

**PRELIMINARY WORK PLAN FOR
HENNEPIN AND RAMSEY COUNTIES**



SUBMITTED TO THE EXECUTIVE COMMITTEE

BY

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Executive Summary

This Preliminary Work Plan was developed in response to the Memorandum of Understanding (MOU) dated August 19, 2014 from Hennepin and Ramsey Counties Boards. This MOU directed staff to develop a Preliminary Work Plan that explored the possibility of a joint Hennepin/Ramsey residential facility to deliver correctional services to juvenile offenders from both counties and to provide Hennepin and Ramsey County leadership with information to make a decision to proceed or not proceed with a Feasibility Study for a joint juvenile facility to serve both counties.

Consultants, Huskey & Associates and 49 individuals from both Ramsey and Hennepin County contributed to this Preliminary Work Plan through an Executive Committee, Steering Committee and five Subcommittees who have explored issues of 1) programming, 2) governance, 3) human resources, 4) finance, and 5) building site location, as a roadmap of relevant decision points in a joint facility development process.

In 2015, it cost the two counties, combined, \$17,010,829 to operate both facilities. In addition, in 2014, Hennepin County spent \$6,266,425 sending youth to residential treatment and short-term consequences programs in out-of-county facilities/programs and Ramsey County spent \$1,390,002, excluding Red Wing placements. Over the past several years, both counties have adopted the principles of evidence-based practices and thus have reduced the confinement of low-risk youth in these facilities resulting in a dramatic decline in the number of youth confined and thus a reduction in needed residential capacity. High operational costs and declining populations support consolidation into one joint facility rather than having two separate stand-alone facilities.

A review of the services provisions at both Hennepin County Home School (HCHS) and Boy's Totem Town (BTT) illustrates similar services are being delivered by both facilities targeting similar populations of youth. A theoretical approach to treatment is also similar in both counties. Both facilities offer cognitive behavioral treatment aimed at reducing criminogenic needs; family therapy; psychiatric services; medical services; and educational services. There is consensus that a joint facility will benefit youth and families in both Ramsey and Hennepin County by pooling resources, filling identified services gaps and bringing a number of youth back to the Twin Cities, closer to home for residential services. Gaps that Hennepin/Ramsey County collaboration could fill include:

1. Ramsey County could benefit by having a residential treatment center for sex offenders and female offenders.
2. Hennepin County could benefit by having a long-term program for males, a Day Treatment Program option and an on-site clinical director.
3. Both counties could strengthen their culturally-responsive programming and could maximize their existing staff resources through collaboration.
4. Both counties believe the staff training could be strengthened, and training will be enhanced through consolidation.
5. Vocational training programs for youth could be improved in collaboration with the school districts in both counties for the older youth aging out of the human services and juvenile justice system.
6. Enhanced transition and aftercare planning will ensure a smoother transition at discharge for successful reentry to prevent relapse.
7. Counties could do better to ensure appropriate matching of services within the facility and in the community prior to release.

8. Consistent provision of psychiatric services and medication management.
9. Training in parenting skills, parent/child conflict resolution skills. Parent education regarding child development and the factors that contribute to their child's criminogenic behaviors are not yet fully developed in current programming.

The consultants propose that the best model for consideration by Hennepin and Ramsey Counties is a joint participation model whereby each county contributes proportionally (relative to the anticipated usage) to the cost of the design, site, construction, operation and maintenance of the facility. This could be accomplished by either creating a new entity as the new owner/employer, or by designating one of the two counties as the lead entity/employer but assuring that both counties participate jointly in decisions regarding programs and policies, operation and maintenance under a Joint Powers Agreement and under the oversight of a governing board. With either option, the consultant recommends that the wages, salary structure and collective bargaining unit fall under the rules of one single entity and that the staff be hired and supervised by the entity that operates the facility. The consultants identified more advantages to this joint participation model rather than a single owner where the Tenant County simply rents beds from the Landlord County or to continue to operate two stand-alone juvenile facilities in close proximity to one another.

The physical plants at both HCHS and BTT are old and deteriorated and require costly maintenance and significant on-going preservation. Both institutions have antiquated designs which pose additional challenges to maintaining safety and security on these campuses. Both counties have been exploring options to address these issues for over five years and are interested in moving ahead on a joint solution, if feasible. The Building/site/location Subcommittee did not identify any reasons that the counties should not proceed with a plan to develop a new joint facility.

Operational costs will decline with a joint facility serving both counties. Reductions in staffing, the creation of new energy-efficient buildings, and the benefits of economies of scale will actualize efficiencies with a smaller overall footprint. Actual operational costs for each county will be driven by the decisions of programming and governance but consolidation of two separate stand-alone facilities into a joint facility will reduce duplication of costs and result in cost savings. The Finance Subcommittee did not identify any reasons that the counties should not proceed with a joint facility. Their work assumed that a joint facility would be developed.

Cost Projections to build a joint facility in 2015 dollars range from \$300-350/square foot and require 600-900 square feet per bed to construct, thus leading to a range of from \$18 million to \$32 million for construction only of a hypothetical 100 bed facility. The Phase II Feasibility Study and later phases in facility development will facilitate a significant refinement of construction cost estimate ranges.

The actual number of beds needed in a future joint facility is dependent upon an identification of "who" will ultimately be served by this new facility, including deciding what portion of the juveniles meeting criteria now being served in facilities outside of the counties that could be brought home. It is recommended that bed space projections be developed for the joint facility through 2025 for both counties in the Feasibility Study to determine the size of the facility, the specific youth to be served, and the specific program to be delivered.

The timeline for the development of a joint juvenile facility from the beginning of the Phase II Feasibility Study to the opening of a new facility is estimated to be 42 months. To complete a project in this timeframe

requires that the project essentially transition smoothly from one phase to another with virtually no time in between, and that all steps move as planned. The timeframe presented also assumes the traditional Design-Bid-Build project delivery method. Use of either the Construction Management (CM) method or the Design-Build (DB) method will suggest variations in this timeframe.

Key advantages of a joint facility to serve both Hennepin and Ramsey Counties include:

1. By pooling existing resources, both counties will fill gaps in services (sex offenders, female programming, long-term program, day treatment, clinical director) thus leading to an expansion and effectiveness of services to youth and families. A more effective service delivery system will lead to reduced recidivism.
2. Ensures that more youth can be kept close to home and returned from facilities located outside of each county; thus, creating more effective, local programming which better reinforces family and community ties.
3. Experience in other Minnesota counties and other jurisdictions have shown that joint participation has expanded the continuum of care for youth served in the juvenile justice system.
4. A joint participation model offers greater potential for partnership on all issues by maximizing synergies among two remarkable partners who could not, or choose not to, accomplish this goal on their own.
5. A joint participation model offers a democratic process ensuring that the needs of each county are met.
6. Eliminates the need for duplicate staffing and administrative functions among each county for personnel matters, procurement activities, accounting and budgeting.
7. Reduced costs by cost sharing and economies of scale should leverage less costs for food, supplies and contracted services.

In conclusion, the advantages of a joint facility to serve both Hennepin and Ramsey Counties clearly outweigh building two new standalone juvenile facilities. A joint-facility collaboration between Hennepin and Ramsey Counties could be both beneficial to the youth and families served with increased services and a cost effective solution for citizens in both counties to address the issues presented. Given the extensive input from both counties during this Phase I, the consultant believes that both counties are ready to proceed to Phase II: formal Feasibility Study.

I. Introduction

On June 17, 2014, both the Hennepin County and Ramsey County Boards of County Commissioners met and expressed an interest in exploring the collaboration of a shared Juvenile Facility to serve both Hennepin and Ramsey Counties. Both Boards agreed to further explore this possibility. Hennepin and Ramsey Counties developed a Memorandum of Understanding (MOU) on August 19, 2014 to explore a joint facility with joint programming to deliver correctional services to juvenile offenders in an efficient and effective manner. The MOU directed staff, with the assistance of a consultant, to develop a Preliminary Work Plan that would provide Hennepin and Ramsey County leadership with adequate information to facilitate a decision to proceed or not to proceed with a formal Feasibility Study for a Joint Juvenile Facility to serve both Counties.

An Executive Committee and a Steering Committee were established on December 11, 2014, with representatives from both Counties. Five subcommittees were developed to explore issues of 1) programming, 2) governance, 3) human resources, 4) finance, and 5) building, site, location. Subsequently, a sixth sub-committee was added to address communication issues. A total of 49 staff from two Counties participated in this Committee work. On January 26, 2015, a planning workshop was held with the Chairs of the Executive and Steering Committee along with County Administration to establish goals for the process and to identify key issues to be addressed. On January 27, 2015, a planning workshop was held with the five subcommittees to obtain input on a list of questions in each of the areas. A total of 37 individuals attended the planning workshop. The questions and the agenda were developed by the consultant, Huskey & Associates, in collaboration with Angela Cousins, Coordinator from Hennepin County and Keith Allen, Coordinator from Ramsey County. The planning workshops were facilitated by Huskey & Associates.

This Preliminary Work Plan will discuss the issues, considerations and questions around joint participation in a joint juvenile facility. It is intended to enable the leadership of both counties to decide whether they will proceed to conduct a formal Feasibility Study. This Preliminary Work Plan will address issues related to current trends, and gaps in service provisions, programming, governance, employment/human resources, finance, building, site, location, projected cost and timelines as well as a roadmap of relevant decision points in the facility development process.

II. Background

Hennepin and Ramsey Counties both operate residential treatment centers (RTC) that provide services to youth and their families. The Hennepin County Home School (HCHS) has a budgeted capacity of 64 beds and the Ramsey County Boys Totem Town (BTT) has a budgeted capacity of 36. In 2015, Ramsey County budgeted \$5,808,695 for its BTT. Hennepin County budgeted \$11,202,134 for its CHS. Combined, the two counties budget a total of \$17,010,829.

Both counties have adopted the principles of evidence-based practices and thus have reduced the confinement of low-risk youth in these facilities. Priorities have been given to limiting the practice of removing youth from their families and using residential care as the last resort. The result is a dramatic reduction in overall capacity demand; therefore, only a small percentage of both campuses' grounds and square footage is utilized. However, there remains a small group of youth who require residential treatment in both counties.

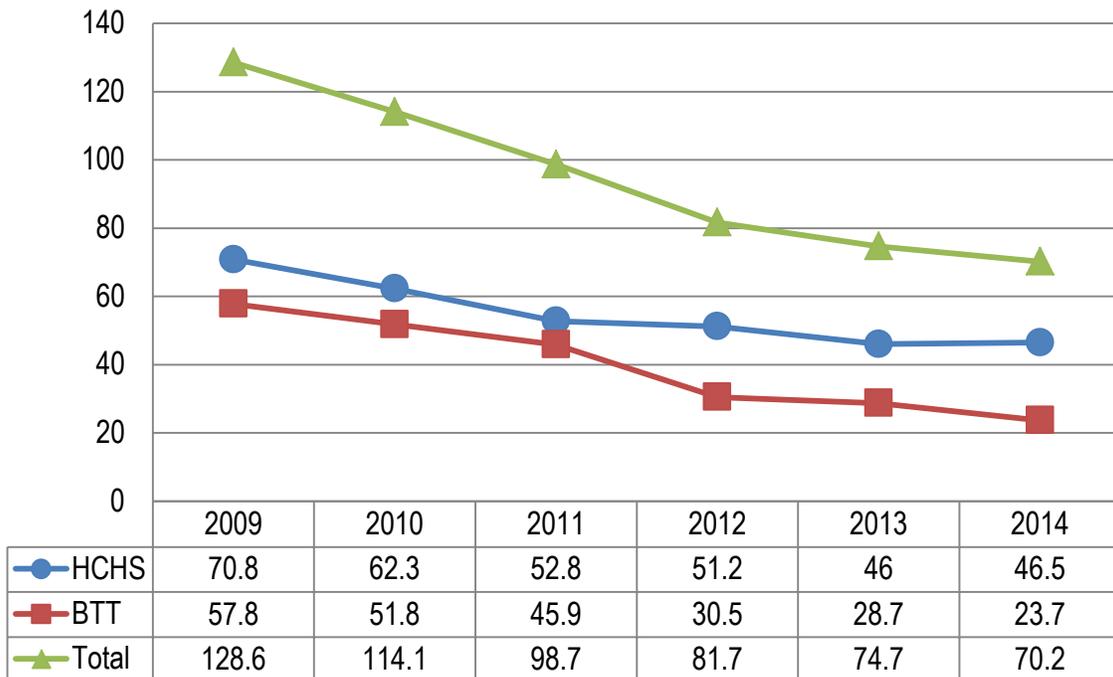
Both physical plants currently used to house youth and to deliver residential treatment are old and deteriorated. These facilities require significant on-going preservation and maintenance efforts that are costly, and the cost of on-going maintenance has continued to rise. Both institutions have antiquated designs which pose additional challenges to maintaining safety and security on these campuses. Neither of these facilities meets contemporary standards for evidence-based design which provides a child-friendly, safe and trauma-informed physical environment. These facilities require complete renovation or replacement.

