



# 2016 Capital Budget Recommendations for the Department of Human Services

House Health and Human Services  
Finance Committee  
March 22, 2016



# Human Services 2016 Bonding recommendations

Project (In DHS Priority Order)	2014 Approved	2016 Recommendation	2018 Plan	2020 Plan	Total In 6 YR Plan
MN Security Hospital Phase 2	\$ 56.317 M	\$ 70.255 M	-0-	-0-	\$70.255 M
Anoka Metro Regional Treatment Center Safety and Security Renovations		2.25 M	-0-	-0-	\$ 2.25 M
MN Sex Offender Program (St. Peter) Phase 2	7.405 M	14.50 M	15.50 M	-0-	\$ 30.0 M
MN Sex Offender Program Less Restrictive Alternatives		12.42 M	-0-	-0-	\$ 12.42 M
Early Childhood Facilities	6.0 M	15.0 M GO 5.0 M GF	5.0 M	5.0 M	\$ 25.0 M GO \$ 5.0 M GF
System-Wide Asset Preservation	3.0 M	1.5 M	1.5 M	1.5 M	\$ 4.5 M
<b>Total</b>	<b>\$ 72.722 M</b>	<b>\$ 120.925 M</b>	<b>\$ 26.50 M</b>	<b>\$ 11.0 M</b>	<b>\$149.425M</b>



## **Direct Care and Treatment: Critical need for improvement**

- Bonding requests are needed to improve the facilities that care for over 10,000 Minnesotans each year
- We need to improve the therapeutic environment treatment and improve safety for our staff and patients
- We are not depending on bonding alone; our operational budget propose additional staffing and service realignment



# Priority 1: Minnesota Security Hospital Phase 2



## Plan for the St. Peter campus

The Department of Human Services developed a long-range strategic capital plan for the St. Peter campus. The plan addresses four critical needs:

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



## Minnesota Security Hospital Phase 2: \$70.255 million

### MSH Phase 2 project elements

- Demolish and reconstruct three existing split level bedroom wings into single-story space (58 beds for acute care)
- Construct a new 14-bed acute care unit
- Construct 2 additional 24-bed units for the Transition program
- Remodel living units to create 65 beds for Pre-transition patients, a 15-bed acute women's unit, and an 8-bed unit for special populations
- Renovate remaining areas of original MSH building
  - Addressing fire safety, building code, and renovating interior finishes, furnishings and fixtures
  - Construct loading dock and equipment storage
  - Improve HVAC/energy efficiency, security, technology systems and utility infrastructure and building envelope
- Phase 2 construction to begin by early fall 2016; completed by fall 2018





