circulate into the center of campus which conflicts with private autos and pedestrians.
- The dining room facility which is associated with the food preparation area is not used to the capacity it was designed due to the change in the patient population over the years.

OPPORTUNITIES:

- Construct a new dietary facility which maximizes the newest technology and methods for food preparation and distribution.
- Locate a new facility on campus which improves access for deliveries and distribution to the entire campus.
- Remove the existing food service facility and its associated service vehicles from the central campus area.
- Demolish portions of Building 16 which will provide additional exterior ground level area in the courtyard.

SUMMARY OF NEEDS

- Remodel remaining main floor portions of Building 16 into patient oriented activity areas or treatment space.
- Consolidate other related displaced service facilities into a single building which takes advantage of economies of scale and which can share common facilities.

CENTRAL SUPPLY

DESCRIPTION

The central supply is located in Building 13, which it shares with pharmacy. Central Supply handles distribution of medical supplies to treatment wards and sterilization of equipment. The building is serviced by vans on the west side of the building which it also shares with pharmacy.

PROBLEMS:

- The existing space is not adequately sized for the present functions and storage requirements.
- Existing services utilities need upgrading and repair.
- Building 13 is located in a key area of the campus which is recommended to be patient oriented functions rather than service functions.
- The architecture of Building 13 is incompatible with adjacent structures.
- Service vehicles to Building 13 must pass into areas of campus which conflict with pedestrian traffic.

OPPORTUNITIES:

- Relocate Central Sterile to a new facility with adequate space and better loading facilities.
- Consolidate other relocated service facilities into a single building which takes advantage of economies of scale and which can share facilities.
- Remove building 13 or remodel it to be used for patient activity space.

COMMISSARY

DESCRIPTION

Building 11 was built in 1933 to serve as a cannery. It contains two floors above grade and a basement. Each floor contains approximately 9,000 square feet. The main floor is approximately 4 feet above exterior grade. The major materials which are handled are patient clothing, food and office supplies.

PROBLEMS:

The building has been remodeled several times to serve as the institution's main commissary. The following are some of the most critical building concerns:

- Due to the multiple floors moving materials is extremely labor intensive requiring a lot of hand work.

SUMMARY OF NEEDS

- The low ceiling height does not permit the use of fork lifts for moving materials.
- The location of the loading dock conflicts with other campus traffic and pedestrians.
- Control of inventory is compromised due to multi-floor configuration of the building.
- **OPPORTUNITIES:**
- Relocate to an area of campus which where other vehicle traffic is not impacted.
- Provide a new facility which is on one level with appropriate ceiling height to use fork lift equipment.
- Consolidate other service oriented facilities into the same new building for economies of scale and shared use of appropriate facilities (loading docks, offices, etc.).
- Locate the commissary to allow easy access to all of the campus.
- Remove building for additional parking spaces or remodel for other more appropriate use suited to the building's structural characteristics.

LAUNDRY

DESCRIPTION

The present laundry is located in Building 5. The building was constructed in 1917.

PROBLEMS:

- The location of the existing laundry forms one portion of the north edge of the service zone boundary adjacent to the power plant. If the service road is extended to better serve East Campus, the laundry building needs to be removed.
- The existing facility was sized for much more capacity than the current need.
- The existing equipment is requiring more and more maintenance to keep operational.

OPPORTUNITIES:

- The building is in poor condition and is in need of additional repairs and renovation.
- A study of this facility was recently completed and components of that study's conclusions are being incorporated as part of repairs due to a recent fire.

PRIORITIZATION OF NEEDS

PRIORITIZATION OF NEEDS

The following needs were identified by the Western State Hospital Staff as necessary to the continued operation and improvement of patient care at the hospital. These needs have been prioritized as follows:

1. New Dietary Services/ Commissary Building – Major Programmatic Project

The master plan for Western State Hospital calls for the development of a central campus quadrangle focused on patient activities and services but separate from vehicular traffic and campus support services. The existing Kitchen/Dining Building operates in the middle of this proposed quadrangle. The kitchen facility is inadequately housed in space originally designed as the central boiler plant. The kitchen is poorly laid-out with outdated equipment in need of constant repair; inefficiently organized; and does not allow progression to modern cooking techniques. The building is not structurally sound and should not be renovated. The kitchen and dining functions need to be located to a new building on the perimeter of the quadrangle.

This new kitchen facility should be designed for modern and efficient food service storage, preparation, handling, and delivery systems. It should be designed as a flexible space to allow installation of a "cook-chill" food preparation system (10% food costs savings and 25% labor cost savings are projected) and provide convenient access into and out of the building to accommodate bulk food handling and delivery systems.

This new building should also include the commissary, which is poorly accommodated in the existing Commissary Building. The existing Commissary Building is a three-story structure; has a floor plan that does not accommodate efficient high-bay storage systems; and is located some distance from the kitchen. The design for the new commissary should provide adequate space for food commissary functions with coolers, freezers, and dry storage areas sized to use carts for moving food stores.

The central campus quadrangle should enable the hospital to implement a treatment plan based on a program that includes a secure, spacious, vehicle-free hospital quadrangle available to most civilly committed patients, not only those that have grounds privileges. This quadrangle needs to be enclosed for community, patient, and staff safety; landscaped to feature therapeutic, recreational, and social opportunities; provide a sense of place; and allow internal movement within a secure perimeter.

The pre-design and design effort for this project must be coordinated with that of the Laundry Building, project 2006-2-325. Both facilities will be located in the same service zone and the designs should be coordinated to maximize efficiencies in service routes, utilities, loading dock functions, waste handling, etc.

Completion of this project will move forward the next phase of development for the Western State Hospital campus. Each advance toward the quadrangle completion has a compelling impact on clients. Those patients with ground privileges are able to go outside and move around with some freedom. Patients that are not allowed that freedom, for their security or the security of others, will be able to spend the day in a much lower-density ward where space can be used therapeutically. When the quadrangle is complete, the majority of civilly

PRIORITIZATION OF NEEDS

committed patients will be able to have grounds privileges. Overall, this plan will promote better treatment and more treatment options. This will allow patients to spend more time away from confining wards. This results in shorter, more effective, and less costly treatment; reduced future census pressure for additional wards; and the avoidance of future capital costs to develop additional wards.

