

Human Services

Projects Summary

(\$ in thousands)

Project Requests for State Funds					
Project Title	Priority Ranking	Funding Source	2020	2022	2024
MSOP St. Peter Phase 2	1	GO	\$ 18,288	\$ 0	\$ 0
CABHS Large Motor Activity and Ancillary Space	2	GO	\$ 1,750	\$ 0	\$ 0
AMRTC Miller Building Upgrade	3	GO	\$ 6,600	\$ 0	\$ 0
Cambridge Campus Predesign	4	GO	\$ 1,200	\$ 0	\$ 0
Asset Preservation	5	GO	\$ 20,000	\$ 0	\$ 0
Safety and Security Renovations	6	GO	\$ 5,000	\$ 0	\$ 0
Early Childhood Facilities	7	GO	\$ 5,000	\$ 0	\$ 0
		GF	\$ 5,000	\$ 0	\$ 0
Total Project Requests			\$ 62,838	\$ 0	\$ 0
General Obligation Bonds (GO) Total			\$ 57,838	\$ 0	\$ 0
General Fund Cash (GF) Total			\$ 5,000	\$ 0	\$ 0

MSOP St. Peter Phase 2

AT A GLANCE**2020 Request Amount:** \$18,288**Priority Ranking:** 1

Project Summary: \$18.288 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 (CPS) to serve clients who have been court ordered to continue treatment in a less restrictive environment.

Project Description

This project is Phase 2 of a multi-phase capital project to renovate and address deferred maintenance in existing Department of Human Services (DHS) facilities on the St. Peter campus for future use by the Minnesota Sex Offender Program (MSOP). Funding is requested to complete design, renovation and construction, as well as to purchase furniture, fixtures and equipment. Specific areas of three buildings are being targeted for Phase 2, including:

- a. Green Acres Building
 - Project Area: North Wing
- b. Sunrise Building
 - Project Area: North, South and West Wing
 - Project Area: North Wing
- c. Tomlinson Building

Renovation work will include the replacement and/or upgrade 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 this request. Phase 2 project will remodel a total of 63,335 existing square feet, as set forth below:

- Green Acres Building
- Existing square footage = 40,999 square feet
 - Phase 1 remodeled 13,200 square feet
 - Phase 2 will remodel 7,735 square feet

Sunrise Building

- Existing square footage = 40,060 square feet
- Phase 1 remodeled 7,735 square feet
- Phase 2 will remodel 32,325 square feet

Tomlinson Building

- Existing square footage = 23,295 square feet
- Phase 2 will remodel 23,295 square feet (total building renovation)

This project does not add any new square footage to the MSOP facilities on the St. Peter campus.

Project Rationale

Clients in the Minnesota Sex Offender Program (MSOP) continue to progress through sex offender specific treatment and move from the Moose Lake campus to the St. Peter campus for the later stages of treatment, including reintegration. All reintegration programming takes place at MSOP's St. Peter campus at Community Preparation Services (CPS). CPS is a residential facility outside of the secure perimeter in the Sunrise Building.

Clients petition the court to transfer to Community Preparation Services (CPS), and courts are granting transfer orders for clients to move to CPS at an increased rate. Because of this increase, MSOP needs to increase CPS beds and programming space on the St. Peter campus. CPS is currently at full capacity with 85 beds, and there is a current waitlist of approximately 35 clients.

All elements of the St. Peter lower campus capital plan remain the same as previous capital requests made in 2014 (funding for Phase 1 received), 2015, 2016, 2017, 2018 and 2019. The priority for Phase 2 is to respond to the immediate pressures being faced by MSOP relating to court-ordered transfer of clients to CPS. Additional discussion relating to this change can be found in the "Other Considerations" section.

Project Timeline

Proposed project timeline:

- Bid - August 2020,
- Award - October 2020,
- Construction - November 2020 to August 2021,
- Occupancy - September 2021.