## **Review: Minnesota Security Hospital Phase 1 Objectives**

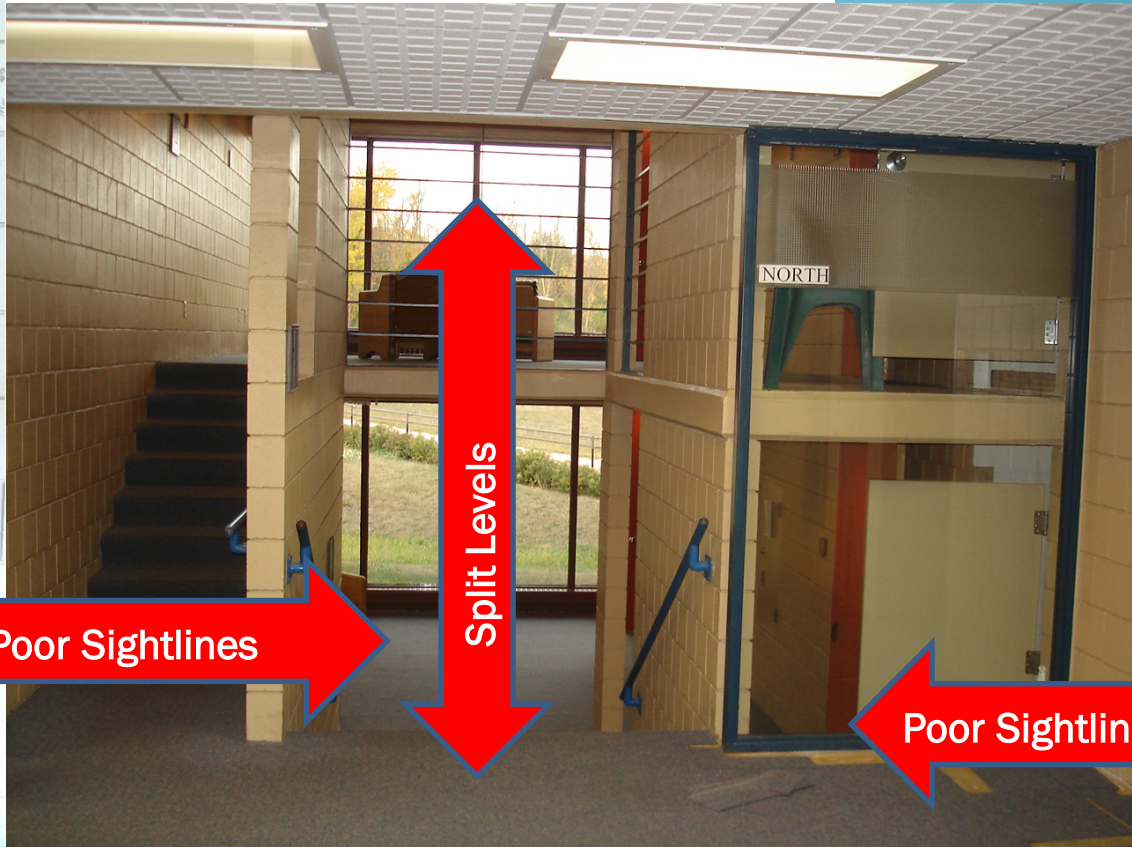
- Phase 1 focuses on improving the Minnesota Security Hospital (MSH) facilities to better serve the most acute patients.
- This is the most direct way to provide the best care and remedy the patient and staff issues that have been occurring at the Security Hospital.
- Construction of Phase 1 began in the fall of 2014. When Phase 1 is ready in fall 2016, patients and staff at the MSH will benefit from:
  - New secure 4-bed Evaluation and 12-bed Crisis units
  - Two new 20- bed housing units for Acute patients
  - Two new 24-bed Transition units (patients relocated from lower campus)
  - New Social Center (includes Treatment, Education, Vocation, Recreation and Administrative functions)
  - New Central Plant for the newly constructed buildings and new health services and pharmacy space



## Minnesota Security Hospital: Existing Patient Living areas



**Narrow  
Stairways**



**Poor Sightlines**

**Split Levels**

**Poor Sightlines**





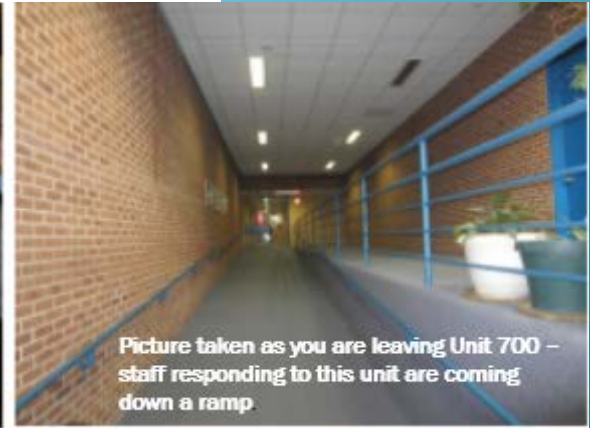
## Phase 2 – Photos of Existing Conditions East Side Units



Courtyard Unit 700 – not level, space is visible by adjacent treatment unit, and allows for view into Unit 800 lower pod bedrooms.



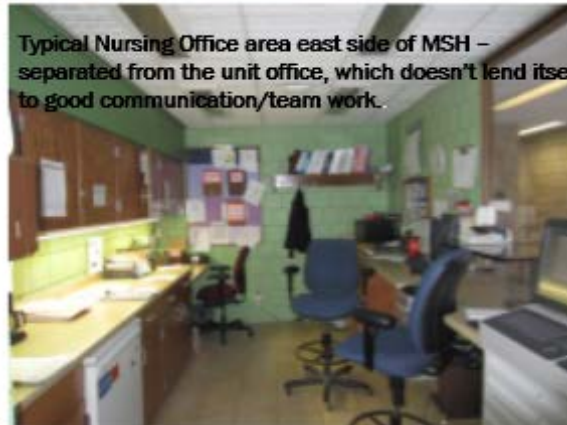
Picture taken from the lower landing on one bedroom pod (narrow hall way, steps, poor observation from Unit station).



Picture taken as you are leaving Unit 700 – staff responding to this unit are coming down a ramp.



Unit 700 Kitchenette area – not observable from unit office area.