Both counties are exploring options to address these issues including: maintaining status quo, rebuilding, relocating and rebuilding, and Hennepin County explored co-locating and rebuilding with their Juvenile Detention Facility. A joint-facility collaboration between Hennepin and Ramsey Counties could be an alternative solution to address these issues.

III. Trends

The average daily population (ADP) for both facilities has shown a significant and consistent decrease since 2009. Between 2009 and 2014, the ADP at BTT decreased 59.0%, or 15.7% annually. Similarly, the ADP at Hennepin County Home School (HCHS) decreased 34.3% between 2009 and 2014, or 7.9% annually. Overall, the total ADP at both facilities decreased 45.4% between 2009 and 2014, or at an average annual rate of 11.3% during 2009-2014.

**Figure III.1
Average Daily Population for HCHS/BTT 2009-2014**



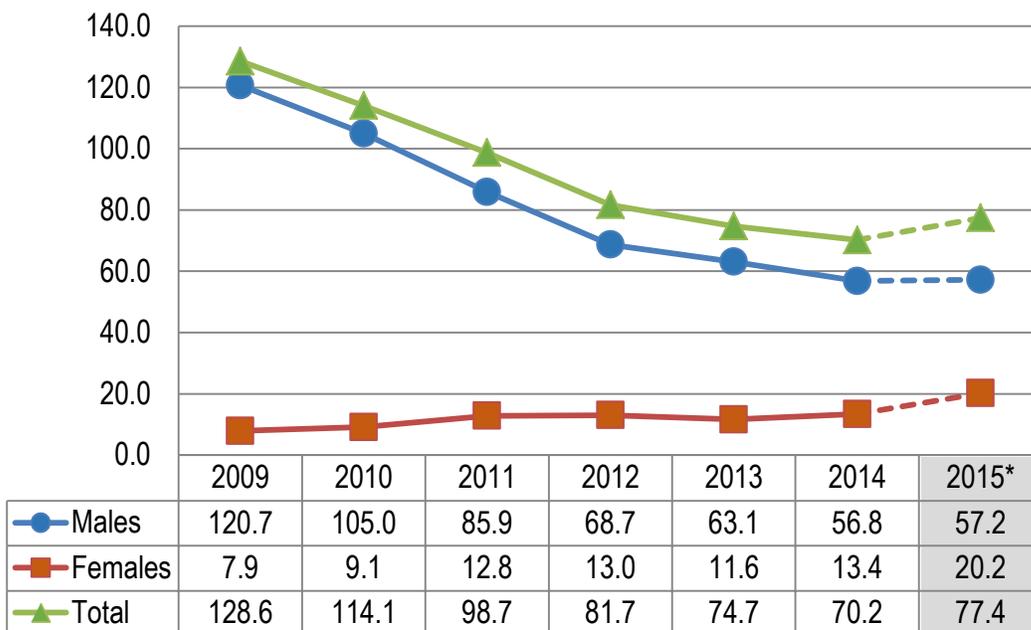
Sources: CHS Division Profile Report on 12/30/14. Hennepin County Department of Community Corrections and Rehabilitation. Office of Planning, Policy and Evaluation. BTT (In-Facility) Average Monthly Population, 2009-2014. Ramsey County Community Corrections Department. Division of Research and Evaluation.

The two counties currently budget for a combined capacity for 108 youth. However, the combined average daily population for the most recent year was 70, leaving 38 bed spaces available on an average day to bring back youth who reside in out-of-county placements because services are not offered at their respective facility.

From 2009 to 2014, the combined ADP for males at HCHS and BTT decreased 13.9% on an annual basis. If this trend continues in 2015, the projected total male ADP would be 48.9. However, based on daily ADP data at both HCHS and BTT in 2014, the ADP peaked at 67 or 17% over the average ADP for 2014. In fact, on 190 days in 2014, the ADP was 57 or greater. As a result, a 17% peaking factor was added on top of the projected ADP to account for peaks in ADP throughout the year. The final projected ADP for males

in 2015 at both facilities would be 57.2 beds maintaining status quo of programming offered at each respective facility.

Figure III.2
Average Daily Population (ADP) at HCHS and BTT by Male and Female
2009-2015*



Sources: CHS Division Profile Report on 12/30/14. Hennepin County Department of Community Corrections and Rehabilitation. Office of Planning, Policy and Evaluation. BTT (In-Facility) Average Monthly Population, 2009-2014. Ramsey County Community Corrections Department. Division of Research and Evaluation. Bed space projection provided by Huskey & Associates.

Historical data for females show a different pattern from the males. The data evaluated includes only Hennepin County females. Ramsey County does not offer programming for females at the BTT facility. At HCHS, the ADP for females increased 12.4% annually during 2009-2014. If this trend continues in 2015, the projected female ADP would be 15.1. However, average daily population peaked at 18 or 34% over the average ADP for 2014. In fact, on 146 days in 2014, the ADP was 14 or greater. As a result, a 34% peaking factor was added on top of the projected ADP to account for peaks in the female ADP throughout the year. The final projected ADP for females at the HCHS in 2015 would be 20.2.

These recent trends, of combined HCHS and BTT populations, excludes the number of youth served in other facilities since no decision has been reached as to what percentage of youth will meet the eligibility criteria for admission to the joint facility.

Initial data was provided by the Programming Subcommittee on January 27, 2015 regarding the number of youth from each county that are currently being served in other private and public residential treatment facilities rather than at HCHS or BTT. Hennepin County reported that 89 HC youth were being served in other residential facilities and Ramsey County reported that 85 RC youth were being served in other residential facilities.

Hennepin County spent an additional \$6,266,425 sending youth to residential treatment and short-term consequences in out-of-county facilities/programs, excluding Red Wing in 2014. Likewise, Ramsey County spent \$1,390,002 on placements at residential treatment centers in 2014, excluding Red Wing. These data need to be analyzed to determine what percentage of these youth would be brought back closer to home and placed in a new joint facility or in out-of-custody community-based programs.

Based on the historical average daily population (ADP) data during 2009-2014 at the Hennepin County Home School (HCHS) and at the Boys Totem Town (BTT), indications are that the current low levels of usage of residential treatment will remain stable, with only small increases into the future. The Hennepin County Department of Community Corrections and Rehabilitation has outlined trends in County demographics, crime, and poverty among minorities, and the Department suggests an increase in the “at risk” youth populations.¹ The impact of these trends in the *Population and Societal Trends Affecting the Hennepin County Home School* on future projections has yet to be determined.

It is recommended bed space projections be developed for the joint facility through 2025 for both counties in the Feasibility Study to determine the size of the facility, the specific youth to be served, the specific program to be delivered, the preliminary space requirements, preliminary construction and operational costs.

¹ Population and Societal Trends Affecting the Hennepin County Home School: Preliminary Notes and Discussion, October 2011. Hennepin County Department of Community Corrections and Rehabilitation, Office of Planning, Policy and Evaluation.

IV. Discussion of Issues/Considerations and Questions to be Addressed in Feasibility Study

Hennepin and Ramsey County considered the following issues during Phase I: Development of a Preliminary Work Plan, and recommends addressing additional unanswered questions in Phase II: Feasibility Study. In accordance with the MOU agreed to by both counties, the consultant has arranged these issues/considerations and questions in the following five areas:

- A. Programming
- B. Governance
- C. Human Resources
- D. Finance
- E. Building, Site and Location

IV.A Programming Issues/Considerations/Questions

According to the MOU agreed to by both counties, staff is directed to address the program components of each county’s facility, including the similarities and differences. What type of youth is served and what are the potential therapeutic treatment models that should be considered to meet their needs.

IV.A.1 Target Populations Currently Being Served by Hennepin and Ramsey Counties

The table below describes the target population currently being served in the Ramsey County Boys Totem Town and in the Hennepin County Home School. The target population for both facilities shows that both counties serve similar youth in their facilities suggesting a potential for joint programming for some youth. The target population differs in only three ways: Hennepin County serves both males and females while Ramsey County serves only males. Hennepin County serves sex offenders in a residential setting while Ramsey County only operates an out-patient program for sex offenders requiring a short-term intervention. Ramsey County must send its sex offenders out of county. Ramsey County operates a long-term correctional program for males while Hennepin County does not. These identified gaps in services by each county highlights potential benefits of consolidating to one joint facility to serve similar demographic needs.

**Table 1
Youth Currently Being Served in Both Facilities**

Facility	Current Target Population
Ramsey County Boys Totem Town	<ul style="list-style-type: none"> • Males • 15 yrs. and older • Majority are African American • Rising trend in Somali, Karen and Hmong youth • Not actively psychotic • No neurocognitive disorder • No sex offenders • Assessed as moderate to high risk • Male offenders given a 6-9 month sentence

Facility	Current Target Population
Hennepin County Home School	<ul style="list-style-type: none"> • Males and females • 13 yrs. and older • IQ= 80 and above • Majority are African American • Rising trends in Somali youth • Not actively psychotic • No neurocognitive disorder • Sex offenders • Assessed as moderate to high risk

IV.A.2 Services Currently Being Delivered at both Facilities

A review of the services provided by both facilities illustrates that similar services are being delivered by both facilities suggesting that the needs of both target populations of youth are similar and the theoretical approach to treatment is similar in both counties. Both facilities offer cognitive behavioral treatment aimed at reducing criminogenic risks and needs; family therapy; psychiatric services; medical services; and educational services. The great similarity in programming in addition to the similarities in the target population supports consolidation into one joint facility rather than in two separate stand-alone facilities.

**Table 2
Existing Services Provided to Youth at Ramsey and Hennepin County**

Facility	Services Provided
Ramsey County Boys Totem Town	<ul style="list-style-type: none"> • Clinical assessments • Cognitive behavioral treatment • Family therapy • Clinical Therapy • Psychiatrist services • Nursing services • Day Treatment as a step down • Educational services • Chemical dependency treatment provided by private provider • Clinicians provide therapy • Probation Officers provide custody and programming • Case management • Outpatient sex offender treatment • Long-term (6-9 month) program for male offenders • On-site Clinical Director
Hennepin County Home School	<ul style="list-style-type: none"> • Cognitive behavioral treatment

Facility	Services Provided
	<ul style="list-style-type: none"> • Individual therapy provided • Family engagement and family therapy • Medical and psychiatric services provided through private contractors • Educational services • Chemical dependency education provided by private provider • Psychological evaluations (always done prior to placement) • Social workers assigned to each unit • Clinicians/social workers provide therapy • Correctional officers provide custody and programming • Residential and outpatient sex offender treatment • Gender specific treatment for female offenders • Short-term (3-6 month) program for male offenders • Transition Case Managers assigned at intake • Vocational opportunities through East Side Neighborhood Services • Recreational therapy

IV.A.3 Youth Proposed to be served in the Joint Facility

After an analysis of gaps in services and with input from the Programming Subcommittee, the following profile of youth is proposed to be considered for the joint facility:

Overall Criteria for Admission

1. Males and females: There is consensus that males and females will be served in the facility. The number of males and females for each county needs to be quantified in the Feasibility Study.
2. Age range needs to be further defined in the Feasibility Study.
3. Moderate to high risk to reoffend based on an assessment of risk and needs: These youth differ in the profile for low-risk youth more suitable for out-of-custody community based programming. An assessment of this population needs to occur in the Feasibility Study to define risk for reoffending. The number of youth who can be placed in out of custody community based programming needs to be quantified to ensure that the youth are placed in the most appropriate intervention based on their risk and special needs.

