JACKSON COLLEGE

Fiscal Year 2028 Capital Project Request

October 2026

Institution Name: Jackson College

Project Title: Justin Whiting Hall Health Sciences Expansion

Total Estimated Cost: $74,000,000 ($37,000,000 Institution share, $37,000,000 State share)

Estimated Duration of Project: 36 months

Approximate Square Footage: 101,266

Is the Five-Year Plan posted on the institution's public internet site? Yes

Is the requested project included in the Five-Year Capital Outlay Plan? Yes

Is the requested project the top priority in the Five-Year Capital Outlay Plan? Yes

Type of Project:	Renovation: ☒	Addition: ☒	New Construction: ☐
Project Focus:	Academic: ☒	Research: ☐	Administrative/Support: ☐

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1) <u>Describe the Project Purpose</u>

Jackson College requests a $37 million State investment in a $74 million renovation and expansion of Justin Whiting Hall to advance Health Sciences education. The College proposes an equal $37 million institutional share. The College's purpose is clear: prepare more people for the health professions, help employers sustain essential services, and give Michigan families greater access to skilled, compassionate care.

Whiting Hall is the appropriate home for this investment. The project links renewal of the 1967 building with expanded nursing and allied health education, a continuum-of-care simulation environment, and enhanced student support services. This proposal advances those objectives with a focused Health Sciences program and a measurable goal: double nursing and allied health class cohorts and annual student seats while protecting instructional quality.

The project will expand skills laboratories and simulation, incorporate an immersive VR/AI Lab, improve the Health Clinic and Oasis Center, and support related growth in rehabilitation, behavioral and social health, public health, fitness and allied science, massage therapy, pharmacy technology, and veterinary technology. The College will judge the investment by completed credentials, demonstrated competence, licensure results, transfer, and employment. Student Achievement and Human First care will guide the design and the work that takes place within it.

2) Describe the Scope of the Project

The proposed project includes approximately 101,266 gross square feet, comprising an existing 81,266-square-foot building and a 20,000-square-foot addition. This footprint is intended to support the expanded Health Sciences scope and goal of doubling nursing and allied health class cohorts and annual student seats while maintaining instructional quality. Final space programming and design will confirm the allocation of space necessary to achieve these objectives

The renovation will renew deficient infrastructure and adapt the building for contemporary health education: nursing skills and simulation suites; shared allied health laboratories; flexible classrooms; foundational science instruction; clinical preparation and storage; faculty and staff work areas; student computing, tutoring, study and collaboration space; accessible restrooms and circulation; reception, security, and maintenance support. The addition will provide specialized learning and laboratory space where existing layouts cannot efficiently accommodate the required functions. Pedestrian circulation and project-related utility interfaces remain within the scope.

The immersive VR/AI Lab will extend the College's existing simulation capability through interactive anatomy, virtual patients, assessment and medication-safety scenarios, behavioral-health communication, rehabilitation, and team-based care. Observation and debriefing, accessible alternatives to headsets, instructional computing, and equipment support will be integral. Faculty will establish the competencies, supervise practice, and evaluate performance. AI-supported feedback and virtual patients will use synthetic or appropriately authorized data; students will learn to evaluate outputs, recognize error, protect confidentiality, and retain human responsibility for care.

The continuum-of-care teaching model will span birth through end-of-life care and connect acute care, ambulatory care, prevention, behavioral health, and rehabilitation. The existing Medical Simulation Center and recent investments in Whiting Hall will be incorporated into the project and leveraged to support expanded health sciences programming. Final design and cost estimates will distinguish completed assets and previously funded improvements from new construction and additional program capacity.

The project will expand and improve the Health Clinic and Oasis Center, with private examination and consultation rooms, appropriate waiting and support areas, accessibility, and continuity of service during construction. The Health Clinic currently operates in partnership with Henry Ford Jackson Hospital, and the Oasis Center

provides confidential counseling. Clinical services will remain distinct from instructional simulation; any student experience involving patients will require appropriate partner arrangements, consent, supervision, and protection of privacy.