Other Considerations

Community Preparation Services (CPS) currently includes shared kitchen, bath and living areas, clinical spaces and unit staff offices. Security staff are present whenever clients are in the building, and the common areas are monitored by security cameras. While ordered to CPS, clients engage in off-campus activities to enhance the deinstitutionalization process and prepare them for a successful transition to 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.

In the 2015 Special Session, the legislature amended the appropriation language in the 2014 bonding bill to permit DHS to defer the design of Bartlett Hall to Phase 3, and 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 DHS to stay on track with our planned renovations and be positioned to create more bed capacity for CPS on the St. Peter campus.

Impact on Agency Operating Budgets

The renovated and new units associated with this request will increase the overall cost of the future operating budget for MSOP. Costs are directly associated with the addition of living units that will require new staff and support costs.

Description of Previous Appropriations

2014 Legislature appropriated \$7.405 million to design, construct, renovate, furnish and equip Phase 1 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 included funding to design Phase 2 of the project.

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CABHS Large Motor Activity and Ancillary Space**AT A GLANCE****2020 Request Amount:** \$1,750**Priority Ranking:** 2

Project Summary: \$1.75 million is requested to design, construct, and furnish a large motor activity and ancillary space for the Child and Adolescent Behavioral Health Services (CABHS) facility in Willmar. CABHS is a 16-bed inpatient psychiatric hospital for children and adolescents in Willmar. The funding will complete the CABHS project, funded by the legislature in 2017, by adding needed rehabilitative recreational space.

Project Description

The Department of Human Services (DHS) seeks funding to add additional components to the Child and Adolescent Behavioral Health Services (CABHS) hospital in Willmar.

This project includes design, construction and furnishings for a large motor activity area, restrooms and supporting mechanical space. This 4,100 square foot addition will provide much needed, interior space for recreational and rehabilitative activities throughout the year.

Additionally, this project will also provide the design and construction for:

- creating a berm and landscaping on the south side of the facility to create a natural shield to Highway 71;
- courtyard interiors, including playground equipment and various ground finishes;
- a parking lot on the west side of the facility that will provide 36 additional parking spaces for overflow during shift change and future expansion;
- landscaping for the remainder of the site; and
- a small maintenance shed.

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 engage in physically aggressive and destructive behaviors, and their treatment needs exceed the capacities of their families and other community providers.

In June 2019, the Department of Human Services (DHS) broke ground on the new 18,000 square foot, 16-bed hospital that will provide a therapeutic environment for the children and adolescents service, which was funded by a \$7.53 million appropriation in the 2017 bonding bill. That appropriation allowed DHS to begin work on the CABHS facility.

This proposal seeks funding to complete additional components of a new facility. Specifically, this funding will be to design, construct, and furnish a large motor activity and ancillary space that will provide the children and adolescents the ability to learn and use exercise specific coping skills to decrease their symptoms and increase their overall wellbeing. Physical activity strengthens a child's muscles and bones, prevents excessive weight gain and reduces risk of diabetes and other medical conditions, and also provides benefit to executive functioning, brain activity and depressive symptoms.

Project Timeline

Proposed project timeline:

- Bid - July 2020,
- Award - September 2020,
- Construction - October 2020 to February 2021,
- Occupancy - March 2021.

Other Considerations

The Child and Adolescent Behavioral Health Services (CABHS) hospital offers a safe youth- and family-responsible setting for tertiary care, comprehensive assessment and intensive treatment of specialized mental health problems. CABHS specialty care includes two programmatic directions: a neurodevelopmental program for youth with cognitive challenges who also have a mental illness; and trauma-informed care, a specialized treatment of mental illness in youth who have suffered severe psychosocial trauma.

Impact on Agency Operating Budgets

The addition of a large motor activity space to the new Child and Adolescent Behavioral Health Services facility will have minimal impact on the operating costs for the program.

Description of Previous Appropriations

2017 Legislature appropriated \$7.53 million for design and construction of a 18,000 square foot, 16-bed psychiatric hospital for children and adolescents.