4. Youth diagnosed with mild to moderate psychiatric and trauma disorders: The appropriate level of mental health treatment needs to be defined in the Feasibility Study to avoid duplicating with acute, hospital-based psychiatric care.
5. Committed by the Juvenile Court for a short-term program (3-6 months)
6. Committed by the Juvenile Court for a long-term program (6-9 months)
7. Sex offenders committed by the Juvenile Court for a short-term program (4-6 months)
8. Sex offenders committed by the Juvenile Court for a long-term program (9-14 months)
9. Crossover youth (currently served in the Child Welfare and the Juvenile Justice System)**

**It is the recommendation by both the Programming Committee and the consultant not to mix delinquent youth with non-delinquent youth in the same treatment programs as non-delinquent youth may be harmed by delinquent youth. Youth whose sole jurisdiction is Child in Need of Protection or Services (CHIPS) have different risks and needs and their treatment program should be different.

**Table 3
Hennepin & Ramsey County Joint Treatment Facility Target Population Profile by
Short-Term and Long-Term Programming**

	Male & Female Offenders	
	Short-term Programming	Long-term Programming
Length of program	<ul style="list-style-type: none"> • 3-6 months 	<ul style="list-style-type: none"> • 6-9 months
Assessment	<ul style="list-style-type: none"> • Moderate to high risk to offend 	<ul style="list-style-type: none"> • Very high risk to reoffend
Ages	<ul style="list-style-type: none"> • 13-19 years 	<ul style="list-style-type: none"> • 13-19 years
Family Support	<ul style="list-style-type: none"> • Parents/guardians demonstrate inability and/or lack of willingness to supervise and support the youth in the community. • Parents/guardians seem committed but the youth have failed community based options. 	<ul style="list-style-type: none"> • Parents/guardians demonstrate inability and/or lack of willingness to supervise and support the youth in the community. • Parents/guardians seem committed but the youth have failed community based options.
History in Community Based Options	<ul style="list-style-type: none"> • Documented inability to respond well in community based intervention options. 	<ul style="list-style-type: none"> • Documented inability to respond well in community based intervention options, failed/terminated short-term placement.
IQ / Cognitive Testing	<ul style="list-style-type: none"> • IQ of 80 and above and/or testing indicating cognitive functioning (minimum of fourth grade reading level) /Federal Level Setting III or below. 	<ul style="list-style-type: none"> • IQ of 80 and above and/or testing indicating cognitive functioning (minimum of fourth grade reading level) /Federal Level Setting III or below.

	Male & Female Offenders	
	Short-term Programming	Long-term Programming
Pattern of Violence		<ul style="list-style-type: none"> Exhibits a pattern of violence in the community during the past 6 months that has resulted in significant injury to others and/or destruction of property
Mental Health	<ul style="list-style-type: none"> Might manifest mental health concerns needing psychiatric care but not youth with active psychosis, neuro serious psychotic disorders or with major neurocognitive disorders such as traumatic brain injury. 	<ul style="list-style-type: none"> Might manifest mental health concerns needing psychiatric care but not youth with active psychosis, neuro serious psychotic disorders or with major neurocognitive disorders such as traumatic brain injury.

Table 4

**Hennepin & Ramsey County Joint Treatment Facility
Male Sex Offender Target Population Profile by Short-Term and Long-Term Programming**

	Male Sex Offenders	
	Short-term Programming	Long-term Programming
Length of program	<ul style="list-style-type: none"> 4-6 months 	<ul style="list-style-type: none"> 9-14 months
Assessment	<ul style="list-style-type: none"> Low to moderate risk to reoffend as identified by the JSOAP II/ERASOR Psychosexual evaluation 	<ul style="list-style-type: none"> Moderate to high risk to reoffend as identified by the JSOAP II/ERASOR Psychosexual evaluation
Ages	<ul style="list-style-type: none"> 14-19 years 	<ul style="list-style-type: none"> 14-19 years
Adjudication	<ul style="list-style-type: none"> Youth who are adjudicated of a sexual offense, have a stay of adjudication of a sexual offense, or who demonstrate sexual behavior problems First-time offenders 	<ul style="list-style-type: none"> Adjudicated of a sexual offense, have a stay of adjudication of a sexual offense, or are demonstrating sexual behavior problems
History in other programs	<ul style="list-style-type: none"> Youth who are failing outpatient services and may be appropriate for short-term intervention rather than being referred to long-term residential. 	<ul style="list-style-type: none"> Youth who have been unsuccessful in the short-term program Youth who have risk and needs that require long-term programming
Treatment history	<ul style="list-style-type: none"> Youth who have completed treatment but are violating their probation 	<ul style="list-style-type: none"> Youth who have completed treatment but are violating their probation expectations

	Male Sex Offenders	
	Short-term Programming	Long-term Programming
	expectations and failing to follow through with their aftercare plan (no new sexual offenses).	and failing to follow through with aftercare plans.
Community Placement	<ul style="list-style-type: none"> Youth who were not successful in less restrictive community placement (foster homes, group homes, and alternative family settings). 	<ul style="list-style-type: none"> Youth who the Juvenile Court, treatment providers and probation officers believe need this level of intensive programming for the safety of the child and for the community.
Pattern of Violence / Community Safety Concerns	<ul style="list-style-type: none"> Community safety concerns and are behaving in a manner in which placement is needed. 	<ul style="list-style-type: none"> Community safety concerns and are behaving in a manner in which removal from the community for an extended time is needed.
IQ / Cognitive Testing	<ul style="list-style-type: none"> IQ 80 and above 	<ul style="list-style-type: none"> IQ of 80 and above/Federal level Setting III or below
Drug History	<ul style="list-style-type: none"> Youth with identified chemical dependency issues which can be addressed in the short-term program. 	<ul style="list-style-type: none"> Youth with identified chemical dependency issues which can be addressed in the long-term program.

It is recommended that a portion of the youth placed in facilities outside of each county can be brought back to be served in the joint facility. The consultant does not recommend that “all” of the youth currently being served in Red Wing or other residential facilities be accepted into this new joint facility. If “all” youth were brought back from other facilities, there will likely be a need for a much larger facility. The consultants believe it is not in the best interest of both counties to construct a large residential facility to accommodate all of these youth. It is likely that some of these youth can be placed in other community-based options that will need to be expanded to serve this larger number of youth (e.g. group home, foster home, intensive wrap around services, etc.). Additionally, Red Wing is an appropriate placement option along the continuum of care for both counties for those youth whose risk and needs indicate this level of placement.

IV.A.4 Overarching Values Statement

The following list of values is recommended to guide the delivery of services:

Both counties believe in:

1. The least intrusive program intervention consistent with public safety needs and the assessed risk and need of the youth to be served.
2. Family focused care: family is the unit of service and is integral to the solution.
3. Culturally responsive programming and providers of care.
4. A holistic individual approach to improving well-being, not “one size fits all” programming.
5. Restoration of the child with their family, restoration of the victim and of the community.

6. Trauma-sensitive model of care: Healing past hurts; increasing one's overall coping skills and reducing the negative effects of trauma on young lives.
7. Evidence-based programs that are grounded in research.
8. Reduced use of confinement for all youth wherever feasible, especially for youth of color is embraced by all stakeholders.
9. Positive behavioral change is the goal and not just compliance with rules.
10. Protecting the public's safety and in treating the child and their family.
11. An accessible facility and auxiliary services to enable parents to participate.
12. Improving youth's emotional functioning as a core goal in treatment because of the psychiatric issues presented by the youth.
13. Improving one's physical functioning and learning constructive leisure activities as a core component of programming.
14. Quality academic and vocation education.

IV.A.5 Program Elements of the Joint Residential Treatment Center

IV.A.5.1 Overarching Principles of the Program

The program model to serve the youth in the joint juvenile treatment center should be based on overarching principles of Risk, Need and Responsivity. Some of the principles guiding this Program Model are:

- Provide intensive treatment services to the highest risk and need youth based on a validated risk assessment because evidence-based practices indicates this is where we have the greatest impact on reducing the risk to re-offend.
- Use the least intrusive intervention necessary to protect public safety and to reduce the potential harm to the child.
- Match treatment to the child's assessed risk, need, abilities, culture and gender.
- Be mindful of the trauma needs of the youth in the assessments conducted, treatment planning, the delivery of services and the facility's environment.
- Treatment and cognitive restructuring-oriented approaches are more effective in promoting positive youth development and sustained behavior change than approaches focused on punishment, control, or deterrence methods. Programs aimed at deterrence through fear of consequences of bad behaviors (control philosophy) have not proven to reduce recidivism in the long-run.
- To optimize the effects on recidivism, theoretical modalities such as skill building, case management, service brokering, restorative, individual and family counselling and mentoring should be implemented in this facility while other punitive, control modalities such as punishments and isolation techniques should be avoided as much as possible.
- The mixing of younger and less antisocial, vulnerable children with older and more antisocial children is not recommended because it will likely result in more antisocial and delinquent behaviors.
- To obtain at least the average effect on recidivism for the specific program type, the duration and dosage of treatment hours must commensurate with the child's level of risk and need.
- Gender-responsive and culturally-competent services demonstrates respect for the child's uniqueness and builds on the gender experience, values, preferences, beliefs, and cultural identity of the child, their family and their community.

IV.A.5.2 Program Description

It is recommended that the facility provide an environment for the delivery of a restorative, trauma-informed, cognitive based behavioral health program focusing on assessed risk and needs of the youth served. The residential program should include functional risk, need and strengths assessments that can document progress from admission to discharge; trauma-based interventions; skill building; skill rehearsal; individual and group counseling; case management; medication management; community outreach and aftercare services.

The program will provide a safe and trauma-informed environment that will facilitate positive behavioral change through evidence-based approaches. The program will place the appropriate priority on maintaining order and rule enforcement. The evidence indicates that for those youth whose risk and needs are best addressed by removal from the home, the residential placement approach should be based on the evidence-based principles of risk, need and responsivity. The facility's physical design will be supportive of these therapeutic principles and goals. It is recommended that the phase program model be supported by the facility's design wherever feasible.