2. Quadrangle Fencing – Minor Programmatic Project

To provide a secure fence with in the Central Campus Quadrangle Area to provide a safe and secure area for patients to travel to patient services allowing patients at lower levels to access these services and enjoy the out door environment. Provide a barrier to outside negative influences and increase control of contraband.

3. East Campus Corridor Safety upgrade and classroom development – Major Programmatic Project

The second floor corridor between Wings B and C currently has a section that is open to the first floor. We have had one resident of Child Study and Treatment Center who jumped off this area and landed on the first floor injuring herself.. This is a potential safety hazard that needs to be enclosed. In enclosing this area the Hospital would like to provide classrooms in this location to be used for expansion of the patient Day Treatment Mall. This would provide the opportunity for treatment to patients and alleviate the overcrowding with in the current Day Treatment area on the second floor.

4. East Campus Day Treatment Facility – Major Programmatic Project

This will allow for treatment and recovery services to be provided in well-designed areas which are free of distractions, properly sized for the COAS population and designed for the types of activities being held. Presently, there are not enough spaces in COAS to provide treatment for all of the patients. This has forced the Center to provide treatment in spaces which can be easily interrupted by other patients not in the group such as day rooms, hallways and dining rooms; in areas where the noise of other classes interfere such as the existing COAS Learning Center which is in portioned spaces in a large dining room; or in rooms are not available all the time such as the Chapel. There is no space to increase the number of treatment groups being provided so that group size may increase to numbers not conducive to therapy. Additionally, in order make use of a large space for gym type activities, these older adults have to go in excess of 1/2 mile one way to go to the gym. Lastly, COAS has no large space to provide patients socialization such as a dance, musical or drama performance.

5. Central Campus Day Treatment Facility – Major Programmatic Project

This will allow for treatment and recovery services to be provided in well-designed areas which are free of distractions, properly sized for the CAS population and designed for the types of activities being held. Presently, there are not enough spaces in CAS to provide treatment for all of the patients. This has forced the Center to provide treatment in spaces which can be easily interrupted by other patients not in the group such as Wards with day rooms, hallways and dining rooms; in areas where the noise of other classes interfere.

PRIORITIZATION OF NEEDS

6. East Campus Upgrade – Major Programmatic Project

This project will preserve the building for another life cycle and provide a safe and secure environment for patients to reside. The current facilities utility infrastructure (electrical, plumbing, and HVAC including fire dampers) is beginning to fail. Additionally site lines for the safety and supervision of the ward is problematic and needs to be reengineered for increased visibility to maintain safety of patients and staff. ADA review and upgrade is necessary to better serve our patient population. The serviette and dining room/dayroom area need to be redesigned to be more functional for patient use.

7. Building 9 Remodel – Major Programmatic Project

Remodel the WSH building 9. This building was built in 1948 and is 96,121 square feet. It has not seen any improvements and is the last building on campus left to be renovated. This project was included in our 10 year plan and sequenced to be completed however the need for relocating the Center for Forensic Services moved to the top of the list and was completed in 2002. This building would be renovated to provide a patient service mall area, three patient wards and a floor of offices and conference rooms to service this building.

This building is a key component to our quadrangle development. The ground floor will serve as the patient service corridor and will provide therapeutic space for socialization, patient work programming and pull all the services from outside the quadrangle into this patient mall service area. Three floors will be designed and built as 30 bed patient wards. These wards are necessary to serve the Hospitals need for moving wards around for Preventive Maintenance and Environmental Enhancement when necessary. If census increases these wards will be available for use. One floor designed to be a space for multiple uses for treatment, class room function and office space. Currently Office space and treatment space is limited and not conducive to a learning environment.

8. Upgrade and Expand Dental Clinic Space – Minor Programmatic Project

Replace antiquated cabinetry and plumbing. Provide the cabinetry in new locations that will best assist the Dentist in providing service to the patients. Add additional space into the vestibule area outside the dental clinic for expansion of the office functions and provide a more secure area to maintain patient confidentiality and to follow HIPPA rules and regulations.

9. Security Upgrades for all Warehouses – Minor Programmatic Project

All of our Warehoused commodities should be stored with a security alarm system to protect them from theft. Currently only the Pharmacy and Central Supply have an active alarm system. This system is old and in need of replacement. In addition the Commissary, Maintenance Warehouse and Inventory Control have no security devices protecting our inventory. Replace the current security alarm system in Building 13, Pharmacy and Central Supply. Provide and Install Security systems in the following buildings to include audio and visual alarm systems: Building 11 Commissary, Building 32 Inventory Control, and Building 33 Maintenance Warehouse.

All Inventories is compromised and subject to theft without any kind of notification. The potential for the Pharmacy and Central Supply Building 13 Security System is high for failure, if it fails it leaves all inventory vulnerable to theft.

PRIORITIZATION OF NEEDS

10. Auditorium Renovation – Major Programmatic Project

Renovate the Auditorium for Day Treatment, Various Therapies and other off-ward activities. This building was built in 1933 and is 21,518 sq ft. The upper floor is a large auditorium with a stage and projection room and the lower floor is a therapeutic patient center with a store, lounge and ceramic shop. The roof structure needs repair and the interior needs repair from the damage caused by the water.

PRESERVATION LIST

The following campus preservation needs were identified by the Western State Hospital Staff as necessary to the continued operation and improvement of patient care at the hospital. The preservation list has been prioritized as follows:

1. Steam Tunnel Upgrade

a. Project Scope:

The structural integrity of the steam tunnel needs to be evaluated and the failing portions reinforced to maintain the utility systems i.e. phone and data lines, steam distribution. Maintain Life Safety for personnel entering the Tunnel.

b. Consequences if not completed:

Failure to maintain the integrity of this structure places the risk of damage to the structure, loss of utility systems and possible loss of life or injury to maintenance personnel servicing the tunnel systems.