Building work includes accessible entrances and patient-transfer routes, elevators, ventilation and environmental control, plumbing, electrical and data capacity, fire and life safety, envelope improvements, security, energy management, and commissioning. Veterinary instruction will require separation from human-patient teaching, appropriate ventilation and sanitation, secure storage, and approved animal-care arrangements. The preliminary delivery period is 36 months after funding and required authorizations: approximately 12 months for programming, design and procurement, followed by 24 months of phased construction and commissioning. Program approval and opening schedules will be coordinated separately.

3) Program Focus of Occupants

The principal occupants will be Health Sciences academic programs, students, faculty, and related clinical and student-support services. Existing programs to be strengthened include practical and associate-degree nursing, the LPN-to-RN bridge, dental hygiene, cardiac/general/vascular sonography, emergency medical services, medical assisting, medical office support and coding/billing, radiography, respiratory therapy, and surgical technology. Related phlebotomy, patient-care preparation, and foundational science will support entry and progression. These are College programs supported by the project, not a claim that every program currently occupies Whiting Hall.

The project also supports development of a coordinated set of related health sciences pathways. Physical therapy will include a proposed Physical Therapist Assistant associate degree and strengthened transfer preparation for advanced study. Therapeutic and rehabilitation services will include a proposed Occupational Therapy Assistant pathway, rehabilitation skills, activities-of-daily-living instruction, and connections to exercise science. Mental and social health will build on the existing Behavioral Sciences Certificate and social-work transfer preparation through behavioral-health technician, human-services support, and community-based learning. Public health will build on existing coursework and the published Wayne State pathway, with proposed community-health-worker preparation.

Fitness and allied science will connect exercise, movement, wellness, and prevention to rehabilitation; massage therapy will be developed as a distinct occupational pathway with the appropriate licensing preparation. Pharmacy technology will expand the

College-branded online training offering into a proposed laboratory-supported pathway with employer placements. Veterinary technology will be developed as an associate-degree pathway distinct from the existing online veterinary-assistant offering. All proposed credentials remain subject to program development and approval.

The College's Medical Simulation Center already operates in Whiting Hall and uses virtual reality and other simulation methods. This project will increase its reach and capacity through a coordinated instructional and scheduling plan. Existing equipment and expertise will be used where practical. Nursing, allied health, the Health Clinic, and the Oasis Center remain central to Whiting Hall's identity. The former manufacturing, utilities, welding, robotics, and other unrelated instructional components are outside this revised Health Sciences scope. Any required program relocations will be planned to maintain continuity of instruction and student services throughout project implementation.

4) How does the project support Michigan's talent enhancement, job creation and economic growth initiatives on a local, regional and/or statewide basis?

Michigan's ability to care for its residents depends on a dependable supply of trained health professionals. The College can help meet that need by expanding affordable entry into these careers and creating clear routes for working adults to advance. The project will support hospitals, outpatient practices, long-term care providers, rehabilitation services, behavioral-health agencies, public-health organizations, pharmacies, and veterinary practices across our service region and beyond.

The national evidence is substantial. BLS projects that private healthcare and social assistance will add more than 2.2 million jobs from 2025 to 2035, approximately 37% of all projected job growth. Registered nursing alone is expected to generate about 180,800 openings annually. Michigan's separate 2024–2034 projections anticipate 9,030 additional RN jobs and 3,130 additional medical-assistant jobs. The Michigan Health & Hospital Association reports 23,000 hospital vacancies in its 2026 workforce survey. These measures describe different populations and periods and are not added together.

The cited workforce data reflect both projected employment growth and annual openings for occupations connected to this proposal. Annual openings include replacement needs as well as employment growth; they are not a count of current vacancies. The data support the direction of the project, while regional employer commitments will determine cohort sizes, clinical placements, and the sequence of

new programs. The project will rely upon documented employer commitments for supervision, placements, equipment collaboration, apprenticeships, and hiring. No unsupported local job count or economic-impact multiplier is included.

Construction will create temporary work for the building trades and suppliers. The enduring return is a stronger health workforce: more graduates able to work, advance, serve their communities, and support their families. The College will track Michigan employment and employer satisfaction as part of the project's public accountability.