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AMRTC Miller Building Upgrade**AT A GLANCE****2020 Request Amount:** \$6,600**Priority Ranking:** 3**Project Summary:** \$6.6 million is requested to predesign, design, renovate, furnish and equip the north wing of the Miller Building at the Anoka Metro Regional Treatment Center (AMRTC) for residential treatment facilities for the Mental Health and Substance Abuse Treatment (MHSATS) division.**Project Description**

This funding will let us begin Phase 1 of a three phase project. Project phases will include:

- **Phase 1:** design and remodel the north wing of the Miller Building;
- **Phase 2:** design and renovate the south wing of the Miller Building; and
- **Phase 3:** design and renovate the administrative and recreational spaces (central corridor) of the Miller Building.

This request is for Phase 1, to design and remodel the north wing of the Miller Building.

Currently, the north wing is empty and the entire interior has been cleared of asbestos and demolished. This project will remodel the space for the chemical dependency residential treatment unit currently located in the south wing. When remodeling is complete, the chemical dependency residential treatment unit will move to the north wing. After the south wing is vacant, additional work to replace the HVAC system that was funded in 2018 will be completed.

This project will consist of replacement and/or renovation of HVAC components to connect to the new system, plumbing, electrical, security, and life safety systems; address fire and life safety, and other building code deficiencies; replace the roof, windows and doors; reconfigure and remodel space; design and abate asbestos and other hazardous materials; remove and/or demolish nonfunctioning building components necessary to support the programmed use.

Project Rationale

The Anoka Metro Regional Treatment Center (AMRTC) is a state-operated inpatient psychiatric hospital that serves Minnesota. The campus has three main structures – the hospital with six residential treatment units, the Miller Building and the Warehouse. The Miller Building was built in 1951 to provide additional bed capacity and updated facilities for mentally ill patients. It is connected to the main AMRTC campus by an above ground secure indoor walkway. It also provided additional support space for the facility, including a large swimming pool, gymnasium and office space for the campus clinical and recreational programs. It currently houses a chemical dependency residential treatment unit, the state-wide mental health program admissions program, and other support functions necessary for operating the campus residential programs. Many of AMRTC's facilities need maintenance or system upgrades to prevent building deterioration and to maximize their use for the future, most of which can be addressed with operating funds and/or the use of asset preservation.

However, the scope and total cost of the work proposed for the Miller Building exceeds the Department of Human Services' (DHS) ability to use either operating funds or asset preservation appropriation funding. Therefore, this project requires capital funding dedicated specifically to addressing the proposed improvements.

The Miller building is in very good structural condition; however, there is deferred maintenance estimated at \$8.2 million. During the 2018 legislative session, the Department of Human Services (DHS) was appropriated \$6.75 million for roof and HVAC replacement at AMRTC. Approximately 50% of this funding was slated for the HVAC replacement in the Miller building. This project was started in late summer 2018. The project was put on hold until it was determined how to proceed with future renovation of the north and south wings. Also, during the 2017 legislative session, DHS was appropriated \$2.25 million for safety and security upgrades at AMRTC. Approximately 25% of this appropriation is planned for safety and security for the Miller Building and will be complete with the approval of this project.

Project Timeline

Proposed project timeline:

- Predesign/Design - August 2020 to January 2021,
- Bid - February 2021,
- Award - April 2021,
- Construction - June 2021 to February 2022,
- Occupy - May 2022.

Other Considerations

Future bonding requests will include funding for Phases II and III for the Miller Building.

Impact on Agency Operating Budgets

Design and renovation in Phase I will not impact operational budgets. However, future renovations in Phase II and Phase III will add capacity, impacting budgets.

Description of Previous Appropriations

2018 Legislature appropriated \$6.75 million for roof and HVAC replacement at AMRTC. Approximately 50% of this appropriation is planned for the HVAC replacement for the Miller Building.

2017 Legislature appropriated \$2.25 million for safety and security upgrades at AMRTC. Approximately 25% of this appropriation is planned for safety and security for the Miller Building.