2. Upgrade of the East Campus Fuel Day Tank

a. Project Scope:

Fuel tank needs to be upgraded to service the Emergency Generators located in this area that services both buildings 28 and 29.

b. Consequences if not completed:

Tank is undersized and reaching end of life expectancy. Tank may fail and not meet the capacity necessary for operating Emergency Generators placing patients with the potential for no electrical support during power failures.

3. CFS (Building 28) Emergency Generator upgrade to include all areas connected

a. Project Scope:

Add transfer switches so that during a power failure Wing A, the Administrative Offices and the Offices off each Ward on all Wards will not be with out emergency generator power during loss of power.

b. Consequences if not completed:

The administrative offices need power to be able to support the wards needs during a power failure. Critical communications are lost during power outages. Life Safety is at risk due to pitch black out conditions in Wing A, and also the offices that service the wards.

PRIORITIZATION OF NEEDS

4. Fire Alarm System Upgrade, Phase 2: Buildings – 5,6,8,9,10,16

a. Project Scope:

Upgrade the Fire Alarm Systems to maintain Life Safety to the occupants of the Bldgs. This is a continuation of funding that was received for some bldgs and now requesting funding to complete the rest of the buildings on Campus.

b. Consequences if not completed:

To provide Fire Alarm System to buildings that has antiquated systems that are failing or unable to maintain due to age and unavailability of parts. Systems may fail and not provide the necessary and required Fire Alarm notification in the case of fire placing patients and staff in danger.

5. East Campus Kitchen Roll up Door Replacement

a. Project Scope:

Replace the metal roll up doors in all of the kitchens in East Campus (8). Doors and functions on doors are failing and beyond economical repair.

b. Consequences if not completed:

Doors will completely fail and will be unable to function. Patients will not be able to be served via the roll up door area or the area will be compromised allowing patients to enter into the kitchen at will.

6. Roofing Projects: Buildings – 3,5,10,11,16,20,21,23,27,29,32,33 (If not demolished 44,45,46,48,49,14a, 13a)

a. Project Scope:

Repair all roofs that are failing and identified with in the Facilities Condition Assessment as needing assistance.

b. Consequences if not completed:

Identifying those roofs that have portions of failing roofs and need repair and keeping up on these repairs will prolong the life of the roofs. Failing to do so will result in ending up with a failing roof system and having to complete a total replacement. Not doing this will damage the contents of whatever is in the building that the roof is supporting.

7. Road Upgrades – Resurfacing and line stripping

a. Project Scope:

To maintain the infrastructure of the campus and to ensure safe passage for the patients, staff and visitors to the Western State Hospital campus.

PRIORITIZATION OF NEEDS

b. Consequences if not completed:

Besides further road structural failures requiring repair, the hospital may incur tort claims and law suits from persons injuring themselves and or their vehicles due to unsafe road and pathway conditions.

8. Parking Lot Upgrades – Resurfacing, line stripping and lighting

a. Project Scope:

Assess damage to parking lots and determine what is required to maintain the integrity and safety of the parking lot such as Fill all holes, repair cracks, seal top, and stripe all lines and handicap slots.

b. Consequences if not completed:

The parking lots will become a high risk for the State and will be subject to tort and injury claims. The lots will deteriorate to a point where keeping them maintained will not be enough and they will then need to be replaced, resurfaced at a very high cost.

9. North/East Campus Parking Lot

a. Project Scope:

The amount of space needed for servicing Buildings 28 and 29 are inadequate. The Gravel area near the Golf Course Parking Lot is being used as a Parking Lot and it is not designed to handle the load. An engineered, designed, lighted, paved parking lot is required to service our current needs.

b. Consequences if not completed:

This area has become dangerous with criminal activity and employees being injured due to tripping hazards, falls, poor cross walk resulting in an employee being hit by a car. Increased tort claims will result if appropriate conditions are not made available for safely parking.

10. Reconfiguration of the East Campus Parking Lot

a. Project Scope:

This lot needs to be redesigned to provide more adequate parking. The uneven, large landscaped islands are unnecessary and create a danger to anyone attempting to cross them.

b. Consequences if not completed:

Increase number of tort claims will occur. Increased parking accidents and possible law suits to follow.

PRIORITIZATION OF NEEDS

11. Restructure of East Campus 2nd floor Walkway

a. Project Scope:

This walk way is a corridor that is utilized by patients. The area is open from the second floor down to the first floor. This area needs to be enclosed and designed to be used for class room space.

b. Consequences if not completed:

One patient has already jumped from this height and injured herself. Future tort claims, accidents or law suits may be initiated if anyone else is hurt. This area is perfect to add class rooms for the COAS Day Treatment Mall, a much needed space.

12. Implementation of the Traffic Study: Install sidewalks and increase the safety of the crosswalks

a. Project Scope:

Implement all of the identified projects in the Traffic Study.

a. Consequences if not completed:

Road infrastructures are failing, Traffic patterns are becoming dangerous, patient's safety in walking through traffic compromises their safety as well as staff and visitors. This will continue until the Traffic Study is implemented.

13. Window Upgrades: Buildings – 1, 5, 23, 24, 25, 26, (If not demolished 44, 45, 46, 48, 49)

a. Project Scope:

Provide and install energy efficient windows.

b. Consequences if not completed:

Loss of energy and high electric bills.

14. Water Distribution Upgrades/Repair: Buildings – 4, 16, 23, 24, 25, 26

a. Project Scope:

Replace and repair failing plumbing system.

c. Consequences if not completed:

High cost of repair and potential for losing service to these buildings.

PRIORITIZATION OF NEEDS

15. Plumbing Upgrades/Repair: Buildings – 4,5,10,16,23,25,29

a. Project Scope:

Replace and repair failing plumbing system.

d. Consequences if not completed:

High cost of repair and potential for losing service to these buildings.

16. HVAC System Upgrade/Repair: Buildings – 13, 16, 21, 23, 24, 25, 26, 27 33 Control Upgrade buildings 21 west and 27

a. Project Scope:

Replace/repair failing HVAC system.

b. Consequences if not completed:

High cost of repair and potential for losing service to these buildings.

