

Human Services

Projects Summary

(\$ in thousands)

Project Title	Priority Ranking	Funding Source	Project Requests for State Funds		
			2016	2018	2020
MN Security Hospital Phase 2	1	GO	\$ 70,255	\$ 0	\$ 0
MN Sex Offender Program (St. Peter) Phase 2	2	GO	\$ 14,500	\$ 15,500	\$ 0
Construct new Child and Adolescent Behavioral Health Services (CABHS) facility	3	GO	\$ 7,530	\$ 0	\$ 0
MN Sex Offender Program Less Restrictive Alternatives	4	GO	\$ 12,420	\$ 0	\$ 0
Anoka Metro Regional Treatment Center: Safety and Security Renovations	5	GO	\$ 2,250	\$ 0	\$ 0
Early Childhood Facilities	6	GO	\$ 5,000	\$ 5,000	\$ 5,000
System-Wide Asset Preservation	7	GO	\$ 7,000	\$ 6,000	\$ 5,200
Total Project Requests			\$ 118,955	\$ 26,500	\$ 10,200
General Obligation Bonds (GO) Total			\$ 118,955	\$ 26,500	\$ 10,200

MN Security Hospital Phase 2

AT A GLANCE**2016 Request Amount:** \$70,255**Priority Ranking:** 1

Project Summary: \$70.255 million is requested to complete the design of, and construct, furnish and equip the second phase of the two-phase project to develop new and renovated residential, program, activity and support facilities on the upper campus of the St. Peter Regional Treatment Center for individuals committed to the Minnesota Security Hospital (MSH). This will allow for enhanced living, treatment, work, activity and program support space for patients at MSH and the facility's Transition Program. It will also address remaining safety and security issues that currently present unsafe living and working environments for MSH patients and staff.

Project Description

MSH PHASE 2 PROJECT SCOPE. This requested MN Security Hospital Phase 2 project is the Department's top priority for the 2016 Capital Budget. MSH Phase 2 will continue to focus on improving MSH facilities to better serve the facilities most acute patients, provide more appropriate space for the pre-transition program within the existing MSH facility, and to develop the additional upper campus housing needed to complete moving Security Hospital patients who are in the Transition Program from lower to upper campus.

The MSH Phase 2 project will:

- Remodel four living units to provide 59 beds for Pre-transition patients and 12 beds for the acute women's unit (Unit 600)
- Demolish and reconstruct three existing split level bedroom wings into single-story space to provide a total of 58 beds for patients who need an acute level of care
- Construct a new 18-bed acute care unit (Unit 1000) adjacent to the existing 900 unit
- Expand transition housing on the upper campus by constructing an additional new 48-bed transitional housing unit
- Renovate the remaining areas of the original MSH building, addressing fire/life safety and other building code issues, and also renovating interior finishes, furnishings and fixtures
- Construct a new loading dock and small warehouse
- Improve HVAC/energy efficiency, security, technology systems, and the existing MSH utility infrastructure and building envelope

The estimated total cost for MSH Phase 2 is \$70.469 Million. Completing both phases of this project will result in a net increase in total square feet for the St. Peter upper campus of approximately 173,150 square feet, for a total square footage of 408,598 square feet on the upper campus. This includes constructing approximately 212,680 new building square footage and demolishing approximately 39, 525 square feet. In addition, the Phase 2 project will include renovating

approximately 97,821 of the existing MSH Building complex.

MSH PHASE 2 PROJECT STATUS. The 2014 Legislature appropriated funds to begin design for Phase 2. Project consultants are currently working on schematic plans. Construction documents are scheduled to be complete and ready for bidding by July 2016. Assuming this request is funded in the 2016 session, Phase 2 construction will begin during the summer of 2016. The new Transition Building would be ready for occupancy by the December of 2017, and all of the construction/remodeling proposed for the original MSH building would be complete and ready for full occupancy by November 2019.

Project Rationale

The Minnesota Security Hospital (MSH) in St. Peter provides evaluation and treatment to individuals who have been civilly committed to the Commissioner of Human Services as Mentally Ill and Dangerous (MI&D), and to persons with mental illness when a criminal court has ordered evaluation and treatment before the start of a criminal trial.