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Cambridge Campus Predesign

AT A GLANCE**2020 Request Amount:** \$1,200**Priority Ranking:** 4**Project Summary:** \$1.2 million is requested to conduct predesign for the Department of Human Services (DHS) Cambridge campus. The predesign will focus on eliminating the centralized power plant and tying into the municipal utilities.**Project Description**

The Cambridge campus is a 63 acre site within Cambridge, Minnesota, with eight residential cottages and several support buildings. Currently, there are no inpatient programs operating on the site. The Department of Human Services' Cambridge campus is an underutilized asset with a complex history. This proposal seeks funding to conduct a predesign to eliminate the centralized power plant and tie into municipal utilities.

Each of the eight residential cottages is 39,956 square feet and is made up of six bedrooms, a kitchen, living, dining and restroom spaces. The cottages were built between 1998 and 1999 and have not been used since August 2014.

In addition, the Cambridge campus has several support buildings: the recreation building (a 29,542 square foot building that was built in 1919), the vocational building (a 24,872 square foot building that was built in 1961), and the administration building (a 52,228 square foot building built in 1955). Both the recreation building and vocational building have been vacant since 2014. The administration building is currently occupied by the Direct Care and Treatment Dental clinic and Community Support Services staff.

Elimination of the centralized power plant and connection to municipal utilities will allow redevelopment of the site for future use.

Project Rationale

The Cambridge campus is currently underutilized space and this predesign will allow the Department of Human Services (DHS) to remove centralized utility services and better utilize this resource to serve the needs of Minnesota. The proposed predesign will support options for reuse by DHS, potential partnerships, or divestment of the site, among other considerations.

Project Timeline

Proposed project timeline:

- State Designer Selection Board - August 2020 to December 2020,
- Award - January 2021,
- Predesign complete - September 2021.

Other Considerations

The Cambridge campus was originally established in 1923 as a colony for epileptics. In 1949, the facility's name changed from the Minnesota Colony for Epileptics to the Cambridge State School and Hospital – representing the common practice at the time to build more institutions for the care of patients with mental illness and developmental disabilities. In 1961, the site reached its peak population of 2,008 patients. During the mid-1970's, the Cambridge State Hospital became more program-oriented, instead of medically oriented, with the attempt to involve every resident of campus in six hours of programming per day, five days per week. Population at this time was 658 residents. During the 1980s and 1990s, the hospital, now known as the Cambridge Regional Treatment Center, continued downsizing and increased placement of patients into community-based programs. In June of 1999, the last patient was placed in the community and the hospital facility is officially closed. The 1995 Legislature directed the Department of Human Services (DHS) to “develop a specialized model at the Cambridge campus to serve citizens of Minnesota who have a developmental disability and exhibit severe behaviors which present a risk to public safety. This service will have the capacity to serve between 40 and 100 individuals.” In 1997, the Minnesota Extended Treatment Options (METO) was established on the Cambridge campus to provide specialized services for persons with developmental disabilities who presented a public safety risk. By 2000, the Cambridge campus provided space for 48 clients. The Department of Human Services (DHS) officially closed the Minnesota Extended Treatment Options (METO) program June 30, 2011 as part of the Jensen Settlement Agreement. The Jensen Settlement Agreement is the result of a lawsuit filed against the DHS in 2009 alleging that residents of the Minnesota Extended Treatment Options (METO) program were unlawfully and unconstitutionally secluded and restrained. The Jensen Settlement Agreement allowed DHS and the plaintiffs to resolve the claims in a mutually agreeable manner. The Minnesota Specialty Health System (MSHS)-Cambridge replaced the METO program and began operation on July 1, 2011. Additionally, as part of the settlement, DHS agreed to close MSHS-Cambridge. On Aug. 29, 2014, the last individual transitioned out of the Minnesota-Specialty Health System-Cambridge and DHS closed the facility as part of the terms of the Jensen Settlement Agreement.

Impact on Agency Operating Budgets

Depending on the outcome of the predesign, additional operating funding may be needed for future use.