IV.A.5.2.1 Residential Program Components

Examples of components in this residential program model include:

- Functional assessments of risk and need that can be documented throughout treatment
- Academic education
- Vocational education
- Workplace literacy
- Medical, psychiatry, nursing
- Physical fitness and recreation
- Individual, group and family therapy that is responsive to gender and culture
- Mental health treatment by culturally responsive clinicians and providers
- Chemical dependency treatment by culturally responsive clinicians and providers
- Cognitive behavior training
- Trauma-focused care
- Independent living skills
- Volunteer mentors
- Strengths-based case management
- Family involvement
- Parent, caregiver and family-based interventions
- Community outreach
- Day Treatment as a step down: To maximize the number of youth who can be stepped down to less restrictive care or committed to this intervention in lieu of removal from the home, the project team recommends day treatment as an integral component of the continuum of care. Ramsey County already operates this component as a component of its broader continuum of care. This program can serve as a resource to program administrators in the development of this component.
- Gender-specific programming specific to male offenders:

- ✓ Cognitive behavior programming (Aggression Replacement Therapy, Thinking for a Change)
- ✓ Dialectical Behavior Therapy (skills groups, individual therapy)
- ✓ Culturally-specific programming
- ✓ Skill streaming programming
- ✓ Phoenix Gang Curriculum
- ✓ Strengthening Families Program skill building sessions with parents
- ✓ Building family and cultural resilience through systemic family therapy
- Gender-specific programming specific to female offenders:
 - ✓ Dialectical Behavior Therapy(DBT skills groups, individual therapy)
 - ✓ Girls Circle Group and Mother/Daughter Circle Group
 - ✓ My Life My Choice a sexual exploitation prevention curriculum
- Specific treatment modalities specific to sex offenders:
 - ✓ Evidence-based screening, assessment and psychosexual analysis
 - ✓ Development of a comprehensive Safety Plan
 - ✓ Restorative justice-based model
 - ✓ Dialectical Behavior Therapy (skills groups, individual therapy)
 - ✓ Polygraphs testing (if needed) for treatment planning and interventions.
 - ✓ Phallometrics testing available on-need basis to plan treatment interventions.
 - ✓ Family-based model of care involving extensive training for the caretakers in risk mitigation principles and practices

IV.A.5.2.2 Quality Assurance and Continuous Improvement

To ensure effective programming, it is recommended that the treatment program be measured regularly both quarterly and annually to assure quality and identify areas for improvement. The facility administrators and a research and evaluation unit should design performance benchmarks and outcomes both short and long term to measure and guide success and to design a monitoring system that will support an on-going assessment of program effectiveness. These should include:

- Recidivism
- Reduction in risk/need
- Treatment goal attainment
- Reduction of behavioral infractions
- Client/Parent and Referral Source Satisfaction
- Fidelity to treatment models
- Skill attainment
- Education/vocation achievement
- Overall improvement in functioning and well-being

IV.A.5.2.3 Community-based Continuum of Care

To ensure that the counties maximize the broader continuum of care to reduce the number of low-risk youth to be served in a residential facility, the following components of the community-based continuum should be utilized for as many youth who are eligible:

- Intensive wraparound services
- Family-focused therapies (Functional Family Therapy, Multi-systemic Family Therapy, Dialectical Behavioral Therapy, etc.)
- Regular outpatient
- Intensive outpatient
- Day reporting
- Day treatment
- Electronic home monitoring
- Collaboration with Human Services and Public Health

IV.A.6 Opinions of the Programming Subcommittee

The Programming Subcommittee considers a regional juvenile treatment center to be a creative approach at fulfilling gaps in services identified by both counties. With a broader continuum of services, the Subcommittee also expects that fewer youth will be sent outside of each county and fewer youth would require this level of intervention thus reducing the number of beds necessary. The Subcommittee has concerns about building a large facility to serve youth who do not require this level of intervention since experience demonstrates that *“if you build it, they will come”*.

The Programming Subcommittee proposes that a portion of the youth currently served by contracted providers could be brought back closer to their home and served in the joint facility. However, the Subcommittee does not have sufficient information about the profile of these youth to make a recommendation at this time. The data needs to be analyzed to determine what percentage of these youth would be brought back closer to home and placed in a new joint facility or in out-of-custody community-based programs.

IV.A.7 Questions/Issues to be answered in the Feasibility Study

1. Define and reach consensus on the specific profile of characteristics of the youth to be served in this joint facility by gender, age, assessed risk to reoffend, special needs and on the target population, eligibility criteria for admission and referral process.
2. Collect and analyze data to determine the percentage of the youth who are currently served in other facilities that would be eligible for the joint facility or be eligible for out-of-custody community-based programs by conducting a thorough case file review of all of these youth.
3. Develop beds pace projections for male and female beds to be built for the joint facility through 2025 for both counties including the number of youth who will be brought back from other facilities.
4. Develop projections for youth who could be served in out-of-custody community-based programming to reduce the number of beds to be built.

5. Further develop and reach consensus on the specific theoretical framework for the treatment program, the Program Model, the specific components of the program to be delivered, the level of security needed within the joint facility and the components of intensive aftercare.
6. Develop the components of a continuum-of-care from residence to step-down programming; e.g. group home, foster home, and day programming.
7. Facilitate consensus on the length of stay in the facility before a child is discharged to aftercare.
8. Confirm who will provide aftercare supervision to youth released from both counties.
9. Decide on the optimum length of aftercare supervision.

IV.B Governance of the Joint Treatment Center Issues/Considerations/Questions

In accordance with the MOU established by Hennepin and Ramsey Counties, staff is directed to identify potential models for governance of a joint facility, such as a joint powers agreement or other agreement.

IV.B.1 Potential Models of Governance

In Minnesota and in other jurisdictions, the following two primary governance models with variations have been identified to develop, build and operate a joint juvenile facility:

1. Single County Ownership: One County owns and operates the facility; assumes the cost of site, construction, staffing and maintenance of the facility; and charges the other County a per diem based on a pre-determined number of beds or on an as-needed basis.

The City of Lynchburg, VA Regional Treatment Center is an example of this model. The City of Lynchburg owns and operates a residential treatment center for the Tenth Judicial District consisting of nine counties. Each county rents beds from the City of Lynchburg. One county closed its treatment center due to low population and costs and chose to rent beds in the City of Lynchburg's treatment center. Each jurisdiction is charged a daily per diem for every bed they use. None of the jurisdictions have any control over the program that is delivered, the policies or the day-to-day operations. All employees are City of Lynchburg employees.

Experience with the Single Ownership model suggests it will not provide an opportunity for equal decision making and programming decisions since one county is designated as the single operator and the facility is staffed by employees of one county with the other counties renting beds.

2. Joint Ownership/Joint Participation: Each county contributes proportionally (relative to the anticipated usage) to the cost of the design, site, construction, operation and maintenance of the facility. All counties agree to set up an independent, unbiased legal entity through a Joint Powers Agreement and governing board whereby all counties jointly participate in the development of the program, policies, regulations, operation and maintenance. The executive director negotiates union contracts, hires and supervises the staff on behalf of the governing board and reports to the governing board.

Examples of this model in Minnesota are the Arrowhead Regional Corrections (ARC) Juvenile Detention Center in St. Louis County, MN and the Prairie Lakes Youth Programs in Kandiyohi County, MN. The ARC formed an Executive Board to operate the facility. The Executive Board established the program, policies and procedures; the ARC owns the facility. The ARC hired an

Executive Director to operate the facility on a day-to-day basis. All employees are ARC employees. One of the counties (St. Louis County has 78% of the beds) serves as the fiscal agent, provides payroll services and IT support to ARC.

The Prairie Lakes Youth Programs (PLYP) established a separate legal entity through a Joint Powers Agreement. Decision making is equal among each of the five counties. The PLYP employs the staff to operate the Prairie Lakes Youth Program. Similar as the ARC described above, the Executive Board of the PLYP hired an Executive Director to direct the program on a day-to-day basis. The Executive Director negotiated the contract with AFSCME on behalf of the PLYP Board.

The James River Regional Juvenile Detention Center in Henrico County, VA is another example of this model. Three jurisdictions formed a Regional Commission comprised of three county administrators, one deputy county administrator and one county attorney. The Regional Commission owns the facility and each county participates jointly in the decision-making authority of the program, policies, rules and regulations. The Commission was responsible for the final design and construction. All staff is employed by the Regional Commission and the Commission owns and operates the JDC. Similar to Arrowhead Regional Corrections, one county (Henrico County) serves as the fiscal agent and provides administrative support in employee recruitment and in the process of hiring the Commission's staff. The Commission's wages, salary structure and collective bargaining fall under the rules of Henrico County. Henrico County also provides purchasing, payroll services, accounting and auditing support to the Commission.

3. Hybrid Model (Joint Participation/Designated Lead County). Under this hybrid model, each county contributes proportionally (relative to the anticipated usage) to the cost of the design, site, construction, operation and maintenance of the facility. All counties establish an agreement, usually through a Joint Powers Agreement, and a governing board to oversee the operation and maintenance of the facility. All counties jointly participate in the development of the program, policies, regulations, operation and maintenance of the facility. The major difference in this model and the joint ownership model is that one county in the partnership operates the facility on behalf of the partners and the governing board. The lead county is designated as the fiscal agent and provides administrative support to employee recruitment and process of hiring. The wages, salary structure and collective bargaining are under the rules of the lead county. The lead county also provides purchasing, payroll services, accounting and auditing support for the governing board. The lead county's executive director still reports to the governing board.

An example of this model is the East Central Regional Juvenile Center in Anoka County. In this variation, partner counties participate in the costs of site and construction, with Anoka County bonding the remainder of funds necessary. Anoka County operates the facility on behalf of the partnering counties, hires and terminates the staff, but all partner counties participate equally in decisions regarding programs and policies. In this variation, under a Joint Powers Agreement, each participating county is represented on an Advisory Committee and each county participates on an Operations Subcommittee that oversees the program and policies to ensure that they collaborate on decisions regarding programs and policies. In this hybrid model, one county usually serves as the lead county; they are the designated fiscal agent and other counties defer to the lead county in program and policy decisions even though each county provides input.

Another variation of the hybrid model is joint ownership; but single county operational decision making is evidenced in the Will and Kankakee, IL Regional Juvenile Detention Center. In these jurisdictions, both counties shared in the cost of the design, site and construction and share in the cost of operations and maintenance. However, Will County serves as the designated fiscal agent and has sole responsibility for the program, policies and for the staff at the JDC.

In Hennepin and Ramsey Counties, the consultants believe that the best governance structure should provide joint representation and participation in programming and operational decisions. This could be accomplished by creating a new entity as the new owner/employer or by designating one of the two counties as the lead entity/employer but assuring that both counties participate jointly in decisions regarding programs and policies, operation and maintenance under a Joint Powers Agreement and under the oversight of a governing board. With either option, the consultant recommends that the wages, salary structure and collective bargaining unit fall under the rules of one single entity and that the staff be hired and supervised by the entity that operates the facility.

III.B.2 Advantages and Disadvantages of the Single Ownership Model

The Governance Subcommittee, with the assistance of the consultant, developed the following advantages and disadvantages of the Single Ownership Model (one county operates the facility while the other county rents beds):

Table 5

Single Ownership Model	
Advantages	Disadvantages
1. Simpler to implement.	1. Trust issues are obstacles between the two counties.
2. May be planned and built faster.	2. Not really a partnership or collaboration.
3. Clarity around decision-making authority.	3. Unequal assumption of risk/liability.
4. Operations (such as property management) may be “cleaner”. Decision making and overall responsibility rests with one owner/one decision maker.	4. Tenant (renting) County’s employees are at bigger risk of losing jobs.
5. Landlord County has a source of revenue by renting out beds to the other county.	5. Location may be more advantageous to the Landlord County.
6. Some counties that do not have the resources to fund and operate a facility on their own prefer having another county own and operate the facility and they agree to rent beds in their facility to avoid assuming these responsibilities and risk.	6. Philosophy and program needs of the Tenant County may not receive equal attention.
7. Hybrid models operate as single ownership/employer models in practice since the majority county is the lead county, they are the designated fiscal agent, they hire and fire the staff, other counties may defer to the lead county in programming, policy and economic decisions because the other county does not wish to	7. The communities of the Tenant County could view this as a loss of services.

operate the facility.	
	8. Landlord County's youth usually receive higher priority than the Tenant County's youth.
	9. Continues to duplicate administrative activities, personnel matters, accounting and budgeting.
	10. Tenant County has no authority over the quality of the program, policies, operational decisions or the staff hired.
	11. Tenant County often resents being required to pay for beds in which they have no say over programming, policy or economic decisions.
	12. Tenant County has no authority or influence over labor agreements negotiated by the single owner/operator of the facility.