This request (and the Department's second priority request for the Minnesota Sex Offender Program on the St. Peter lower campus) puts into place a logical long-range strategic plan for the St. Peter campus. This plan addresses four critical priorities:

- Creates a safer, more therapeutic treatment environment for Minnesota Security Hospital patients, reducing length of stay
- Creates a safer working environment for staff
- Physically separates vulnerable adults from predatory populations, by dedicating the upper campus at St. Peter for the Minnesota Security Hospital facility and its programs
- Creates flexible capacity on the lower campus for the Minnesota Sex Offender Program (MSOP) to meet program and bed space needs

This phased initiative will result in the eventual relocation of all of the MSH residential and program activities to the facility's upper campus. Both the Security Hospital and the Sex Offender Program currently have individuals who are housed on the lower campus and have reached the point in their treatment where they have earned the privilege of campus liberty (the ability to move about campus with limited control). While MSH patients are considered vulnerable adults, MSOP clients are not. Allowing individuals from both programs to circulate on the lower campus is not good policy and presents safety risks. The Department's plan for the campus separates the two populations by locating all MSH programs on the upper campus.

Other Considerations

MSH Phase 1 project scope focused on new construction to develop new MSH facilities to better serve the programs most acute patients, and to begin moving the Transition Program from the lower campus to the upper campus. This is the most direct way to provide the best care and to remedy the patient and staff issues that have been occurring at the Security Hospital. When Phase 1 is completed patients and staff at the MSH will benefit from new facilities that provide:

- A new secure 4-bed Evaluation and 12-bed Crisis Units
- Two new 20-bed housing units for Acute patients

- One new 24-bed Transition unit (patients will be relocated from lower campus)
- New Social Center (includes space for treatment, education, vocation, recreation, dining, Mart/Canteen, and administrative functions)
- New Medical Clinic and Pharmacy
- New Central Plant, large enclosed Courtyard, and a secure enclosed walkway to connect the buildings

Phase 1 included construction of 139,304 new square feet.

Impact on Agency Operating Budgets

The renovated and new units associated with this request may increase the overall cost of the future operating budget for the Minnesota Security Hospital (MSH).

Description of Previous Appropriations

2012: \$ 3.683 million for predesign and design of the first phase of the two-phase Minnesota Security Hospital project.

2014: \$56.317 million to complete the design of, and to construct, furnish and equip the first phase of a two phase project to remodel existing and develop new residential, program, activity and ancillary facilities for the Minnesota Security Hospital. This appropriation also included funding to begin design for the second phase of the project.

Project Contact Person

Carol Olson
Executive Director, Forensic Services
507-985-3128
carol.olson@state.mn.us

MN Sex Offender Program (St. Peter) Phase 2**AT A GLANCE****2016 Request Amount:** \$14,500**Priority Ranking:** 2

Project Summary: \$14.5 million is requested for the second phase of a multi-phase project to design, remodel and construct, furnish and equip existing buildings on the lower campus of the St. Peter Regional Treatment Center to make them usable for program operations of the Minnesota Sex Offender Program (MSOP). This request increases the capacity of MSOP's Community Preparation Services to serve more clients who are in this later stage of treatment.

Project Description

Funds to complete design, renovation and construction, and to purchase furniture, fixtures and equipment for the North Wing of Green Acres, the West, South and North Wings of Sunrise, and the renovation /construction proposed for the Tomlinson Building are being requested with this revised second phase capital request for MSOP's St. Peter lower campus project.

Renovation work will include the replacement and/or upgrading of the building HVAC systems, plumbing and electrical, security, and life safety systems (fire sprinklers and new detection/alarm equipment). In addition, the building envelopes will be upgraded, including window and door replacement. Considerable interior reconfiguration and renovations are also part of the project for the three buildings being renovated in the Phase 2 request.