Description of Previous Appropriations

No appropriations have been made following the closure of the Minnesota Specialty Health System (MSHS)-Cambridge closure in 2014.

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Asset Preservation**AT A GLANCE****2020 Request Amount:** \$20,000**Priority Ranking:** 5**Project Summary:** \$20 million is requested to maintain and the Department of Human Services' (DHS) capital assets throughout Minnesota. This will ensure that the state-owned DHS facilities used for Direct Care and Treatment services are functional, safe, and in good repair.**Project Description**

Asset Preservation funds are used throughout Department of Human Services' (DHS) 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; and 3) projects that require reasonably prompt attention to preclude predictable deterioration or potential downtime and the associated damage or increased costs if deferred further.

Each of the DHS facilities (including campus-based facilities and state-owned community-based facilities) is responsible for maintaining a dynamic Facility Condition Assessment (FCA), which identifies projects required to preserve the physical plant and facility assets. The FCAs are constantly monitored and updated based on evaluation and immediate need. These plans are comprised of projects directly related to maintaining existing assets, as well as projects to ensure the continued safe, effective, and efficient use of the facilities.

Accordingly, this proposal relates to the repair, replacement, and renewal needs specific to DHS' state-owned Direct Care and Treatment facilities. As noted above, these needs have developed overtime and are under constant evaluation.

A preliminary list of the projects, with estimated costs, is included with this proposal.

Project Rationale

Asset preservation funding is essential to support the operations of the Department of Human Services (DHS) residential treatment facilities and community-based program operations. Projects related to deferred maintenance or renewal of DHS's facilities, often 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 DHS and its facilities to continue efforts to address deferred maintenance and renewal/replacement needs at DHS's state-owned facilities used for Direct Care and Treatment services.

Project Timeline

Asset Preservation projects will be completed on a priority basis as defined by the Facility Condition Assessments (FCA).

Other Considerations

Limited repair/replacement operating funds are not sufficient to address critical and expensive asset preservation projects, like those proposed. Expending operating funds for deferred maintenance projects limits DHS's ability to address routine preventative, predictive and corrective facility maintenance – ensuring good stewardship of existing facilities.

Impact on Agency Operating Budgets

Asset preservation funding will not impact operational budgets.

Description of Previous Appropriations

2018 Legislature appropriated \$10 million
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

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Safety and Security Renovations

AT A GLANCE**2020 Request Amount:** \$5,000**Priority Ranking:** 6

Project Summary: \$5 million is requested to improve patient and staff safety at Direct Care and Treatment (DCT) facilities. This project will include the installation of new and upgraded essential security systems and electronic monitoring tools, and physical modifications to enhance the safety and security of our staff and patients.

Project Description

This request includes funding to support the following activities:

1. Add new and upgrade/replace current security systems, communications and security monitoring systems at DCT facilities. This effort will address the following areas:

- **Security Systems:** Fence detection, 2 point access (card readers and keypad), key boxes
- **Communications:** Upgrade current communications systems including person down systems, 800 MHz Radios, digital radios
- **Monitoring & Surveillance Equipment:** Enhance security surveillance with 1,700 new cameras and on-going replacement of over 3,000 standardized interior and exterior security cameras and associated monitoring systems

2. Design and construction for physical modifications to enhance security (i.e. eliminate dead end corridors, enclose nurses stations, etc.) and modifications for existing building components to work with upgraded systems and tools (i.e. door frames with magnetic locks).

Project Rationale

Direct Care and Treatment (DCT) provides an array of about 200 geographically dispersed specialized inpatient, residential and treatment programs and services for people with mental illness, intellectual disabilities, chemical dependency, brain injury and civilly-committed sex offenders that providers do not serve. This request will support security improvements and replacements at the facilities which will create a safe and secure environment.

DCT security systems and electronic monitoring tools are critical to safely operating a secure health care system, 24/7, 365 days/year. The needs of the population served within DCT require a variety of electronic systems and equipment to ensure the safety and security of the facilities, the clients/patients, the staff and the public.