Typical Nursing Office area east side of MSH – separated from the unit office, which doesn't lend itself to good communication/team work.



This is the view staff have from the general unit office area – you are looking towards a lower level and an upper level bedroom area.



Phase 1  
Acute Housing - Dayroom





## Priority 2: Anoka Metro RTC Safety and Security Renovations



## **Anoka Metro RTC Safety and Security Renovations: Why this request?**

- Since 2014 more patients with complex and severe mental illness have been admitted to Anoka
- More patients have also been admitted from jails, and many of those have long histories of criminal behavior
- Anoka is seeing increased levels of violence associated with having more patients whose mental illness is severe
- Renovations are needed to make sure that the environment of care at Anoka remains safe for patients and staff





## **Anoka Metro RTC Safety and Security Renovations: \$2.25 million**

Package of renovations at the Anoka facility that will improve patient and staff safety and ensures staff are equipped to serve the most challenging patients:

- Installing a facility-wide camera system
- Installing a campus-wide personal duress system
- Installing computerized key control and access control systems facility-wide
- Constructing new secure small courtyards for outdoor activity on three residential living units
- Improving three small existing residential living unit courtyards
- Enclosing the nursing station on one unit (Unit G)





Priority 3:  
Minnesota Sex Offender Program  
(MSOP) St. Peter Phase 2



## Minnesota Sex Offender Program (MSOP) St. Peter Phase 2: \$14.5 million

### MSOP St. Peter Phase 2 project elements

- Sunrise Building:
  - Complete design, and renovate/construct and furnish/equip West wing of Sunrise. The West wing will be used for additional bed capacity (30) for clients placed outside of the secure perimeter.
  - Complete design, and renovate/construct and furnish/equip North wing of Sunrise. The North wing (existing medical clinic area) will be updated and continue to be used for clinical/medical and other support functions.
- Green Acres Building:
  - Complete design, and renovate/construct and furnish/equip the North wing of Green Acres. This wing will add Community Preparation Services (CPS) beds and related services.
- Tomlinson building:
  - Complete design, and renovate/construct and furnish/equip Tomlinson for program activities (e.g., recreation, chapel, library, etc.) for MSOP clients and for staff facilities.
- Phase 2 construction to begin by early fall 2016



## MSOP Context

### Program Growth:

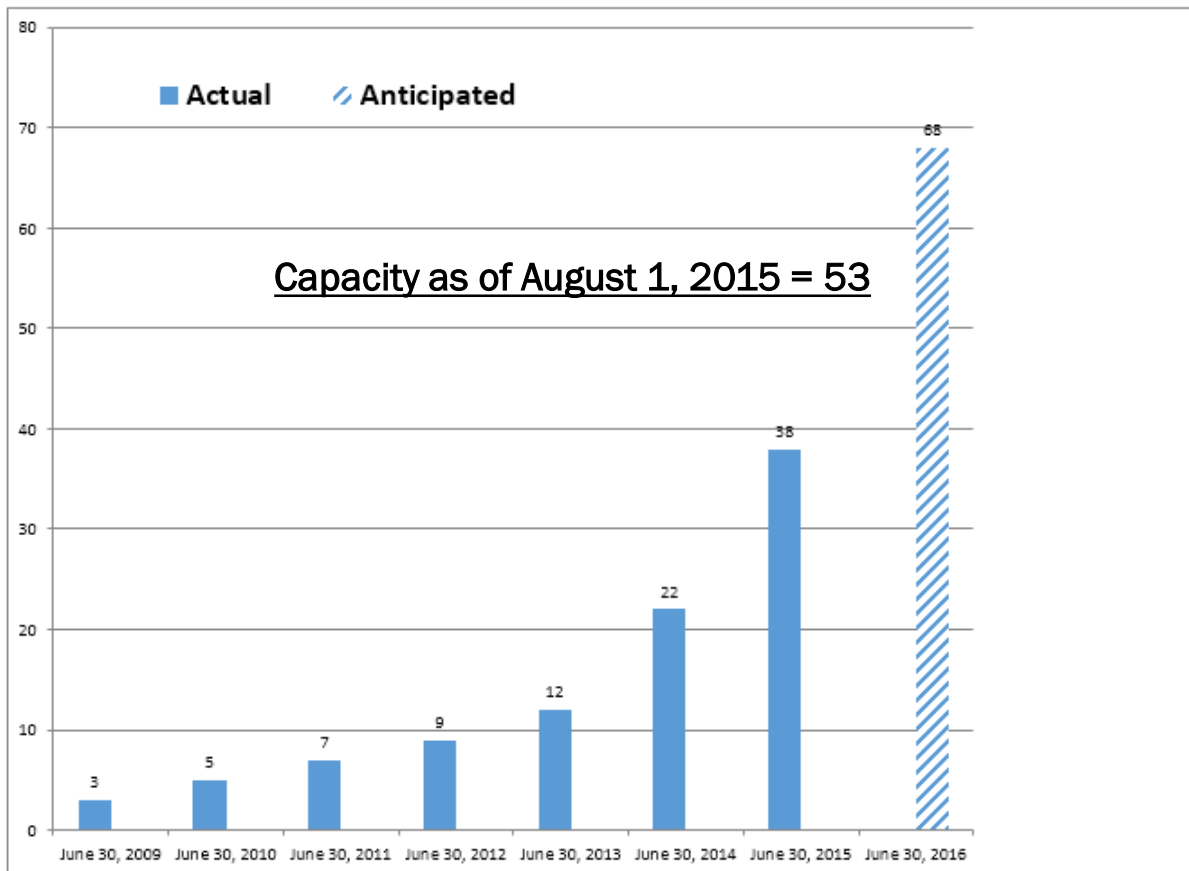
- Growth in the number of clients committed to MSOP has slowed.
- This plan addresses MSOP's needs for bed space in Community Preparation Services, outside of the secure perimeter. Courts are ordering more and more clients into CPS, outstripping current bed capacity.
- While court action may impact the future of MSOP, we must plan based on the law currently in place. If we don't need the future phase 3, it would not need to be funded.