MSOP Phase 2 Project Square Footage

Building Name: Green Acres

Existing Square Footage: 40,099

Square Footage to be remodeled in Phase 2: 7,735

New Square Footage to be added In Phase 2: -0-

Building Name: Sunrise

Existing Square Footage: 40,060

Square Footage to be remodeled in Phase 2: 32,325

New Square Footage to be added In Phase 2: -0-

Building Name: Tomlinson

Existing Square Footage: 23,295

Square Footage to be remodeled in Phase 2: 23,295

New Square Footage to be added In Phase 2: -0-

Summary of MSOP Phase 2 Project

Existing Square Footage – Green Acres, Sunrise and Tomlinson: 103,454

Square Footage to be remodeled in Phase 2: 63,335

New Square Footage to be added In Phase 2: -0-

Project Rationale

Minnesota Sex Offender Program (MSOP) clients continue to progress through treatment and move to the St. Peter campus for the later stages of treatment. All reintegration programming takes place at MSOP's St. Peter campus. Clients begin their reintegration, focusing on deinstitutionalization, while living inside the secure facility and may petition the court to transfer to Community Preparation Services (CPS). For CPS clients, MSOP operates a residential facility on the grounds of the St. Peter campus located outside of the secure perimeter.

Courts are granting transfer for clients to move to CPS at an increased rate. Because of the current trajectory of clients moving to later phases of treatment and court-ordered transfers to CPS, MSOP needs to increase the proportion of CPS beds and programming space on the St. Peter campus.

For that reason the Department has reconfigured the elements of the MSOP Phase 2 project on the St. Peter campus to:

- renovate the remaining (North) wing of the Green Acres building to add CPS beds and related services;
- renovate the West wing of the Sunrise building for additional beds that are outside of the secure perimeter;
- renovate and update the North wing of Sunrise for clinical/medical and other support functions; and
- renovate the Tomlinson building for program activities for MSOP client activities and staff facilities.

Other Considerations

In the 2015 Special Session the Legislature amended the 2014 bonding bill appropriation language to permit the Department to defer the design of Bartlett Hall to Phase 3, and to instead use the balance of the 2014 Phase 1 funds to proceed with developing design documents for the work outlined for Green Acres, Sunrise and Tomlinson. The action by the 2015 Legislature allows the Department to stay on track with our planned renovations and be positioned to create more MSOP bed capacity on the St. Peter campus. This 2016 request is for funds to complete the renovations outlined for these three buildings.

A Community Preparation Services (CPS) facility includes shared kitchen, bath and living areas, and clinical and unit staff offices. Security staff are present whenever clients are in the building and the common areas are monitored via security cameras. While in CPS, clients expand their off-campus activities — type and geographic range — to further their deinstitutionalization and prepare them for a safe and successful move back into the community. Programming includes continued treatment, building pro-social support networks, participation in support groups, vocational training, budgeting and financial management, volunteering, and demonstrating healthy, pro-social lifestyle choices. When in the community, CPS clients are always escorted by staff and wear GPS ankle bracelet monitoring devices. While on the St. Peter campus, CPS clients participate in facility counts and are subject to room searches and drug testing.

Impact on Agency Operating Budgets

The renovated spaces associated with this request may increase the overall cost of the operating budget for the Minnesota Sex Offender Program.

Description of Previous Appropriations

2014: \$ 7.405 million to design, construct, renovate, furnish and equip the first phase of a three phase project to develop additional residential, program, activity and ancillary facilities for MSOP on the lower campus of the St. Peter Regional Treatment Center. This appropriation also includes funding to design the second phase of the project.

Project Contact Person

Nancy Johnston
Executive Director, MN Sex Offender Program
651-431-4390
nancy.a.johnston@state.mn.us

Construct new Child and Adolescent Behavioral Health Services (CABHS) facility

AT A GLANCE

2016 Request Amount: \$7,530

Priority Ranking: 3

Project Summary: \$7.53 million is requested to design and construct a replacement residential treatment facility for the Child and Adolescent Behavioral Health Services (CABHS) program. CABHS is a small psychiatric hospital in Willmar that serves children with mental illness who are also physically aggressive. The program needs a new facility that is specifically designed to provide a therapeutic environment for these challenging patients in a physical layout that is safer for patients and staff. The request includes funding for land purchase, predesign and design fees, and to construct, furnish and equip a new 16-bed psychiatric hospital facility for children ages 6 to 18 in the Willmar area.