These electronic systems and equipment include both software operating systems and the equipment those systems operate on. Many of the systems also require hardware operating equipment to function appropriately; and many of our facilities existing security system have failed, and continue to fail because of outdated systems or systems that are no longer supported.

In addition, several DCT sites and facilities need to be modified and fitted with modern security measures. This will require design, construction and installation coordination of the upgraded security systems and electronic monitoring tools.

Project Timeline

Proposed timeline:

- Prioritized assessment of systems and tools - Present to July 2020,
- Define projects based on assessment - July 2020
- Project timelines will be based on size of project
 - Design - 2 to 6 months,
 - Construction - 2 to 12 months

Other Considerations

There is no current budgetary appropriation to add new and upgrade/replace current security systems, communications and security monitoring systems at DCT facilities unless it is part of a larger bondable project.

Impact on Agency Operating Budgets

This project will have no impact on the operating costs.

Description of Previous Appropriations

2017 Legislature appropriated \$2.25 million to upgrade/improve patient and staff safety at Anoka Metro Regional Treatment Center.

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Early Childhood Facilities

AT A GLANCE**2020 Request Amount:** \$10,000**Priority Ranking:** 7**Project Summary:** \$5 million in GO bonds and \$5 million in general funds is requested for statewide, Early Childhood Facilities grants. A competitive RFP process will take place. Grants help local entities renovate aging, substandard facilities, or construct new, early childhood facilities.**Project Description**

The early childhood facilities grant program is administered by the Department of Human Services; funds are allocated to construct or renovate facilities. Services involved include Head Start, childcare and school-based early childhood programs. Each must comply with licensing rules to assure for safe and accessible spaces.

Funds are awarded through a competitive grant process. Projects should help to serve children living in poverty and include collaboration among early childhood providers. Construction costs are eligible, however operating expenses are not. There is a 50% match requirement from non-state sources. To date, nearly eighty percent of funds have gone to non-Twin Cities metropolitan area projects.

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 \$2,000,000. Matching funds are required at 50 percent. Grants awarded for newly constructed or renovated spaces generally encompass 4 to 6 classrooms along with restrooms, cubby storage, parent meeting rooms, and care provider prep/storage spaces. Secure entry access and office space is also frequently part of the design. Some projects extend to indoor and outdoor large motor skills areas with age appropriate equipment.

Project Rationale

This past month the Minnesota Head Start Program had received interest from its partners that identified 13 projects totaling \$13 million. New classroom construction and updates to aging facilities were among the projects proposed. Both bond fund and general fund dollars would aid these projects.

Speaking specifically to bonding dollars, DHS had canvassed superintendents and principals throughout the state: here, we received over 77 inquiries totaling \$275 million in early childhood facility project needs. This survey was done in 2016 but as noted in the Head Start Program reporting above, there is definitely an ongoing need.

To date (since 1992) the Early Childhood Facilities program has funded 76 projects with \$23 million of state grants; nearly 80 percent of the projects were in greater Minnesota.

An increased demand for space is partially driven by families with low incomes that now have access to high quality programs through various subsidies. All-day kindergarten expansion has also had a

dramatic impact on space.

Improved facilities will promote better educational and developmental outcomes for children, particularly children who are at highest risk of being unprepared for kindergarten.

Project Timeline

N/A

Other Considerations

To have a lasting impact, funding for this grant program should be regularized and sustained.

Impact on Agency Operating Budgets

Local projects are required to have sufficient, ongoing operating funds to be eligible. DHS will not operate the facilities. DHS will request 1 FTE to manage this program.

Description of Previous Appropriations

2014: \$6 million in general obligation bond proceeds went to 8 Early Childhood projects throughout the state (note that \$3 million was for an earmarked project). DHS received over \$7 million in requests, but only \$3 million was available for the RFP.

Since the grant program's inception in 1992 nearly 76 projects were awarded with \$23 million in grant funds; however, funding has been sporadic or absent over the years.

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