III.B.3 Additional Questions to be answered in the Feasibility Study

The following additional questions are recommended to be addressed and fully vetted in the Feasibility Study of the Single Ownership model:

1. How will a joint programming philosophy and services be determined if one county owns and operates the facility and the other county rents beds in that facility?
 - a. Consultant's comment: The Tenant County has no control over programming, policies or operational decisions since the Landlord County owns and operates the facility. Disputes often occur among the Tenant and the Landlord County thus reducing the Tenant's interest in buying beds from the Landlord County leading to empty beds. Single ownership is more suitable among smaller, rural counties who do not have the resources to operate a facility on their own or who do not wish to take on the risk of operating the facility.
2. Who will establish the target population to be served and the intake and demitting criteria?
 - a. Consultant's comment: Experience in some jurisdictions shows that the Landlord County's youth receives higher priority than the Tenant County's youth; therefore, the Landlord County's target population and criteria for admission will be given preference over the Tenant County's youth.
3. How will the guaranteed beds be determined for the Tenant County?
 - a. Consultant's comment: Beds are usually determined by historical usage and projected need. The pro-rata share for each county needs to be determined after bed space projections are developed in the Feasibility Study and after reviewing each county's historical usage and demonstration of need. Once need is determined, both counties should negotiate the number of beds guaranteed to each county. If the facility has empty beds, the Landlord County receives preference over the Tenant County.
4. How will any year-end deficit be made up?
 - a. Consultant's comment: Other counties will likely be interested if the partnering counties do not fill all of the beds. In East Central Regional Juvenile Center, 50% of the

population served is not from Anoka County to make up for deficits. In the Prairie Lakes facility, the Board sells beds to 42 counties to generate revenues to offset deficits. Hennepin and Ramsey Counties may not wish to permit other counties to use 50% or more of the beds.

5. What is the length of the agreement? (e.g., for the term of the bonds)
 - a. Consultant's comment: An agreed-upon number of beds to be rented by the Tenant County are negotiated on an annual basis but a general long-term commitment of 10-20 years is also frequently made to ensure bed availability.
6. What will be the exit options for the Tenant County (e.g., buy-out)
 - a. Consultant's comment: Since the Tenant County is only renting beds from the Landlord County, there is no "buy-out" provision required. The Tenant County merely notifies the Landlord County that they do not wish to renew their contract for beds if they choose not to use the facility. In East Central Regional Juvenile Center, counties are required to give one year advance written notice to the Facility Superintendent.
7. What will be the make-up of an advisory board?
 - a. Consultant's comment: There is usually no advisory board in the single county ownership model since the Tenant County is not an equal partner. In the hybrid model, an advisory board is present with representatives from each county. However, the lead county has more representatives since they assume greater risk.
8. Who will manage the contracts for services?
 - a. Consultant's comment: Typically the Landlord County's contract's division manages the contract for beds.
9. Who will establish the staffing qualifications?
 - a. Consultant's comment: Since staff is employed by the Landlord County, the staffing qualifications are the sole responsibility of the Landlord County.
10. Who manages the labor agreements?
 - a. Consultant's comment: The Landlord County negotiates contracts with unions and none of the other counties participate in these negotiations.

III.B.4 Advantages and Disadvantages of the Joint Ownership Model

The Governance Subcommittee, with the assistance of the consultant, developed the following advantages and disadvantages of the Joint Ownership Model:

Table 6

Joint Ownership Model	
Advantages	Disadvantages
1. Greater potential for partnership on all issues by maximizing synergies among two remarkable partners.	1. Greater staff resistance from consolidation.
2. Greater trust among both counties since their needs are addressed and they are jointly represented in the Agreement and on the Board.	2. Presents greater challenges in labor negotiations.
3. An innovative and collaborative approach at solving mutual problems of juvenile crime in both counties.	3. Creates more layers of participatory management and more people participating in program and policy decisions potentially leading to delays in decision making.
4. Communities will be heard.	4. Transfer of staff will present challenges in terms of consolidating two programs into one; collapsing staff from two facilities into one single facility; both counties have different job titles which could create inequities and confusion. Hennepin County uses unique job titles that cannot be easily absorbed.
5. Programming is likely to be enriched by two counties that already operate evidence-based programs leading to improved outcomes for youth and their families.	5. Because both counties are self-insured, insuring an entity not owned by either county will need to be addressed.
6. A democratic process could be established that ensures that the needs of each county are met equally and the costs are shared fairly among both counties.	6. Multi-county governance may result in bureaucratic bottlenecks and slowness in decision making; it may be difficult to determine adequate representation by both counties given the size difference (i.e., equal or proportional); and both counties may find it difficult to determine who has ultimate responsibility and decision making authority should conflicts arise.
7. Reduced costs are expected through cost sharing, by reducing duplication and by bringing youth back from facilities outside of each county.	
8. Ensure joint representation and decision making since each county is jointly represented through the Joint Powers Agreement and the Board.	
9. Fulfills gaps in services in programming in each county (sex offenders, female programming,	

Joint Ownership Model	
Advantages	Disadvantages
long-term program, low-functioning youth, day treatment, clinical director).	
10. Ensures that youth can be kept close to home and returned from facilities located outside of each county.	
11. Culturally-responsive programming can be better delivered by maximizing existing staff resources in both counties.	
12. Eliminates the need for duplicative administrative functions among each county for personnel matters, procurement activities, accounting and budgeting.	
13. Risk is shared by each partner.	
14. Pooling of economic resources has shown to lead to expanded and more effective services to youth and families.	
15. Experience has shown that joint participation has expanded the continuum of care for youth and the juvenile justice system.	
16. Develop new job classes tailored to the new program.	
17. Joint training of the blended staff from both counties will improve overall delivery of services.	

IV.B.5 Additional Questions to be answered in the Feasibility Study

The following additional questions are recommended to be addressed and fully vetted in the Feasibility Study of the Joint Ownership model:

1. How would a joint board be structured? Would each county have equal representation or proportionate representation?
 - a) Consultant’s comment: It is desirable to have joint representation by the partnering counties signing the agreement in order to maximize joint participation and collaboration. In other jurisdictions, the joint board consists of a minimum of one county commissioner from each County signing the agreement.
2. Who is the employer?
 - a) Consultant’s comment: A new governmental entity is established thus this new entity becomes the employer.
3. Who sets the qualifications for staff?
 - a) Consultant’s comment: Both counties have decision-making authority for establishing qualifications for the staff through the Joint Powers Agreement.

4. Who hires staff?
 - a) Consultant's comment: The new governmental entity established through the Joint Powers Agreement hires the staff.
5. Are the costs of site, construction, operation and maintenance a proportionate split or 50/50?
 - a) Consultant's comment: Usually, the costs of site, construction, operation and maintenance are based on a proportionate split based on the beds used on a daily basis. The county's share of the costs is usually greater for the county who will use the majority of the beds. Preliminarily, the split is 70% for Hennepin County and 30% for Ramsey County. The pro rata share needs to be determined in the Feasibility Study and negotiated between both counties. The consultant does not recommend 50/50 split because it is not based on usage and thus potentially is a disadvantage to the smaller county.
6. How will any year-end deficit be made up?
 - a) Consultant's comment: The Board's total shortfall in scheduled debt service payment or reserve funding requirement is made up by dividing the cost in accordance with each partner's negotiated pro-rata share of the facility.
7. How is job class issues addressed?
 - a) Consultant's comment: Experience shows that new job classes and job descriptions are established by this new entity.
8. Will non-member counties have access to beds if empty beds become a reality?
 - a) Consultant's comment: Experience demonstrates that if beds are available, it is in the best interest of the joint partnership to make beds available to non-member counties to optimize staff-and operational efficiency through a facility with higher occupancy rates. However, it is not recommended that beds are filled with low-risk youth just to keep beds full because this practice would be inconsistent with evidence-based principles.
9. Who will maintain the facility?
 - a. Consultant's comment: A variety of options exist including sharing the cost of maintenance among each County's Public Facility Department or by establishing new job classes for maintenance personnel hired by the joint board.
10. If joint ownership with equal contributions to building + maintenance is adopted resulting in equal roles in decision making, can operational costs (per diem) be based on a proportional or agreed upon proportion of beds?
 - a) Consultant's comment: In other jurisdictions, there is joint decision making over programming and in operations among partnering counties. However, to be fair to the smaller county, they are charged a smaller share of the daily operational and maintenance costs based on their smaller pro rata share of the number of beds.

IV.B.6 Opinions of the Governance Subcommittee

The Governance Subcommittee's consensus was that a "true" collaboration would likely mean an equal division of costs (from site acquisition through operations) and an equal share of decision-making authority. The Governance Subcommittee recommended the Joint Ownership model or a variation of it, such as the Hybrid Model with joint participation and a designated Lead County to ensure that there is a true collaboration between Hennepin and Ramsey Counties. The Subcommittee expressed the view that either of these models would work better than a strict Single Ownership model where one county rents beds from the other county. The Governance Subcommittee valued the equal contribution to the costs of site and construction (rather than proportionate contributions) and to provide equal decision-making authority over operations and programming.

The Governance Subcommittee expressed the concern that proportioning the costs and decision-making authority may be lopsided and undermine the partnership. However, Subcommittee members concluded that a strict Single Ownership model could also be one-sided and unbalanced, since the Landlord County would retain final decision-making authority over day-to-day operation and the Tenant County's needs and input may not be given a priority.

After weighing the advantages and disadvantages, the Governance Subcommittee recommended the Joint Ownership model or the third Hybrid Model with joint participation and a Designated Lead County to ensure that any joint juvenile facility represents a true collaboration between Hennepin and Ramsey Counties.

IV.C Employment/Human Resources Issues/Considerations/Questions

In accordance with the MOU established by Hennepin and Ramsey Counties, staff is directed to identify options related to staffing of the facility.

As of 2015, Ramsey County's Boys Totem Town has a total of 51.25 full time equivalent (FTE) staff. The Hennepin County Home School has a total of 99.8 FTE. Ramsey County Boys Totem Town's child care staff is Probation Officers and Assistant Probation Officers while the Hennepin County Home School's child care staff is Juvenile Correctional Officers and Sr. Social Workers.

The workforce at the Hennepin County Home School is primarily represented by the Teamsters Union with smaller numbers of employees, in AFSCME represented units. Assistant Probation Officers working at the Ramsey County Boys Totem Town are represented by AFSCME and the Probation Officers by the Teamsters Union.

The Subcommittee considered the following two options:

- a. Single Ownership Model: One county owns and operates the facility and the other county rents beds.
- b. Joint Ownership Model: Both counties agree to establish a new legal entity (via a Joint Powers Agreement or joint board) to operate the facility.

IV.C.2 Advantages and Disadvantages of the Single Ownership Model

The advantages and disadvantages of the Single Ownership Model are shown in the table below.

Table 7

Single Ownership Model	
Advantages	Disadvantages
1. The Landlord County is the employer, thus there are fewer bargaining units and fewer labor contracts to administer. The Tenant County appreciates not having the responsibility for personnel matters and supervision and union negotiations.	1. The county that no longer is responsible for personnel and union matters may perceive a loss of control.
2. There is a single and unified wage and benefits structure that is already established. .	2. Employees of the Tenant County who applies to work at the Landlord County’s facility would be absorbed into the other county’s unions thereby adopting the county’s union rules, potentially creating “winners and losers”.
3. Clarity in decision making – clear lines of authority when one entity operates the facility.	3. A merger could create challenges of unifying the wage and benefit structures – raising wages and benefits is costly, decreasing wages and benefits will create employee dissatisfaction and substantial union resistance.
4. There is one employer for collective bargaining purposes -- it will be difficult to bargain an agreement which will unify employees under one single labor agreement unless there is one single entity/employer.	
5. Requiring all employees to join the unions of the single owner will make unification much easier.	
6. One single and uniform classification system will make unification much easier.	
7. One single and uniform administration of labor contracts for operations, pay and benefits will make consolidation much easier.	
9. A unified workforce is less likely to be preoccupied with contentious human resource	

Single Ownership Model	
Advantages	Disadvantages
issues, which is better for youth and families in the long run.	
10. Creating a unified workforce is likely to generate conflict in the short-term, but these can and will be eventually resolved through attrition. A single owner may be better able to resolve these issues up front.	