Project Description

This request is for funds to purchase land for, and to predesign, design, construct, furnish and equip a 16-bed psychiatric hospital facility that will house the Child and Adolescent Behavioral Health Services (CABHS) program. The Department anticipates designing the facility to have multiple “pods” (possibly 4 pods of 4 beds each). The design will allow CABHS to operate as a 12-bed facility, while also giving significant flexibility to place patients in small age-appropriate or condition-appropriate units.

The facility will include space for single bedrooms, bathing and toilets, dining, living, group and treatment rooms, education space, visitation, clinic/professional staff, operations staff, patient storage, operations storage, food preparation, HVAC/telecom/data equipment, a small area for indoor recreation, and a secure outdoor activity space. The facility will have 12 foot ceilings so that is it not possible for patients to climb on furniture and reach smoke detectors, etc. The property for the facility will provide for staff and visitor parking, outdoor activities, and appropriate side, front and rear setbacks.

Preliminary estimates suggest that the new facility will range from 17,500 to 18,000 square feet, and require a 2 to 3 acre parcel of land.

Project Rationale

The Child and Adolescent Behavioral Health Services (CABHS) program is an inpatient psychiatric hospital for children and adolescents who need crisis stabilization, comprehensive assessment and intensive treatment for their complex mental health conditions. Many CABHS patients are physically aggressive and destructive, and their treatment needs exceed the capacities of their families and other community providers.

The physical layout of the current CABHS facility makes it difficult for the program’s staff to safely care for these challenging patients. Sightlines from the Nurses Station are limited and obstructed. The current space is two stories, which doesn’t allow staff to be used efficiently and prevents staff

from being able to respond to crisis situations. The stairways and spaces that are at odd angles are also difficult for staff to manage safely, especially if they need to intervene with a patient. The building's interior finishes (walls, ceilings, floors), and security systems do not foster a safe and secure environment. The building has low ceilings, very limited security, narrow corridors, hard finishes, and very poor lighting. The bathing and toilet facilities do not meet modern design criteria for a psychiatric treatment facility and currently have a serious potential for patients to harm themselves or possibly harm others. The overall environment is less than therapeutic.

Willmar is a regional center and a community with a long history of providing mental health services. The 2015 Legislature did not adopt the Governor's recommendation to close the CABHS program by July 2016. Therefore the Department is proposing to build a modern facility in the Willmar area that is better suited to the needs of CABHS patients.

Other Considerations

The CABHS program is currently housed in a much-larger-than-needed two-story building on the campus of the former Willmar Regional Treatment Center. The building is owned by Kandiyohi County, and the Department leases the building from the county to operate the CABHS program. (The old Willmar campus was declared state surplus property in 2002, and the campus was transferred to Kandiyohi County in 2006.) When construction of the new facility is completed, the Department will relocate the licensed psychiatric hospital beds from the current CABHS program location to the new facility.

Kandiyohi County sold all but seven buildings on the old campus to a private sector development partner for redevelopment. The remaining seven buildings were initially leased back to the state for Department of Human Services programs. As part of the reuse envisioned by Kandiyohi county and the city of Willmar, option agreements were put into place between the county and the private sector redevelopment partner. In January 2010 two of the seven buildings were sold to the redevelopment partner under the purchase option.

The redevelopment partner recently notified the county that it wants to implement the purchase option agreement for Building 1, which is the building that the Department has been leasing and using for the CABHS program. Kandiyohi County anticipates that the private sector redevelopment partner will forward an official notice that it is initiating the option to purchase the CABHS Building by July 1, 2015.

Impact on Agency Operating Budgets

The Legislature provides a direct general fund appropriation for the operating costs of the CABHS program. In the new facility the Department expects to operate CABHS as a 12 bed program. Analysis of this project's potential impact on the operating budget for the CABHS program is not yet complete.

Description of Previous Appropriations

None.