17. Electrical Upgrade/Repair: Buildings – 4, 8, 23

a. Project Scope:

Replace/repair failing electrical service.

b. Consequences if not completed:

High cost of repair and potential for losing service to these buildings.

18. Exterior Paint Projects: Buildings – All buildings campus wide

a. Project Scope:

Paint the exterior portions of all buildings i.e. siding, window sills, fascia, any painted surfaces for the protection and preservation of the buildings.

b. Consequences if not completed:

Per the Facilities Condition Assessment the buildings will continue to deteriorate until beyond economical repair with loss to state property.

19. Exterior Masonry Sealing: Buildings – 6,8,9,17,18,19,20,21,27,29

a. Project Scope:

Seal all exterior masonry to all applicable buildings and property on Campus.

PRIORITIZATION OF NEEDS

b. Consequences if not completed:

Per the Facilities Condition Assessment the buildings will continue to deteriorate until beyond economical repair with loss to state property.

20. Upgrade irrigation sprinkler system campus wide

a. Project Scope:

Upgrade the sprinkler system so that irrigation service can be provided and maintained campus wide.

b. Consequences if not completed:

Loss of landscape property campus wide if system is not maintained. Potential for increased fire damage due to lawns and beds not kept green.

21. Various Buildings: Key & Door Control Card system

a. Project Scope:

Provide a safe and secure locking system campus wide to maintain the safety and security of patients, staff and inventory.

b. Consequences if not completed:

Keyed system is flawed and open to high security risk and loss of property.

22. Various Buildings and Exterior Court Yards and Parking Lots: Personal Duress Alarm, Phase 4

a. Project Scope:

This project will complete the final phase of purchasing and installing the Personal Alarm System in the remaining buildings on campus: Buildings 29, 27, 10, 6, 8, 16, parking lots in the Central and East Campus. The Personal Alarm system has been installed in all other Patient use buildings on campus this will complete the installation of this system on campus.

b. Consequences if not completed:

This system has proven to be a valuable asset to the Hospital. When a staff member finds themselves in need of assistance they activate the alarm, the alarm goes to the switchboard where an operator sends a broadcast message for assistance. The employee who initiates the alarm can be physically tracked if they are moving by the switchboard operator and the operator gives updates to the people giving assistance. Failing to complete the installation leaves staff and patients vulnerable in the areas not yet completed.

23. Fire Hydrant Replacement, Phase 2

a. Project Scope:

Complete the replacement of Fire Hydrants that were not able to be completed in Phase 1 due to lack of funding.

b. Consequences if not completed:

Fire Hydrants that were not upgraded may fail.

24. Hazardous Tree evaluation and Implementation, Phase 2

a. Project Scope:

Phase 1 of this project was partially completed. The work needed was identified and the most Hazardous Trees were removed. Still remaining is the identified work that needs to be completed for pruning and trimming the identified trees to maintain the life and safety of the tree. In addition not all trees on campus were reviewed. The remaining trees on campus will need to be evaluated and the results of that evaluation implemented. Implement the Phase 1 recommendations for pruning and trimming the identified trees in the study. Evaluate the remaining trees on campus, implement the recommendations from the evaluation.

b. Consequences if not completed:

If this work is not completed the identified trees that require pruning may have the life of the tree shortened also may become a hazardous condition with potential to harm patients and staff.

25. Restoration of Auditorium Bldg 6

a. Project Scope:

Renovate the Auditorium for Day Treatment, Various Therapies and other off-ward activities. This building was built in 1933 and is 21,518 sq ft. The upper floor is a large auditorium with a stage and projection room and the lower floor is a therapeutic patient center with a store, lounge and ceramic shop. The roof structure needs repair and the interior needs repair from the damage caused by the water.

b. Consequences if not completed:

Per the Facilities Condition Assessment the buildings will continue to deteriorate until beyond economical repair with loss to state property.

PRIORITIZATION OF NEEDS

26. Dental Clinic Interior Upgrade and Space Expansion

a. Project Scope:

Replace antiquated cabinetry and plumbing. Provide the cabinetry in new locations that will best assist the Dentist in providing service to the patients. Add additional space into the vestibule area outside the dental clinic for expansion of the office functions and provide a more secure area to maintain patient confidentiality and to follow HIPPA rules and regulations.

b. Consequences if not completed:

Failure to complete this compromises the efficient service to the Patients and breaks HIPPA laws and regulations.

27. Asbestos Abatement: Building 10 Bowling Alley

a. Project Scope:

Remove all the asbestos in this location. Currently in floor/wall tiles and ceiling. Rehab wants all Bowling alley material moved to make way for a Therapeutic Treatment area.

b. Consequences if not completed:

Unless asbestos is removed this room cannot be used for anything other than the Bowling Alley. The Bowling Alley is beyond economical repair and therefore is sitting empty.

28. Amphitheater ADA compliance Upgrade

a. Project Scope:

To provide up to code access to meet ADA compliance. Currently no ADA accessibility is available.

b. Consequences if not completed:

Do not meet ADA code requirements. Continue to limit the ability to provide access to individuals that require ADA accessibility

**RECOMMENDATIONS /
DESIGN GUIDELINES**

EVALUATION CRITERIA

- Identify methods to allow the institution to continue to evolve and meet the needs of the people of Washington State.
- Develop design options which allow Western State Hospital to meet building needs with minimal impacts to adjacent property.
- Develop solution for future development which respects and enhances the historical significance of the site.
- Develop safe, patient oriented outdoor space with appropriate security and activity areas.
- Establish clear and safe circulation routes, throughout campus, for pedestrians, private autos and service/delivery vehicles.
- Relocate the central pharmacy from its existing location and reuse the building for patient activities or related patient use.
- Identify areas for future service buildings, patient housing, patient therapy/program space and areas for future reserve.
- Indicate areas on campus or methods where future utilities can be added which will help facilitate future building construction.

INTRODUCTION

The master plan evaluation process developed a 10 Year Campus Master Plan (“The Best Alternative”) for the future of patient care at Western State Hospital. The 10 Year Campus Master Plan is shown in “The Best Alternative – The Campus Master Plan” section, with detailed descriptions of the conceptual components and recommendations for campus zoning revisions. In defining the future needs of WSH, the following concepts were incorporated into The Campus Master Plan.