### Focus on St. Peter:

- St Peter campus houses the MSOP programming for clients at the later stages of their treatment. We expect the later stages of treatment to see continued growth.
- Separating the vulnerable adult patients and the MSOP predatory clients on the lower St. Peter campus ensures safety and creates an appropriate treatment environment.



## MSOP Reintegration Population: Census at Community Preparation Services (CPS)





## Priority 4: MSOP Less Restrictive Alternatives





## **MSOP Less Restrictive Alternatives: \$12.42 million**

- Purchase land and build two new 20-bed community-based residential treatment facilities as less restrictive alternatives for the current highly secure MSOP facilities.
- Sites are yet to be selected – want to work with interested communities
- MSOP staff will be responsible for all supervision, security and monitoring of clients in the Less Restrictive Alternative facilities



## MSOP Less Restrictive Alternatives

- MSOP has contracts with several private providers to serve some MSOP clients court-approved for provisional discharge to a community treatment setting
- But some MSOP clients for whom a less restrictive alternative is the appropriate placement will be difficult to find placements with private community providers
- This particular request is to meet the need of our aging/medical clients and to build less restrictive “assisted living” facilities for up to 40 clients.
- For those individuals, state-owned and state-run less restrictive alternative facilities need to be available



## Priority 5: Early Childhood Facilities

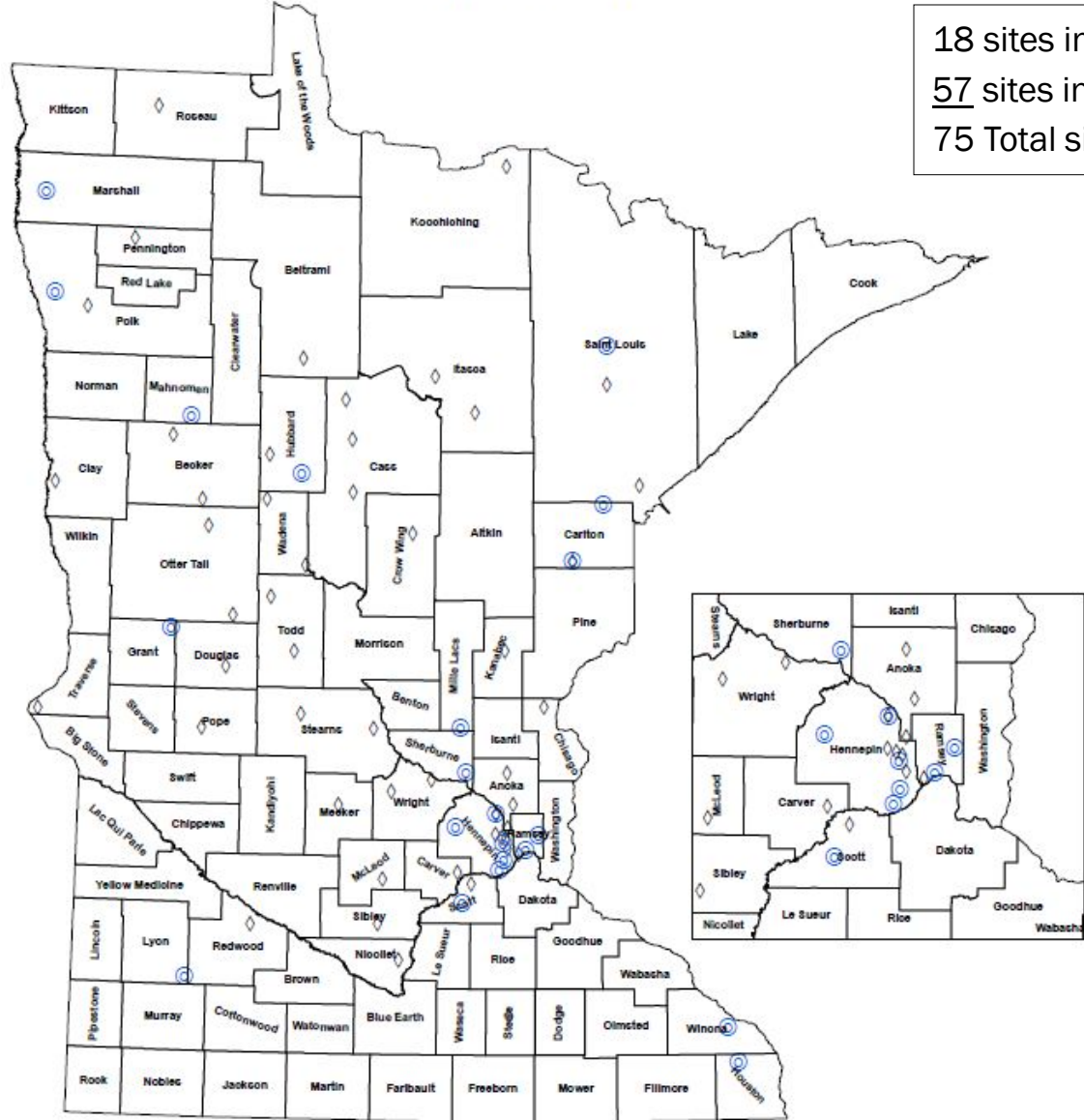


## **Early Childhood Facilities: \$15 million GO and \$ 5 million GF**

- For statewide grants to help local entities renovate and renew substandard older, or construct new, early childhood facilities
- Funds are awarded via competitive RFP process
- These grant funds allow local service providers to deliver safe, accessible and age appropriate, high quality services to increased numbers of young children and their families