The project emphasizes employer advisory input, responsive curriculum, internships, customized training, and careers that can sustain families. Employer engagement and workforce partnerships will continue to inform program development and implementation. The historical institution-wide economic-impact figures are not presented as benefits attributable to this building.

5) How does the project enhance the core academic, development of critical skill degrees, and/or research mission of the institution?

This project advances the College's central responsibility to help learners succeed and meet community needs. It links foundational science with applied clinical practice, strengthens certificate and associate-degree completion, and supports transfer to further professional study. Shared patient scenarios will bring nursing, respiratory care, imaging, medical assisting, rehabilitation, pharmacy, and behavioral-health students together to practice the communication and judgment that safe care requires.

The VR/AI Lab will connect innovation to disciplined learning. Faculty will use defined competencies, supervised practice, structured debriefing, and assessment to determine whether students can apply what they know. Its value will be demonstrated through competence and progression, not equipment counts. The facility's primary purpose is teaching and workforce preparation; it is not proposed as a research building.

Whiting Hall's health and mental-health services also support the academic mission by helping students address needs that can interrupt learning. The project will strengthen that connection while preserving confidentiality and the clinical partners' responsibilities. Institutional Research and Effectiveness will support outcomes assessment. A detailed transition plan will maintain access to courses, clinics, and student services during renovation and provide appropriate space for any displaced occupants.

6) **Describe how the project will address, incorporate, or enhance the efforts, policies, or goals to grow and expand opportunities for enrollment for the academic programs within the scope of the project or as a component of your institution and campus at large?**

The College's planning objective is to double the annual entering capacity of nursing and existing allied health programs within three full academic years after occupancy, with program-by-program implementation tied to demand, qualified faculty, clinical agreements, and required approvals. Class cohorts will grow through additional sections, parallel laboratory groups, appropriately sized classrooms, and expanded scheduling. Clinical supervision ratios, safe laboratory capacity, and accreditation requirements will govern delivery.

Before final design, the College will establish baseline measures for each program, including annual entering seats, qualified applicants, admitted and enrolled students, laboratory stations, clinical placements, faculty capacity, completion rates, and licensure performance. The College's planning objective is to double the annual entering capacity of nursing and existing allied health programs while maintaining instructional quality, faculty support, laboratory access, and clinical placement capacity. Enrollment and outcome measures for new programs will be tracked separately and will not be used to demonstrate increased capacity within existing programs.

The proposed growth sequence is 150% of baseline capacity in the first full year after occupancy, 175% in the second, and 200% in the third. Recruitment will connect dual-enrolled students, recent graduates, working adults, incumbent healthcare employees, and career changers to clear program maps. Day, evening, and hybrid delivery will be used where appropriate. Tutoring, advising, mentoring, accessibility, and early intervention will support persistence as enrollment grows.

Student Achievement will remain the governing measure. The College will report admissions capacity, actual enrollment, completion, time to credential, licensure pass rates, transfer, and employment. Growth will be adjusted when clinical capacity or student outcomes indicate that additional support is needed.

7) **Is the requested project focused on a single, stand-alone facility? If no, please explain.**

Yes. The request is focused on one facility: Whiting Hall and its attached 20,000-square-foot addition. A connector walkway to the Health Laboratory Center is included in the project; however, no renovation funds for the Health Laboratory Center are included in this request. Instructional coordination and clinical partnerships do not expand the capital project boundary beyond Whiting Hall and its necessary interfaces.

8) **How does the project support investment in or adaptive re-purposing of existing facilities and infrastructure?**

The project will comprehensively adapt Whiting Hall for expanded Health Sciences instruction while retaining the useful building structure and serviceable assets. The project includes renewal of deficient water, sewer, electrical, ventilation and other building systems, energy management, instructional technology, security, pedestrian circulation, and accessible learning environments. Furniture and equipment will be reused where their condition and instructional suitability support it.