EXISTING FACILITIES

The existing facilities (Buildings 9, 17, 18, 19, 20 and 21) have been renovated in the last 10 year period. The renovations have maintained the exterior character, but the interior functions and treatment space are not flexible due to the restrictions of building widths, shape and structural bay dimensions. In approximately 25 to 30 years these buildings as well as buildings 23, 24, 25 and 26 will have reached the end of their useful lives in their ability to provide an environment for providing psychiatric care. While these facilities can continue to provide for support services and administrative needs, it is the recommendation of the master planning team that no further renovations occur within the existing buildings to provide patient care units. Future project funds for the construction of replacement inpatient units is a more effective use of capital for the care of patients at WSH.

HEIGHT OF FACILITIES

Access to outside environments is a significant patient need and an integral component of the psychiatric medical model. Patient access to these outside activity areas needs to be

effective and efficient for staff to control and monitor. For these reasons, the master planning team recommends that future inpatient units be designed in one- to two-story buildings predominately, and where indicated by the specific program elements a three-story structure would be considered the maximum building height.

VEHICULAR TRAFFIC

The existing mix of visitor, staff and service vehicular traffic patterns is in need of reorganization, especially where these pathways interface with pedestrian/patient pathways. The master planning process has defined a goal to separate visitor traffic from staff/service flows to avoid traffic flows through patient/public outdoor activity zones.

The vehicular traffic revisions shown on the master plan are described below:

The 10 Year Campus Master Plan provides for a signalized main entrance/exit point at the easterly location, which could be guarded and monitored. A separate signalized staff entrance/exit location near existing Hollywood Gate. The main entrance can be accessed from the east by a separate right turn and the secured gate and directional information will be located inside the campus. All other entrances along Steilacoom Blvd. would be closed. Other points at west and north sides would be designated for maintenance and staff access only and would be controlled electronically, if possible. There are several options for mechanical or electronic monitoring to provide a secure entrance or exit operation only at these gates.

With this option, the main gate would offer a good opportunity to provide directional information to visitors unfamiliar with the campus. Visitors could be directed to the visitor information center for additional assistance, while vehicles that are bound for the CSTS or know their destination, could continue.

The other entrance would be designated for staff only and the necessity of the traffic signal at this location will need to be determined by a traffic analysis.

The improvements at Steilacoom Blvd. will be either: Leave as is, widen to construct additional left turn/right turn lanes, install additional traffic signals, or a combination of the above. A traffic study will be required to determine best operation based on current and projected traffic volumes on the Steilacoom Blvd.

PARKING

The master planning process has documented the goal to provide separate parking for visitors and staff in positions convenient to the destination building area. As part of a long-range plan to manage staff traffic, WSH will investigate opportunities to stagger shifts in order to avoid deficit parking situations during shift changes. The 10 Year Campus Master Plan identifies possible future parking stalls located around the vehicular loop and within close proximity of intended destinations. The Master Plan moves parking outside of the secured patient Quadrangle.

SERVICE FACILITIES EXTENSION

The existing kitchen facility in Building 16 brings inappropriate service vehicle traffic into the heart of the patient outdoor activity zone, the existing central courtyard. Various studies have been done to recommend alternative food service concepts for WSH. It is the recommendation of the master planning team that the kitchen facility be relocated to a new facility outside the existing courtyard.

PHARMACY/ CENTRAL SUPPLY

The Pharmacy/Central Supply that is currently located in Building 13 is relocated to a new facility north of Building 9.

COMMISSARY

The existing commissary facility is outdated and not supportive to the current physical needs of this use. As such, this facility should be scheduled for replacement. The recommended location for the commissary is consistent with the new location of the Pharmacy and Central Supply facilities (see above). The functions of these facilities are relatively compatible and could easily be located in the same building.

PATIENT ACTIVITY AREAS

The Rehabilitation model utilized by Western State Hospital requires "Treatment Mall" type activity spaces. Currently, there is a need for additional activity spaces which are required to be separated from the patient sleeping areas. The master planning committee recommends remodeling and reusing portions of Buildings 13, 16, 5, 6 and 9 to accommodate new patient activity areas. In addition, the master plan indicates activity area additions to Buildings 13, 16, 28 and 29.

SECURE PATIENT QUADRANGLE

A future secured area is defined on the Campus Master Plan. This area is intended to indicate the boundary of the Patient Quadrangle. The secure area boundaries can be defined with either passive or active type barriers; in either case the type of "barrier" should be compatible with current patient treatment models. Vehicle access into the Secure Patient Quadrangle will be limited to essential service vehicles. The committee recommends that the schedule of any service vehicle access within the Quadrangle be carefully coordinated with patient activities. It is anticipated that the secure area will provide patients with exterior spaces for activities as well as pedestrian paths attaching facilities.

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Refer to 10 Year Campus Master Plan.

MASTER PLAN KEYNOTES

Keynotes 1-50 were needs identified by facilities department at Western State Hospital.