IV.C.3 Opinions of the Employment/Human Resources Subcommittee

The Employment/Human Resources Subcommittee considers the consolidation of employees who are represented by different unions (with different job classes, pay rates and labor contracts) to present significant operational and administrative challenges. The Subcommittee believes that the single owner model resolves many of the potential problems that may be present in Joint Powers Agreement (JPA). However, if a JPA model is able to successfully transition staff into uniform bargaining units, the Subcommittee believes that there is no difference between the Single Ownership and the Joint Ownership Model.

According to the Subcommittee, a governance structure that retains bifurcated terms and conditions of employment can make day-to-day operations difficult and adversely affect staff morale and behavior. The Subcommittee favors a governance structure that can resolve contentious human resource issues and facilitate the creation of a unified workforce. A unified workforce will be more difficult to achieve if disparate terms and conditions of employment are preserved, without regard to operational needs and employee relations and morale.

The Subcommittee believes it is important to guarantee current employees a job, their current wage rate (red-circle if above the rate paid to others in the same job class), seniority and accrued leave balance hours. However, the Subcommittee recommends stopping short of guaranteeing other terms and conditions; e.g., vacation accrual, PTO, weekend differential, shift differential, etc. as they may be dictated by the terms of the labor agreement negotiated by the single owner.

The Subcommittee proposes not recognizing bargaining unit arrangements that result in employees in the same job class being represented by different unions.

The Subcommittee did not provide any input about the type of or amount of staff at this time because staffing is dependent on the size of the facility, the type of youth to be served, the type of program to be delivered, and the design of the facility.

Current employees want to know “what is going to happen to me and my employment?” Employees require detailed information about their terms and conditions of employment which will need to be developed in the

Feasibility Study. It will be necessary to provide clear, timely and detailed information to employees and their unions to allay fears and prevent malicious rumors from disrupting employees and their work. The Human Resources Subcommittee agreed with the Executive Committee that developing a proactive communication plan is critical to communicate soon to employees and their unions about the possibility of consolidation to minimize fear of the staff and to avoid a disruption in the services to clients.

IV.C.4 Advantages and Disadvantages of the Joint Ownership Model

Examples of joint ownership models were discussed by the Subcommittee, including: the Minneapolis Building Commission, the merged Hennepin County and Minneapolis Public Libraries, and the Emergency Communications Center under a JPA between Ramsey County and the City of St. Paul.

In this model, both counties agree to establish a new legal governmental entity (via a Joint Powers Agreement or joint board) to operate the facility and to consolidate functions and hire staff, thus establishing one employer. Because there is one governmental entity that represents both counties, the employees of the previous two counties become employees of the new governmental entity or the designated lead county, in the case of the Hybrid Model. Because there is one employer, the advantages and disadvantages of this Joint Ownership Model and the Hybrid Model are similar to the Single Ownership Model.

The advantages and disadvantages of the Joint Ownership Model are shown in the table below.

Table 8

Joint Ownership Model	
Advantages	Disadvantages
1. Because there one employer, there is a single bargaining unit. Existing labor contracts remain in effect until new agreements are negotiated.	1. Bargaining unit determination will create “winners and losers” between the unions of one or both counties thereby creating more opportunities for bifurcated representation.
2. There are no longer competing bargaining units or multiple labor contracts to administer.	2. The tendency will be for each new contract provision to rise to the level of the best provision in either (former) contract, thereby escalating costs.
3. There is one single and unified wage and benefits structure established by this new legal entity.	3. A single labor agreement among well-established competing unions is more difficult to achieve.
4. Clear lines of authority now replace multiple lines of authority that exist between two counties when one entity operates the facility.	4. Possible stalemated decision making through the democratic process of more than one county participating in decisions.
5. There is one single employer (joint board) for collective bargaining purposes making it much easier to unify employees.	5. Great pressure for bifurcated terms and conditions of employment since all existing employees will need to adopt the unions of the legal entity.
6. Requiring all current employees to adopt the unions of the new owner will make unification much easier.	6. Unions may have greater say in how this facility operates possibly resulting in a more difficult labor relationship or bifurcated representation of job classes.

Joint Ownership Model	
Advantages	Disadvantages
7. One single and uniform classification system established by the new owner will make unification much easier.	
8. One single and uniform administration of labor contracts for operations, pay and benefits under the new single owner will make consolidation much easier.	
9. A unified workforce under the new owner is less likely to be preoccupied with contentious human resource issues among two competing counties, which is better for youth and families in the long run.	
10. Creating a unified workforce under the new owner is likely to generate conflict in the short-term, but these can and will be eventually resolved through staff attrition. The new owner will have the responsibility to resolve these issues up front.	
11. New job classes could be easily tailored to the new program.	
12. Joint training of the blended staff from both counties could improve overall delivery of services.	

IV.C.5 Questions and Issues to be answered in the Feasibility Study

The following questions need to be fully addressed and vetted in the Feasibility Study:

1. Prior Joint Powers Agreements and staffing plans in other jurisdictions should be fully examined in other jurisdictions to obtain specific information about staffing to determine the impact of bringing together a workforce with staff who is represented by different unions.
2. Specific facility staffing patterns will need to be developed.
3. What percent of staff in the joint facility will be county employees and what role will contract staff have in the provision of services (e.g. education, medical, substance abuse, mental health, food, laundry, janitorial)? In Ramsey County, medical services are provided by Ramsey County employees, in Hennepin County, medical services are delivered by contract employees.
4. How does the joint facility avoid having different bargaining agreements for employees in the same job class?
 - a. Consultant's comment: If the joint ownership or hybrid model is selected, the new legal entity will establish one single bargaining agreement for its employees.
5. What is the ratio of youth services worker to youth on which each county can agree?

- a. Consultant's comment: Minnesota Rule 2960 requires a 1:12 ratio during waking hours, the Prison Rape Elimination Act (PREA) requires 1:8 ratio. Contemporary practices consider 1 youth services worker to either 4 or 8 youth depending on the profile of the youth served.
6. What is the ratio of supervisors to staff?
 - a. Consultant's comment: A task analysis should be conducted to determine optimum span of control for supervisors.
7. What staff qualifications are needed in the joint treatment center?
8. What is the salary and fringe package to be provided to all staff?
9. What variables should be considered in establishing a seniority system to evaluate employees in both counties?
10. Are there any residency requirements for employees that may need to be addressed?
11. What guarantees can be made to current employees? Who gets guaranteed employment? Who will be represented/non-represented by unions?
12. What level of commitment is there to retain all employees? If so, how and where?
13. What transition costs will be incurred? Expectation is that transition costs will be high in the short-term.
14. What are the opportunities for existing employees?
 - a. Consultant's comment: Creating a new facility with a new governance structure will require a new staff culture and a blended therapeutic model. Retraining of staff will be critical for successful implementation and to minimize expected resistance among current employees. Blended staff will require team building to ensure that a staff culture is created that will work together to accomplish new program goals. The new program will likely require new job positions and new staff qualifications. Staff will be required to retest for these new jobs and interview for these new positions. Grandfathering existing staff may not be feasible since new job positions and new staff qualifications will be created.
15. During transition, what training will be required and what will be the training costs? Who will conduct training during the transition and on-going?
16. What short-term shared services can begin now?
17. How does each governance model impact the operation for effective services to end users (youth and families)?
 - a. Consultant's comment: The single ownership model has less buy-in by the staff of both counties since one county operates and the other county rents beds, thus reducing the positive impact of maximizing the knowledge and talent of staff among two remarkable counties.
 - b. Consultant's comment: The joint ownership model blends the knowledge and talent among the staff in both counties, thus the possibility of leading to improved operational practices.

IV.D Finance Issues/Considerations/Questions

In accordance with the MOU established by Hennepin and Ramsey Counties, staff is directed to identify options related to financing and outline the variables in the design and construction budget for the joint facility as well as the components of the operational budget to be developed by the two counties.

In 2015, Ramsey County budgeted \$5,808,695 for BTT and Hennepin County budgeted \$11,202,134 for CHS. Combined, the two counties budget a total of \$17,010,829.

Further, in 2014, Hennepin County spent an additional \$6,266,425 sending youth to residential treatment and short-term consequences programs in out-of-county facilities/programs, excluding Red Wing. In 2014,

Ramsey County spent \$1,390,002 on placements at RTC, excluding Red Wing. These expenditures are anticipated to be reduced by bringing back a portion of these youth currently being served in other facilities and maximizing the community-based continuum of care.

Regarding the maintenance, repair and supply costs associated with aging buildings -- excluding routine housekeeping and housekeeping supply costs -- Ramsey County spent \$57,121 in 2013 on BTT. For the Hennepin CHS, the budget in 2014 was \$113,500 for a combined total among both Counties of \$170,621. Regarding maintenance staff costs, the counties spent a combined total of \$494,673, based upon \$325,896 budgeted in 2014 in Hennepin County, and \$168,777 spent in 2014 by Ramsey County. Together, the Counties invested \$665,294 in maintenance/repair staff, costs and supplies.

IV.D.2 Initial Observations

It is highly likely that total per bed operational costs will decline because of a joint facility. For example, staff among both counties can be consolidated and no longer duplicated, and the number of staff needed to operate a contemporary facility may be less, or at least less per bed depending upon the number of beds operated, than the number of staff needed to supervise old, inefficient buildings. The creation of a new, energy-efficient building meeting contemporary design and energy standards will result in lower utility and maintenance costs. Economies of scale should reduce per child meal, medical, and supplies costs. Site acquisition and/or site development costs would be less for a single facility versus two facilities, commensurately; maintenance and grounds keeping costs will be less. Staff and public vehicle parking as well as sidewalks and roadways can be developed more efficiently and with less land coverage with a single facility. With respect to public sensibilities and concerns, it will likely be an easier task to find and site one facility than it would be for two.

It is clear that answers regarding the costs of a joint facility, and in particular the costs to each county, will be driven by the decisions of Programming and Governance. Such decisions include ones regarding “who” will reside within the facility and the costs of treating these youth in a joint facility compared to operating two separate stand-alone facilities. Consolidation of two separate, stand-alone facilities into a joint facility is expected to reduce duplication of costs and result in cost savings.

The Finance Subcommittee supports proceeding with a consolidation and a joint facility to serve both counties.

It is anticipated that all facility, staff and operational cost questions will be answered in the Feasibility Study.

IV.D.3 Feasibility Study Questions

The following questions are to be resolved during the Feasibility Study:

1. What is the projected first year operating budget for the facility?
2. What has been the annual maintenance and capital improvement costs for each facility for the past 5 years, and how does it compare to projected costs for the new facility (with all figures adjusted to common year dollars)?
3. What will be the capital costs for this new facility?
 - a. Consultant's comment: In 2015, this type of facility might cost \$300-350/square foot and provide 600-900 square feet per bed to construct, thus leading to a preliminary range of from \$18 million to \$32 million for construction only of a hypothetical 100 bed facility. Project costs would be additional and would include such categories as site acquisition, site development, utilities extensions, unattached furniture and equipment, soils tests, site surveys, and fees for Architects, engineers and financial consultants. Project costs, excluding site related costs (which can vary widely), are typically from 10% to 15% of construction costs for a design-bid-build type of project (see the discussion of project delivery methods below for different ways to produce a project).
4. What steps need to be taken to determine a final capital cost for this facility?
 - a. Consultant's comment: Final capital costs will be determined only at the end of construction, however, a very good idea of what the costs will be can be generated after detailed space programming is completed and a site has been selected.
5. What are likely inflationary effects on projected capital costs given the timing of the facility development process?
 - a. Consultant's comment: At present, construction costs are projected to rise at a rate of 3% / year for the next several years.
6. What is the range of operational costs for this new facility?
 - a. Consultant's comment: Typical factors to be used in developing an operational budget for this joint facility are: staff salaries and fringes, and operations costs (including furniture and equipment, training, supplies, medical/mental health care, food, laundry, contract services, utilities, routine maintenance, repairs).
7. What will the operational cost be per bed as compared to current operational costs per bed and the per diem costs of contracting for beds in other facilities?
 - a. Consultant's comment: Comparing costs per bed may be the best way to compare current and future operational costs assuming the nature of the future population is different than the current population because fewer youth will be housed out-of-county.
8. How much savings may be anticipated from operating one combined facility? How could a combined facility be more efficient than two separate, stand-alone facilities?
 - a. Consultant's comment: Likely savings: staff is likely to be less since one combined facility needs only one facility administrator and one clinical director. Savings may also be realized by achieving a more optimal staff-to-resident ratio than can be attained in current inefficiently designed facilities. Utility costs will be less because of a higher energy-efficiency facility, perhaps LEED certified. The footprint of one combined facility is likely to require less square footage than two separate facilities thus suggesting lower construction costs.
9. How much existing funding currently being tied up in out-of-county placements could be re-allocated to the joint facility?