Project Contact Person

Wade Brost

Interim Exec. Dir., Mental Health and Substance Abuse Treatment Services

651-431-3404
wade.brost@state.mn.us

MN Sex Offender Program Less Restrictive Alternatives**AT A GLANCE****2016 Request Amount:** \$12,420**Priority Ranking:** 4**Project Summary:** \$12.420 million is requested to design and construct community-based residential treatment facilities for the Minnesota Sex Offender Program (MSOP) as Less Restrictive Alternatives (LRA) to current highly secure MSOP facilities. The request includes funding for land purchase, predesign and design fees, and construction for two facilities at sites yet to be selected.**Project Description**

This request is for funds to purchase land for, and to predesign, design and construct two 20-bed community-based residential / treatment facilities for the Minnesota Sex Offender Program (MSOP) as less restrictive alternatives to current highly secure MSOP facilities.

Each 12,000 square foot facility will include space for dining, living, group/treatment rooms, bedrooms, bathrooms, visitation, clinic/professional staffing, operations staff, patient storage, operations storage, food preparation, a small area for indoor recreation, and outdoor activity space. These facilities would be designed with a majority of double occupancy bedrooms.

The property for each of these facilities will provide for staff and visitor parking, outdoor activities, and appropriate side, front and rear setbacks.

Project Rationale

For some Minnesota Sex Offender Program (MSOP) clients the most appropriate treatment placement is in a Less Restrictive Alternative (LRA) rather than placement in the highly secure MSOP facilities in Moose Lake or St. Peter. As part of the program's reintegration philosophy and approach, MSOP has developed contracts with several community treatment and housing providers for ongoing clinical services, housing, and intensive supervision. These private community providers are able to serve some MSOP clients for whom the Court has approved a provisional discharge from the MSOP program to a community treatment setting.

However, there are other MSOP clients, including those with medical or physical conditions who need an assisted living-type setting, who will not be able to be served by private community providers. This capital budget request is for funding to buy land for and construct two state-owned and state-run LRA facilities.

Other Considerations

MSOP staff will be responsible for all supervision and monitoring of the clients in these less restrictive alternative placements. Similar to the MSOP Community Preparation Services (CPS) program, GPS ankle bracelet monitoring devices would be used as part of each facility's supervision

and monitoring program.

The cost estimate for these residential units does not include costs for vocational/work opportunity programming.

Impact on Agency Operating Budgets

Staffing these new facilities may increase the overall size of the operating budget for the Minnesota Sex Offender Program.

Description of Previous Appropriations

None

Project Contact Person

Nancy Johnston
Executive Director, MN Sex Offender Program
651-431-4390
nancy.a.johnston@state.mn.us

Anoka Metro Regional Treatment Center: Safety and Security Renovations**AT A GLANCE****2016 Request Amount:** \$2,250**Priority Ranking:** 5

Project Summary: \$2.25 million is requested to upgrade/improve patient and staff safety at the Anoka-Metro Regional Treatment Center. This project will include the installation of a camera/monitoring and recording system; installation of a campus-wide personal duress system; an upgrade to the facility's limited electronic access control and exterior door lock system; installation of a computerized key control system; enclosing the Unit G nursing station; installation of security fencing, lighting, concrete walks/patios for the development of three additional outdoor activity areas; and improvements to three small existing residential living unit courtyards.

Project Description

The Department is requesting \$2.25 million for a package of renovations that is designed to ensure that the environment of care at the Anoka Metro Regional Treatment Center remains safe, and that the facility and the staff who provide care are well equipped to serve the challenging patients admitted for treatment.

Camera Monitoring System

When the main Anoka Metro Regional Treatment Center (AMRTC) building was designed and constructed very few cameras were installed, and video storage capability was very limited. It is very important to install a modern camera/monitoring/recording system in the facility that integrates camera systems in all residential living units into one facility wide system.

Video cameras have been shown to be a deterrent to criminal acts. With higher number of patients who have criminal backgrounds a camera system would be beneficial in deterring acts of violence and property damage. Other benefits from a network based camera systems are patient and staff safety as the cameras can be monitored in a central location and at each unit's nursing station. Video footage can be very beneficial in investigating incidents at a facility, especially at a psychiatric facility. It can be used to establish who did what to who, or who was responsible for damaging or destroying property.