1. Central Campus Redevelopment –
 - a. Quadrangle Pre-Design Development – A carry over project from last year. In order to remove vehicle traffic from the Quadrangle to provide security and central services to the residents of Central Campus, Design the use of Bldg. 9.
 - b. Support Services Pre-Design Development – Relocate the Main Kitchen, Commissary, Central Supply and Laundry. Though the Commissary and Laundry are not in the Quadrangle for central services, these functions should be grouped together.
2. Relocate the Main Kitchen, Commissary.
3. New entrance road to East Campus/East Campus parking lot paving/lighting.
4. East Campus Retrofit and ADA Upgrade– This building is over 25 years old and many utility services, floorings and fixtures need to be repaired and/or updated to meet the needs of the patients and to maintain Infection Control and DOH, CMS and JCAHO Standards. This project would need to be phased in one wing at a time. Currently, Wards E-1 and E-2 are completed and the remaining wards E-3 – E-8 would need to be completed.
5. CFS Two - Four Ward Expansion.
6. New Pharmacy/Central Supply.
7. Building 27 reprogramming upgrade.
8. Laundry – Implementation of Laundry Study/Replacement of Bldg.
9. Replacement Office Buildings (buildings 24, 25) - With Buildings 24 and 25 reaching the end of their life cycles and the need to move non-patient activities out of the Quadrangle, a replacement office building is needed to house: Computer Information Services, Regional Support Network, Attorney General, Hospital Reimbursement Groups, RSN Liaison Director, Financial Benefits, Financial Recovery, Admitting Services Finance Group, Organizational Performance and Quality Management. Additional space may be required in this building for SCC.
10. Remodel Building 9.
11. Personal Alarm Duress System Build Out – Follow the prioritized list for installation for a full build out of the Alarm System Campus Wide. COAS, Parking Lots, Equipment Tracking, alarm Pendants and training.
12. Key/Door Control Card System – To install card readers on every door campus-wide to control entry and monitor access to all rooms for safety and security of patients, staff and property.

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13. Modification of Physical Therapy Area (Building 29) for better space utilization for therapeutic patient use.
14. CCTV/Cable Television – To provide an avenue for information and training for patients and staff through closed circuit TV. To provide our patients with alternative, informational and educational television programming.
15. Replacement of Maintenance Shops – Current facilities have met their life span, built in 1903. Shops need to be designed to be safe, secure and efficient for use.
16. COAS Day Treatment Expansion – Increase Occupancy Load capacity to optimize therapeutic programming.
17. Loading Dock for Building 28 food/ laundry delivery.
18. COAS Court Yard Shelter – Provide a safe shaded area for the patients to enjoy the outdoor courtyard yearlong.
19. DD Storage Facility.
20. Car Wash Station – Department of Ecology will not allow washing of any vehicles on this property with out proper controls. This would provide a specified area for the washing of all vehicles with the proper oil separation equipment. WSH currently pays to wash cars, trucks and equipment off campus. This would also be a good patient work station or an avenue for patients once again to hold “Car Washes” to gain funds for Ward Projects.
21. Commissary remodel to Facilities Department office.
22. Secure Emergency Communications Infrastructure Upgrade and PBX System Replacement.
23. Replace the Sally Port Doors in CFS Level 1 – To maintain safety and security, these doors need to be replaced with doors that are rated to be open and closed on a very consistent basis. Current doors were not designed to with stand the continuous use and they malfunction frequently, presenting a security breach and safety hazard.
24. East Campus Lab and Dental Office Upgrades/HVAC upgrade.
25. Campus Wide Carpet/Flooring Replacement.
 - a. Nurses Stations, and other locations where flooring is beyond life expectancy and in need of replacement to maintain sanitation and Infection Control. Carpet classrooms in Staff Dev. - Remove carpet from back of 205 that is really beyond economic repair and carpet rooms 205, 214, 221, and 222.
 - b. COAS Flooring – To provide safe flooring (Nora rubber Flooring) that will aide in the safety of patients falling, decrease injuries, decrease noise levels. To include Wards E-3 – E-8.
26. Hazardous tree evaluation/removal.
27. Campus Wide HVAC Repair/Retrofit & upgrade – (carry over from previous years)
 - a. This will complete the air quality improvement project in Building 21. This will provide a new Air Handling Unit and Centralized Controls. Provide replacement units for other buildings identified in the Facilities Condition Assessment. Buildings 19, 20, 21 and 29.

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- b. Improve Building Controls not a part of the ESCO project.
- 28. Security upgrade for all Warehouses and Pharmacy/Central Supply.
- 29. CFS Emergency Power Transfer Switch Upgrade – Currently Wing A has no backup power, nor do the offices on each ward, leaving personnel in the dark not being able to work and in some cases see to travel in the building.
- 30. Campus wide Parking Lot review and implementation.
 - a. For security and safety, provide upgrades to all the parking lots to fill in holes, pave, lighting and line striping.
 - b. Improve and expand existing gravel parking area to the north of Buildings 28 and 29.
 - c. Implementation of the Traffic Study – Institute the suggested Traffic Study to improve the roads and sidewalk infrastructure of WSH.
- 31. Roads and Grounds – Upgrade/repair to include Sentinel Drive.
- 32. Campus Wide Signage – Interior and Exterior.
- 33. New pump house electrical upgrade.
- 34. Building 6 (Auditorium) Remodel – Asbestos abatement, ADA accessibility and upgrade for patient programming and leisure activities, would provide a space for evening and weekend programming. This facility has great promise, but it needs to be repainted inside. It also needs ADA access via ramp or elevator, bathroom remodeling per ADA, new curtains on stage, floor refinishing, acoustic alterations and a new sound system. ADA accessibility for ground floor functions, i.e. ceramics.
- 35. Electrical Upgrades for Buildings 4, 8 and 25.
- 36. Campus Wide Roof Repairs, including repairs and seismic upgrades to all existing clay tile roofs, precast parapets and dentil features.
- 37. Plumbing upgrades - Building 10.
- 38. Dietary Services Main Kitchen. Walk-in refrigerator upgrade.
- 39. Laundry Equipment – In the event that the “New Laundry” facility is not approved, this request is being made to replace the current old inefficient equipment in the WSH Laundry. The upgrade would benefit the taxpayers by providing a more efficient use of resources that supports our efforts in the DSHS Sustainability Plan and goals.
- 40. Campus Wide Exterior Building Repair/Cleaning/Painting.
- 41. Maintenance Department Storage Facility – To provide adequate space for the safe keeping and storing of the multiple equipment and supplies utilized by the Maintenance Shops.
- 42. Archival Space for Documents – WSH stores its archived records in many nooks and crannies, most unheated and in basements of buildings. Archived records at WSH have been an ongoing problem. The first step would be for the Hospital to get a handle on these records. If needed, this project would centralize and provide secure storage of archived records.