Programming will distinguish areas needing substantial reconstruction from recently improved spaces, including the Medical Simulation Center. The addition will accommodate functions whose layout, clearances, and services cannot be provided efficiently within the existing building. A condition assessment, equipment inventory, hazardous-material survey, and reconciled scope will prevent unnecessary replacement of useful improvements. The estimate applies a blended renovation allowance across the existing gross area; it does not direct demolition of every recently renovated room.

9) **Does the project address or mitigate any current health/safety deficiencies relative to existing facilities? If yes, please explain.**

Yes. The project addresses accessibility limitations, aging HVAC and utility infrastructure, and elevators too small for emergency patient transport. The most recent Facilities Assessment continues to identify Whiting Hall as requiring renovation, while describing its condition as fair to good.

The project will provide accessible learning and circulation areas, patient-transfer routes, appropriate elevator capacity, ventilation and environmental controls, secure instructional storage, and current fire and life-safety design features. Clinic and simulation layouts will support safe movement, observation, privacy, and emergency access. Specialized requirements for imaging, pharmacy, dental, veterinary, and other

health sciences functions will be incorporated as program requirements are finalized. Ventilation improvements will be designed to applicable codes, standards, and performance requirements.

10) **How does the institution measure utilization of its existing facilities, and how does it compare relative to established benchmarks for educational facilities? How does the project help to improve the utilization of existing space and infrastructure, or conversely how does current utilization support the need for additional space and infrastructure?**

The most recent Facilities Assessment reports 44% utilization for Whiting Hall, using a room-hour methodology based on Monday through Friday, 8 a.m. to 10 p.m. This is dated building-level evidence, not a measure of available clinical stations. It does not justify the addition by itself.

The College will use room schedules, enrollments, seat occupancy, laboratory stations, simulation booking, setup and cleaning time, and clinical-placement availability to establish capacity by program. Benchmark comparisons will distinguish general classrooms from specialized laboratories and will use a consistent methodology appropriate for health sciences facilities. Capacity assessments will be based on the specialized instructional, simulation, and clinical requirements of each program.

The design process will first test better scheduling and repurposing of existing space, then size the addition against the remaining need. The key test is whether the College can deliver twice the annual nursing and allied health capacity with safe supervision and reliable student access. Shared classrooms, common simulation infrastructure, evening delivery, and coordinated equipment scheduling will improve use across programs. The addition will be validated through that analysis rather than justified by aggregate utilization alone.

11) **How does the institution intend to integrate sustainable design principles to enhance the efficiency and operations of the facility?**

The College will preserve the useful life of the existing building and select systems on lifecycle value. Design will address efficient mechanical equipment, heat recovery where appropriate, lighting controls, water conservation, durable materials, low-emitting finishes, responsible construction-waste practices, and envelope performance. Commissioning and building-system monitoring will verify that installed systems operate as intended.

Energy modeling will compare the proposed design with a defined baseline and evaluate renewable-energy readiness and electrification options. Laboratory ventilation will be matched to actual risk and instructional use. The project will evaluate LEED or a comparable framework during design; no certification level or carbon-neutrality date is represented as an approved commitment in this request. Utilities, maintenance, and replacement costs will be included in lifecycle comparisons.

12) Are match resources currently available for the project? If yes, what is the source of the match resources? If no, identify the intended source and the estimated timeline for securing said resources.

No. The College proposes a $37 million institutional share, equal to the requested State share. Institutional resources and bond financing are expected to serve as the primary sources of the College's 50% match, with philanthropy, employer participation, and other available funding sources considered where appropriate. Funding sources and availability will be documented through the College's planning, financing, and approval processes prior to construction authorization and contract execution.

13) If authorized for construction, the state typically provides a maximum of 75% of the total cost for university projects and 50% of the total cost for community college projects. Does the institution intend to commit additional resources that would reduce the state share from the amounts indicated? If so, by what amount?

No. The College does not intend to commit additional resources that would reduce the State share below 50% of the total project cost. The College proposes an institutional share of $37 million, equal to the requested State share of $37 million. Property tax revenue represented approximately 12.5% of the College's operating revenue in FY 2024-25, compared with a statewide community college average of approximately 35.7%. Given this comparatively limited local tax support, additional institutional resources are not available to further reduce the State share.