Personal Duress Alarm System

Personal duress alarm systems consist of sensors installed throughout patient care areas, and pendants or small transmitters carried by staff members that when pressed alerts the facility that a staff member needs assistance, who that staff person is, and where that person is located (down to the actual room they are in). Personal duress alarms provide faster emergency response by immediately communicating there is trouble and assistance is required to control the situation. For instance, when one or two staff are engaged with a patient that becomes aggressive and begins to act out; when staff need assistance from other staff if two or more patients become aggressive to each other. Personal Duress Alarm Systems provide an obvious and tangible benefit with efforts to

improve patient and employee safety and often stop aggression before it escalates to the point of serious injury.

Key Control System and Access Control

AMRTC has been using the current key system since the building was constructed in 1998. Rekeying certain doors (exterior) and installing a key control system will improve security of the facility by ensuring there is customized access, according to staff duties. With electronic key cabinets all keys will be accounted for at any given time, and keys should never leave the facility. Modifying the exterior door key system will limit the number of door locks that would need to be changed in the event a set of keys was ever lost and should ensure facility security is maintained. In addition some improvements may be needed to access control systems for badge access to sensitive areas. Improving badge access improves security and facilitates improved crisis response.

Enclosure of Unit G Nursing Station

With the increase in patients being admitted from jail, Unit G has become an extension of Unit H. The Unit H nursing station was enclosed several years ago to provide a safer work area for staff members working on this unit and has shown good results. With Unit G now serving the same population, this additional measure of safety is needed for Unit G.

Unit Courtyards

Individual unit courtyards add significantly to the options available for programming, and space for reflection and de-escalation for patients who have not achieved a level of stabilization that allows them to leave their respective units, and to use the facility's large central outdoor courtyard. Three units do not currently have these individual unit courtyards. Three units do have secure courtyard space but these existing courtyards need security improvements and upgrading. The value these individual unit courtyards provide to promoting patient and staff safety and security is very clear from the experience with existing unit courtyards on H unit and the D and E units.

Project Rationale

The Anoka Metro Regional Treatment Center (AMRTC) serves people who have a mental illness in a large, campus-based setting. AMRTC treats patients from across the state, many of whom have complex medical histories. It is a 110-bed inpatient psychiatric hospital, divided into units. The main campus structure has been in service since 1998. The facility currently operates six residential treatment units in the main building, and one chemical dependency residential treatment unit in the Miller Building (constructed in 1951) which is attached to the main building by a connecting corridor.

Beginning in 2014 the acuity of patients admitted to AMRTC has increased, both in numbers of complex acute cases and increased levels of violence associated with the higher acuity. AMRTC is seeing increases in admissions from jails, and a number of those admissions are patients with long histories of criminal behavior. The Department is requesting this capital project in order to ensure that the environment of care at AMRTC remains safe, and that the facility and the staff who provide care there are well-equipped to meet the demands of the changing patient population.

Other Considerations

Impact on Agency Operating Budgets

The Legislature provides a direct general fund appropriation for the Anoka Metro Regional Treatment Center (AMRTC). Analysis of this project's potential impact on the operating budget for

the AMRTC is not yet complete.

Description of Previous Appropriations

None.

Project Contact Person

Wade Brost

Interim Exec. Dir., Mental Health and Substance Abuse Treatment Services

651-431-3404

wade.brost@state.mn.us

Early Childhood Facilities

AT A GLANCE**2016 Request Amount:** \$5,000**Priority Ranking:** 6

Project Summary: \$5.0 million is requested to fund construction or rehabilitation of early childhood facilities owned by the state or a political subdivision. The purpose of this grant funding is to make sure that families across the state have access to early childhood programs housed in safe facilities. The Department of Human Services selects projects through a competitive Request for Proposal process and requires a 50% non-state match.

Project Description

Minnesota Statutes section 256E.37 [Early Childhood Learning and Child Protection Facilities] is a statewide grant program that helps fund construction or rehabilitation of facilities for early childhood programs, crisis nurseries, or parenting time centers. Early childhood programs include Head Start, School Readiness, Early Childhood Family Education, licensed child care, and other early childhood intervention programs. The facilities must be owned by the state or a political subdivision, but may be leased to organizations that operate the programs.