- All projects require a 50% match

# Early Childhood Facilities State Bond Funded Sites (1992-2014)

18 sites in 7-county Metro  
57 sites in Greater Minnesota  
 75 Total sites



Diamond: Projects from 1992 to 2000  
 Blue Circle: Projects from 2000 through 2014





## **Early Childhood Facilities: Both bond funds and General Fund dollars are needed**

- Political subdivisions (like School Districts) need facilities because space formerly used by early childhood programs are being displaced by all day Kindergarten
- Nonprofit organizations (like Head Start) and tribal governments cannot directly receive bond funds, but they too need early childhood learning and child care facilities that are safe, age appropriate and accessible



## Early Childhood Learning Facilities Context

- This statewide grant program supports children's school readiness
- We see an ongoing need to rehabilitate older facilities in the state to make them safe, age appropriate and accessible for early childhood programs
- We see increased demand for early childhood services, and all-day Kindergarten has increased the need to construct or remodel early childhood facilities
- Funding has been sporadic over the years; it needs to be regularized and sustained to have a lasting impact
- Governor's recommendation includes planned funding for additional rounds of grant awards in the 2018 and 2020 Capital Budgets (\$5 million GO bonds each time)



## Priority 6: System-Wide Asset Preservation



## **System-wide Asset Preservation: \$1.5 million**

- Maintains and preserves investments in state-owned capital assets
- Most projects involve a significant level of repair/replacement. The scope of the projects cannot be addressed with the repair and replacement funding in the Department's operating budget.



Thank you for your interest in the Governor's 2016 Capital Budget Recommendations for the Department of Human Services.

Videos for these projects can be found at:

<http://mn.gov/dhs/media/video/index.jsp>