- a. Consultant's comment: A portion of the money Hennepin County and Ramsey County spent in 2014 sending youth to other facilities/programs may be reduced with expanded opportunities at a new joint facility.
10. How much of the annual costs for maintenance/preservation on the grounds currently being spent on both facilities can be reduced with a joint facility?
 - a. Consultant's comment: This should be assessed and answered through collaboration between the Public Facilities Departments from both counties but it should be noticeably less.
11. What are the potential new purposes of the existing parcels of land that both facilities currently sit on that could be available for other uses or for potential sale thus enhancing the revenue of both counties?

IV.D.4 Governance Questions that Influence Finance Decisions

The following are financial questions impacted by Governance decisions:

1. With what entity will the Architect, CM or Design-Build contracts be signed, and what entity will administer the design and construction phase contracts?
2. How will the pro-rata share of daily operation be assessed? What allowable costs will be included in "operation and maintenance" of the facility?
3. How will medical costs of the youth from each county be paid for?
4. How will the facility be financed (tax bonds, sales levies, per diem payments)?
5. Does each county share the cost of construction for the facility or does only one county build and finance the facility while the other County rents beds on a per diem basis?
6. How will each county pay for the on-going operational costs associated with the beds (monthly, quarterly)?
7. How will adjustments in the on-going operational payments be made if a county's proportion of the population falls or rises significantly?
8. When beds are not in use by the partnering counties, will beds be available to other jurisdictions? If so, what will be the per diem charge for these beds? Who will authorize the renting of these beds?
9. How will rental payments be distributed fairly to the each county?
10. What process will be permitted if one county does not wish to renew its agreement to participate?
11. How often will a Revenue and Expenditure Report be prepared? What will these reports contain?
12. What types of insurances will be required? What are their limits?
13. Who will be responsible for transportation costs to and from the facility to outside medical or other appointments?

IV.E Building, Site, Location Issues/Considerations/Questions

In accordance with the MOU established by Hennepin and Ramsey Counties, staff is directed to identify topics related to size, design and operation of the joint facility.

IV.E.1 Initial Observations

This Subcommittee did not identify any reasons that the counties should not proceed with a joint facility. Indeed, member work assumed that a joint facility would be developed.

The majority of the “big issues” to be resolved regarding building, site and location will not be resolved in this Phase I but it will need to be addressed during the Phase II Feasibility Study process.

One particularly important product of the Subcommittee’s deliberations was the recommendation that a strong communications program be immediately developed and become an integral part of the entire facility development process. Sensitive issues of cost, employment, governance, and site selection (particularly with respect to the “not-in-my-backyard” syndrome were greatly in need of clear and timely messages.

The Subcommittee identified the following examples of community assets a joint facility could partner with to enhance the program:

- Outdoor sporting fields/ball fields and physical facilities and aquatic fields: Examples are YMCA, YWCA, Parks and Recreation, Boys & Girls Clubs.
- Specialized learning facilities: Examples are training facilities, schools, educational programs, technical training programs, trades training facilities.
- Libraries
- Faith-based organizations

IV.E.2 Bed Capacity

No bed capacity recommendation was made by the Subcommittee. The number of beds needed in a future joint facility is dependent upon an identification of “who” will ultimately be in the facility, including deciding what portion of the juveniles meeting criteria now being served in facilities outside of the counties could be brought home. It is recommended that bed space projections be developed for the joint facility through 2025 for both counties in the Feasibility Study to determine the size of the facility, the specific youth to be served, the specific program to be delivered.

IV.E.3 Site Characteristics

The following characteristics have been identified as desirable for a future joint facility. This should be the starting point for developing site selection/analysis criteria in the Phase II Feasibility Study.

Desirable Physical Site Characteristics:

- Easy access for both Hennepin County and Ramsey County residents and to frequent public transportation routes, particularly for family members.
- Large open spaces for outdoor activities: ball fields, soccer, etc.
- Pastoral setting.
- On-site parking for staff, contractors/consultants, family visitors.
- Garden space.
- Hiking trails (within secure perimeter).
- Site that minimizes resistance from the neighbors based upon “not in my backyard” (NIMBY)
- Site that encourages law enforcement to patrol the area to improve public safety.

Site selection criteria should be subdivided into two basic categories. The first category is referred to as "threshold criteria". These criteria are determined by both counties to be absolutely essential to the success of the project. If a site does not satisfy threshold criteria, the site would then be eliminated from further consideration regardless of its other merits. The second category of criteria would address other important issues that will enable both counties to distinguish between the benefits of each site under consideration. All site criteria should be assigned a relative value as well as be scored on its merits, with its rating being a multiple of the two elements. The following examples are provided of site criteria worksheets as potential models that should be used to facilitate the decisions to be reached in the Feasibility Study.

Potential Criteria:		Is this a Threshold Criterion? YES or NO	Criteria Importance (1 to 5)
A. DESIGN/PLANNING ISSUES			
1 Sufficient Land for Functional, Staff Efficient Design	1		
2 Sufficient Land for Building Expansion	2		
3 Sufficient Land for Differentiated Parking On-site & Parking Expansion	3		
4 Sufficient Land for Other Functions: Courts, Jail, Sheriff, etc.	4		
5 Minimal Impact on other government space & Parking Needs	5		

FACILITY/SITE Evaluation Worksheet

VALUES:
 0 = No Importance
 5 = Average Importance
 10 = Extremely Important

Criteria	
A. DESIGN/PLANNING ISSUES	
1 Sufficient Land for Functional, Staff Efficient Design	1
2 Sufficient Land for Building Expansion	2
3 Sufficient Land for Differentiated On-site Parking & Parking Expansion	3
4 Sufficient Land for Other Functions: Courts, Jail, Sheriff, etc.	4
5 Minimal Impact on other government space & Parking Needs	5

Value Score (0-10)				Weighted Score			
A	B	C	Weight	A	B	C	
SITE	SITE	SITE		SITE	SITE	SITE	
Jones	Smith	Johnson		Jones	Smith	Johnson	
2.0	2.0	2.0	20	40	40	40	

IV.E.4 Components of an Evidence-based Joint Facility Design

The following building components will be beneficial to a model joint facility responsive to evidence-based practices. These components and the issues they raise should be reviewed during the Phase II Feasibility Study process and further developed during the Phase III Space programming process.

Desirable Components of a Potential Building

1. Sleeping/Housing
 - Individual bedrooms (no cottages and no dormitory). Individual rooms also important for Prison Rape Elimination Act (PREA) requirements
 - HSR/Seclusion rooms
 - Large, open day space surrounded by individual bed rooms
 - Private showers and restroom facilities
 - Small program space in/adjacent to day space
 - Private telephone alcoves for family communication
 - Easy supervision by staff (bed rooms/restrooms/showers/dayroom)
 - Ample natural light and normalized appearance supported by unobtrusive security construction
2. Intake and Release area
 - Officer work area
 - Holding rooms and waiting areas
 - Processing desks and records storage
 - Private clothing change areas and secure property storage
 - Phone call and visiting components
3. Program/treatment rooms of various sizes
 - Group rooms
 - One-on-one counseling/interview rooms
4. Visiting
 - Contact family and professional rooms
 - Telephone, Face-time/video type visiting
5. Indoor Recreation
 - Gymnasium(s) capable of being divided
 - Exercise room(s)
 - Recreation office/program rooms
6. School Function
 - Administration
 - Classrooms – flexible for classroom use and evening program use; classrooms that can be used for multiple functions during non-school hours)
 - Computer lab
 - Library
 - Specialized classrooms (i.e., home economics/woodshop/other vocational education, classes)
7. Staff Dedicated Space
 - Separate entrance
 - Staff lockers (male/female)
 - Administrative offices

- Meeting space
 - Break room
 - Training rooms (separate from kids areas)
8. On-site Food Service
- Full-service kitchen and dining hall
 - Opportunity for kids to participate/learn
9. On-site Medical/Dental Services
- Infirmary
 - Basic medical exam rooms
10. Information Technology (IT) Considerations
- Separate/dedicated IT space
 - FIBRE connectivity/Wi-Fi connectivity
 - Server room
 - Camera locations with video record (PREA)
11. Other key components:
- a. Controlled entry/access point for all visitors
 - b. Separate time-out space to remove and de-escalate residents; must be private and available in the school and in the residential areas of the building.
 - c. Public lobby area at entrance that is inviting and warm
 - d. On-site commercial grade laundry facilities
 - e. Central warehouse and sufficient storage spaces throughout the facility
 - f. Maintenance services – space for offices/equipment/storage/etc.
12. Expandability concepts for each component

Compliance with Minnesota Rule 2960, the American Correctional Association (ACA) Performance Based Standards for Juvenile Correctional Facilities (fourth edition), national research on trauma, and literature on neuroscience are recommended as providing the fundamental principles that should guide the design and operation of a new facility that is consistent with evidence-based practices. Neuroscience is the science that has linked environmental conditions to improving or inhibiting one's cognitive ability, physical and emotional health. Eberhard, J. et al (2006) found improvements in one's cognitive ability, physical and emotional health in those facilities that included the following healing features:

1. A lot of natural light that uplifts one's mood but does not conflict with one's natural circadian rhythms.
2. View to the outside and to nature through windows in the sleeping rooms and in dayrooms and with views to an outdoor courtyard reduces one's blood pressure, stress and fatigue.
3. Soft, non-glaring artificial lights that can be dimmed to reduce glare and fatigue.
4. Direct supervision management with small, podular dayrooms with no physical barrier between staff and youth with direct access to youth and with direct lines of sight into all activities.
5. High ceilings to reduce feelings of claustrophobia.
6. Interesting and calming colors that reduce glare, stress and fatigue.
7. Carpet in selected areas to reduce noise.
8. Movable, durable and child-friendly furnishings.
9. Calming rooms with a rocking chair or bean bag that youth can use for 15-20 minutes to calm down before they resume group living.
10. Live plants to improve air quality.

11. Variety of colors to enhance the environment.

IV.E.5 Questions to be resolved as part of the Phase II Feasibility Study

The following questions are to be resolved during the Feasibility Study:

1. Who will be served in the facility and what are the design implications for accommodating different categories of children (boys/girls, older/younger, sex offenders, short vs. long-term programming, etc.)? That is, what separate classifications of residents will be served, how does classification affect the distribution of housing units and beds, and what characteristics of individual housing units are needed to best serve the different classifications of resident? How do licensing requirements influence the breakdown of residents by gender, age, and security level?
2. What specific functional components will be included in this new facility (many are outlined in E4 above), what is the estimated square footage of each component, and what is the total square footage of the entire facility?
3. What are the spatial interrelationships between each of the components?
4. How does the programming inform an evidence-based design for this new treatment center?
5. What should the architectural message and the environmental conditions be of the facility?
6. What are the parking requirements for the site and how should they be divided between staff, public visitors, professional visitors and others?
7. What non-building components should be accommodated on the site and how much buildable land area do they require (e.g., softball fields, soccer fields, gardens, maintenance sheds)?
8. What are the desired characteristics of the site, how much total acreage is required, and what are other site parameters?
9. What potential sites are available for review based on desirable physical characteristics and programming needs?
10. What are the threshold and detail site criteria to be considered for a new facility?
11. Which site is recommended as the best site for a joint facility?
12. How does the building site, location, size and design impact effective service to end users - youth and families?
13. What are the qualitative advantages and disadvantages of each site/option?
14. What education, community outreach, and engagement activities are needed to minimize NIMBY leading to the successful selection of a site location?