This statewide grant program supports children's school readiness. The Department of Human Services administers this competitive grant program. The department awards funding through a Request for Proposals (RFP) process. A grant for an individual facility must not exceed \$500,000 for each program that is housed in the facility, up to a maximum of \$2 million for a facility that houses three programs or more. State funding must be matched on a 50 percent basis with non-state funds. Priority will be given to projects that demonstrate how the grant can enhance or support providing early childhood services that improve children's school readiness by meeting research-based program quality standards. Preference is given to proposals that demonstrate meaningful collaboration within a community.

Priority may be given to projects that collaborate with child care providers, including all-day and school-age child care programs, special needs care, sick child care, nontraditional hour care, programs that include services to refugee and immigrant families, programs that will increase their child care workers' wages as a result of the grant, and projects that will improve the quality of early childhood programs.

Project Rationale

Quality preschool and early childhood facilities promote better outcomes for children. In communities across the state, Head Start and other early childhood programs need state funding to help construct new or renovate older facilities that have become substandard or that are not appropriately configured for early childhood programs.

These grant funds allow local service providers to deliver safe, accessible, high quality services to increased numbers of young children and their families. The need for early childhood facilities is driven by requirements that space be safe and accessible. Early childhood programs must comply

with Department of Human Services child care licensing rules. In many parts of the state, it is difficult to find existing space that is safe and age appropriate; therefore, this funding is a catalyst for collaboration between cities, counties and school districts to improve early childhood facilities and promote better outcomes for children.

Investing in early childhood through improving the facilities that house the programs helps create jobs and meet the growing demand for high quality early learning experiences. Demand is growing as low-income Minnesota families access high quality early childhood programs, including Minnesota Early Learning Scholarships Program and child care subsidies tied to high-quality programs, and as they use information published by Parent Aware, Minnesota's Quality Rating & Improvement System. Implementation of all-day Kindergarten has increased the demand for construction and rehabilitation of Early Childhood facilities. Early childhood programs are being displaced or relocated to less desirable space to make room for all day Kindergarten.

Other Considerations

To have lasting impact, funding for this grant program should be regularized and sustained. That is why this request also includes planned requests of \$5 million in the 2018 and 2020 bonding cycles.

Impact on Agency Operating Budgets

The department is redirecting resources to manage the current RFP processes, grant development and oversight activity associated with the Early Childhood Learning and Child Protection Facilities grant program. This is not sustainable for maintaining current grants and administering a proposed increase in grants. With \$5 million funding requested for 2016, and with an average cost of \$500,000 per project, eight to ten projects could be ready to begin construction/rehabilitation in spring of 2017. Managing that number of projects is a significant additional workload and the department needs 1 FTE to administer the grant program as it currently exists and for the additional projects.

Description of Previous Appropriations

- A total of \$6 million in 2014 for the Early Childhood Facilities program: \$3 million for program and an additional \$3 million earmarked for a project in Hennepin County for the early childhood center at the YWCA of Minneapolis. Seven projects have been funded with the \$3 million program appropriation.
- \$1.9 million in 2011. Five projects were funded with this appropriation.
- \$500,000 in 2006. Three projects were funded; one was later withdrawn due to population shifts.
- \$500,000 in 2005. Two projects were funded.
- \$2 million in 2000. Six projects were funded.

A map showing the locations of early childhood facilities sites that have been awarded state funds is forthcoming.

Project Contact Person

Francie Mathes

Economic Opportunity Division, MN Department of Human Services

651-431-3814
francie.mathes@state.mn.us

System-Wide Asset Preservation**AT A GLANCE****2016 Request Amount:** \$7,000**Priority Ranking:** 7**Project Summary:** \$7 million to maintain and preserve the department's capital assets around the state. This will ensure that the facilities used for State Operated Services and Minnesota Sex Offender Program are functional, safe and in good repair.**Project Description**

Each of the Department's facilities is responsible for maintaining a list of projects required to preserve their physical plant/facilities assets. This includes campus-based facilities and state owned community-based facilities. These perpetual and ever changing project lists are comprised of projects directly related to maintaining existing assets, and for ensuring the continued safe, effective, and efficient use of the facility. Facility asset preservation plans must support the projected needs of the facility. Building components are not evaluated on an individual deficiency basis, but rather on an overall building evaluation or assessment basis to determine that life cycle characteristics and program suitability are in balance.