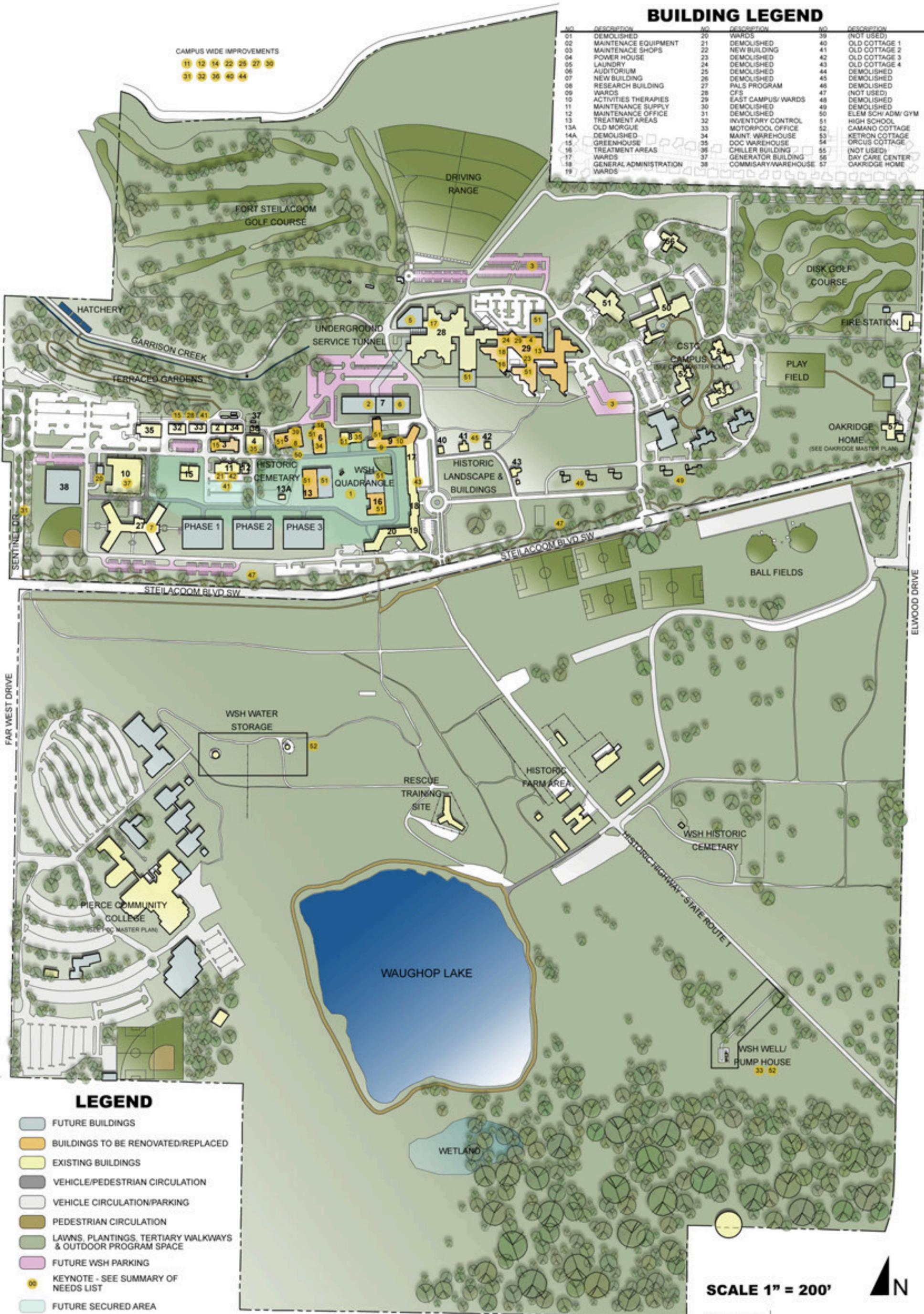
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43. Appropriated Funds Remodel – Add Walls to separate the multiple functions that are placed in this one open large space. To provide and maintain privacy of sensitive material and documentation.
44. Campus-wide irrigation improvements
45. Historical Cottages Upgrade – Roof and Siding is in desperate need of repair to maintain the structure of the buildings.
46. Demolition of Bakery (Building 14A) – The 2001 Earthquake destroyed the rear wall of this historic building and no funding is currently available for repair.
47. Historic rock wall preservation.
48. Amphitheater Renovation – To provide an aesthetically looking, safe, efficient training environment.
49. Abate and demolish Cottages and historical Bakery Building 14A.
50. Laundry Lint Diffuser System.
51. Modify building to accommodate additional Treatment Mall areas.
52. Provide security fencing at campus water supply wells.

BUILDING LEGEND

NO	DESCRIPTION	NO	DESCRIPTION	NO	DESCRIPTION
01	DEMOLISHED	20	WARDS	39	(NOT USED)
02	DEMOLISHED	21	DEMOLISHED	40	OLD COTTAGE 1
03	MAINTENANCE EQUIPMENT	22	NEW BUILDING	41	OLD COTTAGE 2
04	POWER HOUSE	23	DEMOLISHED	42	OLD COTTAGE 3
05	LAUNDRY	24	DEMOLISHED	43	OLD COTTAGE 4
06	AUDITORIUM	25	DEMOLISHED	44	DEMOLISHED
07	NEW BUILDING	26	DEMOLISHED	45	DEMOLISHED
08	RESEARCH BUILDING	27	PALS PROGRAM	46	DEMOLISHED
09	WARDS	28	CFS	47	(NOT USED)
10	ACTIVITIES THERAPIES	29	EAST CAMPUS/ WARDS	48	DEMOLISHED
11	MAINTENANCE SUPPLY	30	DEMOLISHED	49	DEMOLISHED
12	MAINTENANCE OFFICE	31	DEMOLISHED	50	ELEM SCH/ ADM/ GYM
13	TREATMENT AREAS	32	INVENTORY CONTROL	51	HIGH SCHOOL
13A	OLD MORGUE	33	MOTORPOOL OFFICE	52	CAMANO COTTAGE
14A	DEMOLISHED	34	MAINT. WAREHOUSE	53	KETRON COTTAGE
15	GREENHOUSE	35	DOC WAREHOUSE	54	ORCUS COTTAGE
16	TREATMENT AREAS	36	CHILLER BUILDING	55	(NOT USED)
17	WARDS	37	GENERATOR BUILDING	56	DAY CARE CENTER
18	GENERAL ADMINISTRATION	38	COMMISSARY/WAREHOUSE	57	OAKRIDGE HOME
19	WARDS				