14) Will the completed project increase operating costs to the institution? If yes, please provide an estimated cost (annually, and over a five-year period) and indicate whether the institution has identified available funds to support the additional cost.

Yes. The expanded instructional and clinical scope will increase operating costs even if building efficiency improves. A preliminary staffing and operating scenario estimates $4.20 million in incremental annual costs at full implementation, expressed in constant 2026 dollars. A three-year implementation sequence produces an estimated $17.85 million over the first five full operating years: $2.10 million, $3.15 million, and $4.20 million in each of years three through five. The estimate is based on projected staffing, technology, consumables, utilities, student and clinical support, accreditation, and equipment renewal costs associated with the expanded health sciences programs.

The scenario includes 20 additional faculty positions or full-time equivalents, six program/clinical/simulation support equivalents, two facilities/security equivalents, and allowances for technology, consumables, utilities, student and clinical support, accreditation, and equipment renewal. These are planning allowances, not authorized positions or a validated staffing model. Academic and clinical staffing requirements, service agreements, compensation assumptions, and procurement estimates will continue to be refined through project planning. No unverified energy savings are used to offset projected operating costs.

The intended operating sources are recurring instructional revenue associated with actual enrollment, institutional operating allocations, and committed employer support. Available recurring funds have not yet been identified for the entire incremental amount. Capital appropriations and uncommitted grants will not be treated as recurring operating support. The five-year model excludes debt service and depreciation, and any borrowing associated with the institutional match will require separate financial planning. Program implementation will be phased in accordance with approved operating plans and actual enrollment growth.

15) What impact, if any, will the project have on tuition costs?

The College's objective is to complete the project without a project-specific tuition surcharge. Project planning assumes that capital and operating costs will be supported through a combination of State funding, institutional resources, enrollment growth associated with expanded nursing and allied health capacity, and other approved funding sources. While future tuition rates cannot be determined at this time, the College does not anticipate that the project will require tuition increases beyond those considered through its normal budget development and approval processes. Any future tuition decisions will be made with consideration of affordability, enrollment, operating costs, and long-term financial sustainability.

16) If this project is not authorized, what are the impacts to the institution and its students?

Without authorization, the College would have to defer or materially reduce the planned expansion of nursing and allied health capacity and sequence new programs more slowly. Students would have fewer additional entry points into these careers, and employers would lose an opportunity to develop a larger regional supply of trained professionals. The College would continue to address verified building needs through separate repairs and smaller improvements.

Delay also carries opportunity cost. A fragmented series of projects would make it harder to coordinate clinical learning, share equipment, and offer the full range of health pathways envisioned here. The College would continue pursuing partnerships and alternative funding, but the timing and scale of expansion would depend on resources secured. The requested State investment makes a coordinated response possible.

17) What alternatives to this project were considered? Why is the requested project preferable to those alternatives?

Alternatives considered include private philanthropy, employer partnerships, additional local funding initiatives, and private-sector participation. While these opportunities may support portions of the project, they are not currently expected to provide sufficient funding to complete the full project scope. The proposed State capital-outlay partnership remains the principal financing approach because it provides a viable path to complete the project and achieve the College's healthcare workforce expansion objectives.

This proposal evaluates four alternatives: continued repairs and current capacity; expanded scheduling and selective room conversions; leased or distributed space with partner-based laboratories; and a wholly new facility. Expanded scheduling and targeted room conversions can increase access and improve utilization of existing space. However, these measures alone are not expected to provide the specialized laboratory, simulation, accessibility, and building-service capacity required to support the full Health Sciences program and planned enrollment growth.

Leased or distributed space could accelerate selected offerings but would introduce recurring rent, equipment duplication, travel, and scheduling demands. A wholly new facility could offer a more flexible layout but would leave the existing Whiting Hall asset requiring a separate resolution. The preferred approach combines adaptive reuse with

an attached addition, preserves existing investment, and brings the principal instructional functions together.

The College will continue to evaluate lifecycle cost, enrollment capacity, clinical access, schedule, and operating requirements throughout programming and design to ensure the project achieves its intended student, workforce, and healthcare capacity outcomes.