Asset Preservation funds are used throughout the Department's state-owned facilities system and are allocated for projects on a prioritized basis based on need and level of deficiency, i.e., 1) critical projects that require immediate action to return a facility to normal operation, stop accelerated deterioration, or to correct a cited safety hazard; 2) projects that will become critical within a short period of time if not corrected expeditiously; 3) projects that require reasonably prompt attention to preclude predictable deterioration or potential downtime and the associated damage or increased costs if deferred further.

This project request involves the repair, replacement, and renewal needs specific to the operations of the Department of Human Services state-owned Direct Care and Treatment facilities. These needs developed over time, and represent a system-wide assessment of known facility deficiencies, including, but not limited to:

- Security, safety and code compliance issues
- Life/fire safety deficiencies (fire sprinkling, detection/alarm systems)
- Emergency power/egress lighting upgrades
- Major mechanical and electrical utility system repairs, replacements, upgrades, and/or improvements, including the replacement of boilers and upgrade of heating and cooling systems
- Sewer and water infrastructure repairs/replacements
- Abatement of hazardous materials (asbestos, lead paint, etc.)

- Elevator repairs/upgrade
- ADA requirements/reasonable accommodation
- Roof repair/replacement and structural deficiencies
- Tuck pointing and other building envelope work (window and door replacement, fascia and soffit work, re-grading around building foundations, etc.
- Road, walk, and parking lot repair/replacement/maintenance

Submitted with this request is a preliminary list of the projects, with estimated costs, that the Department would plan to address with this request.

Project Rationale

Asset preservation funding is essential to support the operations of the Department of Human Services' residential treatment facilities and community-based program operations. Because of the system-wide magnitude of projects related to deferred maintenance or renewal at the department's facilities, these projects cannot be addressed with the current level of repair and replacement funding appropriated in the agency's operating budgets.

Funding of this request will enable the Department and its facilities to continue efforts to address deferred maintenance and deferred renewal at the Department's state-owned facilities. Failure to adequately fund this request will only intensify the problem. Additional deterioration will result and the state's physical plant assets will continue to decline. Future costs may actually compound, as complete replacement may become the most cost effective and efficient alternative for addressing related deficiencies.

In addition, if adequate asset preservation funding is not appropriated the Department will not be able to maintain its facilities in a safe, secure, effective and efficient manner. Deteriorating conditions will worsen, and some facility components that are critical to the well-being of the facility's patients and staff may fail, posing significant health/safety risks to the individuals entrusted to the Department's care.

Other Considerations

If this request is not funded, the Department would be required to use a large percentage of limited repair/ replacement operating funds to address critical and expensive asset preservation projects. This action would limit the Department's ability to address routine preventative, predictive and corrective facility maintenance and would actually compound the existing deferred maintenance problem and result in a substantial increase in the long-range deferred maintenance/renewal at the Department's facilities.

Adequate funding levels for maintaining state physical plant assets could be appropriated to each agency's operating budget to maintain new or upgraded facilities. When a new building is authorized an appropriate amount of maintenance funds should also be appropriated to the agency's base budget to maintain the new facility into the future. These funds could be placed into a **special agency revolving account for facility maintenance/repair/replacement** so they would be available to be utilized and/or managed over a period of years to address major repairs, and replacement/renewal of major building/facility components, without agencies having to compete for such funding in future bonding bills.

Impact on Agency Operating Budgets

Analysis of direct operating budget impacts from this asset preservation request cannot be completed at this preliminary stage of the capital budget process.

Description of Previous Appropriations

- 2014 Legislature appropriated \$3 million
- 2012 Legislature appropriated \$2 million
- 2011 Legislature appropriated \$4.7 million
- 2010 Legislature appropriated \$2 million
- 2009 Legislature appropriated \$2 million
- 2008 Legislature appropriated \$3 million
- 2006 Legislature appropriated \$3 million
- 2005 Legislature appropriated \$3 million
- 2002 Legislature appropriated \$4 million

Project Contact Person

Alan Van Buskirk
Director, Institutional Support Services
651-431-3695
alan.vanbuskirk@state.mn.us