CAMPUS WIDE IMPROVEMENTS
 11 12 14 22 25 27 30
 31 32 36 40 44



LEGEND

- FUTURE BUILDINGS
- BUILDINGS TO BE RENOVATED/REPLACED
- EXISTING BUILDINGS
- VEHICLE/PEDESTRIAN CIRCULATION
- VEHICLE CIRCULATION/PARKING
- PEDESTRIAN CIRCULATION
- LAWNS, PLANTINGS, TERTIARY WALKWAYS & OUTDOOR PROGRAM SPACE
- FUTURE WSH PARKING
- KEYNOTE - SEE SUMMARY OF NEEDS LIST
- FUTURE SECURED AREA

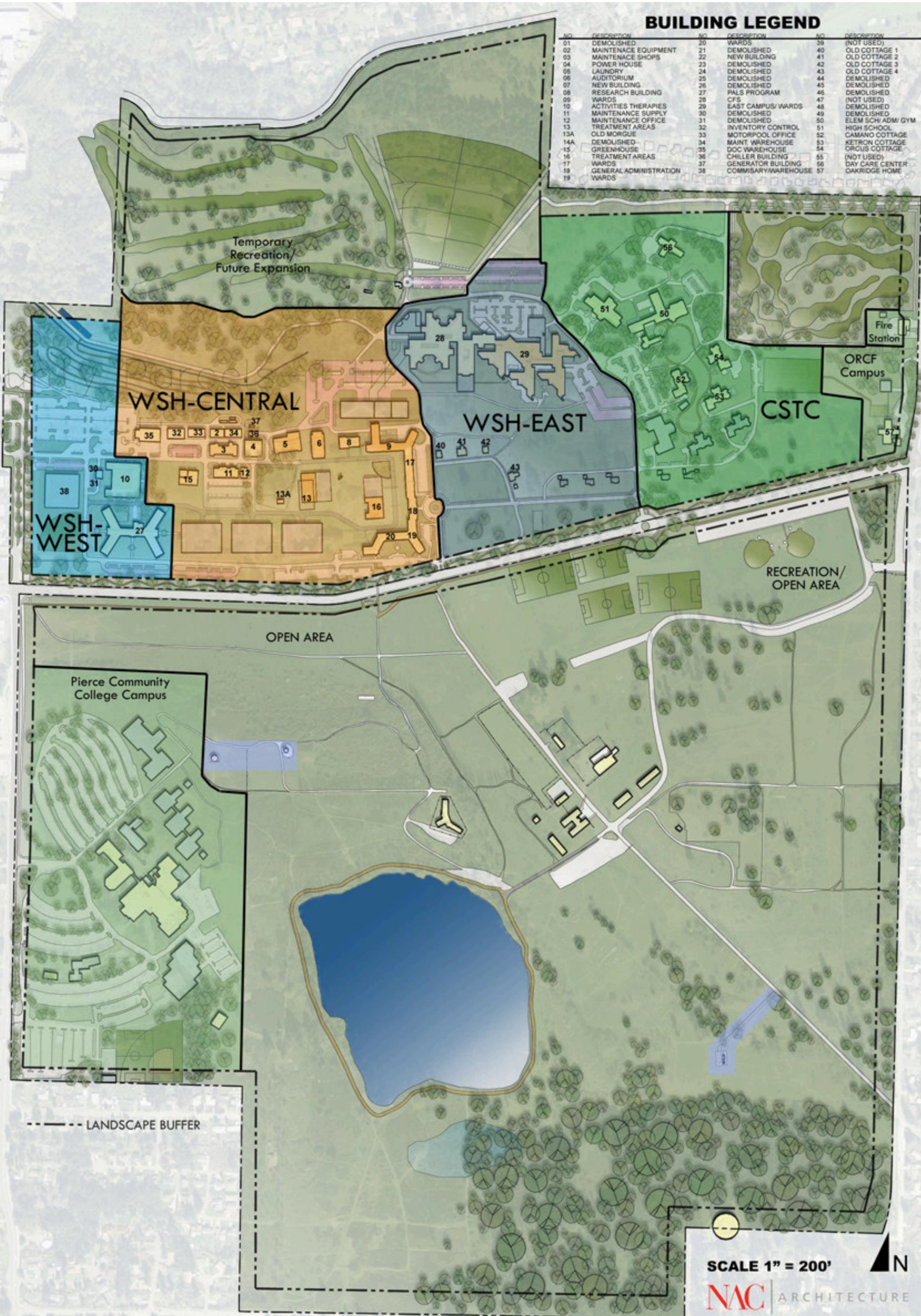
SCALE 1" = 200'



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BUILDING LEGEND

NO	DESCRIPTION	NO	DESCRIPTION	NO	DESCRIPTION
01	DEMOLISHED	20	WARDS	39	(NOT USED)
02	MAINTENANCE EQUIPMENT	21	DEMOLISHED	40	OLD COTTAGE 1
03	MAINTENANCE SHOPS	22	NEW BUILDING	41	OLD COTTAGE 2
04	POWER HOUSE	23	DEMOLISHED	42	OLD COTTAGE 3
05	LAUNDRY	24	DEMOLISHED	43	OLD COTTAGE 4
06	AUDITORIUM	25	DEMOLISHED	44	DEMOLISHED
07	NEW BUILDING	26	DEMOLISHED	45	DEMOLISHED
08	RESEARCH BUILDING	27	PALS PROGRAM	46	DEMOLISHED
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18	GENERAL ADMINISTRATION	38	COMMISSARY/WAREHOUSE	57	OAKRIDGE HOME
19	WARDS				



SCALE 1" = 200'

NAC ARCHITECTURE

10 YEAR CAMPUS MASTER PLAN - CAMPUS ZONING

APPENDIX

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