IV.E.6 Pre-design Space Programming

After the Feasibility Study and prior to design, the counties need to engage in a detail space programming process for the final site and facility option selected as a result of the Feasibility Study process. In essence, the detail space programming process is far more specific than the Feasibility Study process in determining the specific space needs of the counties. Primarily, it results in the identification of each room or area needed in the new facility and detail information about each room/area including exact size, characteristics and relationships to other rooms and/or areas. The program narratively describes the details of functional components and establishes the specific technical and environmental requirements for the design. The exact tasks to be performed during the programming process are itemized later in this report. This phase of the work can be achieved separately from the Feasibility Study process or accomplished as an integral extension of it.

IV.E.7 The Basic Methods by which Projects are Designed and Constructed

A variety of options should be explored by Hennepin and Ramsey Counties during the Feasibility Study phase regarding the method by which they execute the design and construction phases of the project. If the counties do not select a method of delivering the project by the end of the Feasibility Study process (which is recommended), the method should be selected no later than the end of the Space Programming Phase that immediately follows the Feasibility Study. This is an important decision because the project delivery method will fundamentally drive how the building is designed and constructed. It influences the types of professional consultants needed, how Request for Proposals (RFPs) are written and how many are needed, and it affects fees paid to consultants and design and construction professionals. It also significantly affects client responsibilities and interactions during the design and construction phases of the project.

There are basically three ways to design and deliver a new project, each with variations. Each of these methods is fundamentally different in structure and services provided.

Generally speaking, the design part of the process is the same for each delivery method with the basic steps including a.) Schematic (or preliminary) design, b.) Design development, c.) Construction documents, d.) Bidding and negotiation with contractors and/or sub-contractors, and e.) Construction.

However, these basic services are often supplemented by interior design services, landscape design services, building commissioning services, and extended construction supervision services, among others, all of which affects fees. On the client side of the equation, there is the question of how they will participate and provide input during the various facility development phases, and how they get prepared for opening what will likely be a very different facility from the ones operated today. Regarding the latter point, many clients engage additional professionals to help organize and effectuate what is commonly referred to as the “operational transition” process.

The three basic methods of building project delivery are:

1. Traditional Design-Bid-Build (DBB) Project Delivery Method

In this method, one Architect-Engineering (AE) team is hired to design the building and prepare a set of construction documents (drawings and written specifications) for bidding by general contractors and the sub-contractors they recruit. Sometimes one or two early release bid packages are developed to speed up the construction process (such as foundations and site work), but generally the process results in one major bid package covering all construction disciplines (site, civil, architectural, mechanical, electrical, security etc.).

One RFP for Architectural-Engineering services would need to be written under this method.

This approach is often used when there are no particular site complications involved and a new facility is proposed as opposed to a complex phased renovation-addition project, though the DBB method is certainly used in these cases as well.

This approach will require the active participation of both counties throughout the design and construction process. Legally and ethically, the Architect that is selected is the representative of both counties, and is expected to protect their interests.

2. Construction Management (CM) Project Delivery Method

In this method, both an Architect-Engineering team and a separate Construction Management (CM) team would be hired. Thus two RFPs need to be written.

Both the Architect and the CM will work side-by-side through the entire design and construction process. Each is under separate contract with both counties and will have different, complementary responsibilities. The Architect-Engineer RFP would essentially be the same as that for the DBB method above except that the expectation of work with a CM should be identified and modifications in the Architect's scope of work should be itemized accordingly. The CM essentially functions as a general contractor in most cases, perhaps even performing some parts of the work, but the CM will do so as the legal representative of both of the partnering counties that is expected to protect their interests rather than merely as a contract holder with both counties.

The CM method of project delivery usually results in multiple bid packages (usually 10-15) in the hopes of gaining lower overall construction costs, and also offsetting the CM's design phase fees. This is achieved by getting a series of low bids from all contractors whereas the low bid in the DBB process above may include, for example, the second lowest mechanical bid and the third lowest fire protection bid.

During the design phase, the CM will chiefly play the role of cost estimator, scheduler and advisor on cost-saving techniques (frequently referred to as "value engineering"). Value engineering, if done correctly, is a balanced exercise that not only identifies construction cost saving alternatives, but it identifies the long-term operational implications or trade-offs of the savings. These may include higher yearly operational costs or more frequent product replacements. Many CM processes, unfortunately,

feature the construction cost savings of a proposed change but fail to identify the long-term consequences.

The CM method is most commonly used with complicated, phased projects on complicated sites where scheduling and sub-contractor coordination is particularly challenging. It is also used in cases where clients have little confidence that Architects can estimate costs accurately or deliver projects in a timely fashion. Indeed, these are the original reasons why CM came into existence in the late 1970s and early 1980s, a time when inflation was rampant (+10%/year) thus making schedule adherence and cost management critical.

If the counties choose the CM method, it is recommended that the Architect and CM RFPs be issued at the same time and that the CM and the Architect be selected at the same time. When this occurs, post-selection negotiations are more likely to result in complementary contracts and/or memos of understanding that eliminate overlaps, and ensure agreement on specific responsibilities. This is important to the success of the project and the relationship between the two firms.

The CM approach will also require the active participation of both counties throughout the design and construction process, and may involve the need to resolve disputes between the Architect and the CM. Both the CM and the Architect will serve as representatives of both counties.

3. Design-Build (DB) Project Delivery Method

In this method, one firm is hired to perform all design and construction tasks (to design *and* to build the facility). The Design-builder hires the Architect-engineer who in turn works for, and responds to, the demands of the Design-builder, not the counties.

Only one RFP is needed but it is very different in nature and requirements than the RFPs for the two preceding methods.

This approach is often selected on its promise to minimize the need for client participation in the process, and to significantly lessen costs, often with the Design-builder sharing in some of the savings. It lends itself to counties that want a more passive, turnkey type of process. Design-build is most often used with simpler building types such as warehouses, parking decks, and light industrial facilities. .

Fees for this type of service can include Architect-Engineer fees, Construction Management type fees (where multiple bid packages are used) as well as Design-builder service fees.

The Design-builder will serve as the counties' representative, and the Architect's contact with the counties will be controlled by the Design-builder, although the counties can certainly define the amount of interaction desired with the Architect during the RFP and contracting process. The Design-builder normally expects to exercise control over the budget and how the money is spent during design and construction.

IV.E.8 Contracting and Project Management

The counties will need to determine with whom the Architects, CMs and/or Design-Builders will be contracting with during the design and construction phases of the project and how they will be paid. With two counties involved this will become an important procedural and legal decision since design and construction presents more real-world management challenges, outcomes and legal liabilities than does a Feasibility Study or a space program. This is an important question for the Governance Subcommittee to resolve.

IV.E.9 Architect Selection Criteria

Since it is certain that an Architect-Engineering team will be needed regardless of the project delivery method utilized, the consultants recommend that the following experience be considered when selecting an Architectural-Engineering (design team) for the new facility.

1. Experience in the design of contemporary, evidence-based, trauma-informed juvenile facilities.
2. Experience in the preparation of well-coordinated construction documents.
3. Experience in cost estimating accuracy.
4. Experience in client-centered, inclusive design processes.
5. Experience in engineering mechanical, electrical and security systems for correctional facilities.
6. Experienced individual staff committed to the project (not just corporate experience).
7. Excellence in construction administration and knowledge of local contractors and materials.

It is recommended that these criteria be reviewed by both counties and new criteria considered in the Feasibility Study and Detail Programming phases of the project as that work reveals additional considerations. Should a project delivery method involving Construction Management or Design-build be chosen, criteria for their selection should be developed at that time.

IV.F Project Timeline

IV.F.1 Introduction

The timeline for the development of a joint juvenile facility from the beginning of the Phase II Feasibility Study to the opening of a new facility is estimated to be 42 months. To complete a project in this timeframe requires that the project essentially transition smoothly from one phase to another with virtually no time in between, and that all steps move as planned. Good weather during construction and timely client decision-making also greatly assists the process. The timeframe presented also assumes the traditional Design-Bid-Build project delivery method. Use of either the Construction Management (CM) method or the Design-Build (DB) method will suggest variations in this timeframe.

The timeline envisions the phases identified below, each of which is illustrated by a graphic timeline (IV.F.4.7) later in this section. They are predicated upon the idea that the Phase I work represented by this report results in the conclusion that Ramsey and Hennepin Counties will proceed to Phase II: Feasibility Study. The phases of the facility development process anticipated, and their preliminary estimated lengths in months, are:

- Phase II - Feasibility Study – 6 months

- Phase III - Space/Operations/Staff Programming – 4 months
- Phase IV – Design – 10 months
- Phase V – Construction Bidding & Negotiation – 2 months
- Phase VI – Construction – 20 months

Phase VII - Operational Transition - coincidental with construction

The timeline anticipates no interludes between the phases. This means that the counties have to plan ahead and ensure that the funding and the professional teams needed to execute one phase of work is resolved before the preceding phase of work concludes.

One type of professional team not implicitly implied by any element of the timeline is that of retaining outside consultant help as a “**program manager**” throughout the process. Such a consultant might be one that is retained to conduct the Feasibility Study and/or the Space Programming effort and then kept on the job to provide continuity and consistency to the effort. They would insure that the design and construction teams successfully implement the program that was developed in Phases II and III. Such a consultant might also help with program implementation and operational transition into the new facility in Phase VII.

A key element to successful project development is the creation of a **planning team** that consists primarily of facility users. Such a team should be created during the Feasibility Study phase and continue through the opening of the new facility. Team members will collaborate with planners to develop a responsive space program and actively review designs to ensure compliance with Minnesota Statutes, the vision for the facility, specific operational requirements, and goals for staff-efficiency. The planning team, or some members of it, should continue to serve as an **operational transition team** during construction.

The phases of facility development are narratively described below. The consultants have also tried to provide some sense as to the degree of County-involvement required in each phase.

IV.F.2 Phase II Feasibility Study – 6 months (active County involvement is essential for success)

The purpose of the Feasibility Study is described fully in this Preliminary Work Plan. However, it is worth reiterating that its principal products – besides confirming the value of a joint facility – will be to answer all of the big questions about that facility. From a facility development standpoint, it is expected that it will provide the following answers:

- The number of beds that should be built.
- How beds should be distributed among different classifications of resident.
- Basic descriptions of facility philosophy, programs, mission and operations.
- Preliminary square footage needs in total and by each functional component (intake, housing, kitchen, etc.).
- Site requirements to include parking, recreational areas, etc.
- Site acreage required.
- Final selection of the site and option description
- Staffing required.
- Construction and project cost estimates, with cash flow projections.
- Operational cost estimates to include staffing costs.
- Updated project schedule

IV.F.3 Phase III Space/Operations/Staff Program – 4 months (active County involvement is essential for success)

Space/operations/staff programming is the last pre-design effort in the facility development process. It takes the broad conclusions about space and staff needs developed during the Feasibility Study phase and turns them into all of the details needed by Architects to design a facility. In that sense, the program can be thought of as the “instruction book” for the facility and the “source guide” for the client and Architect to be referenced during months of design and construction reviews as questions about original intent inevitably arise.

Expeditious completion of the program depends upon a solid Feasibility Study foundation. Bundling this Phase with the Feasibility Study phase work, rather than segregating them, certainly helps toward this goal.

It is recommended that site visits be conducted with representatives from both counties to inform county staff and Commissioners of contemporary juvenile facilities in operation in other jurisdictions prior to programming.

The final program report should include the following sections/information and should document all decisions made about the facility as programmed:

Task 1. Background Issues

- Scope, Context and History of the Project
- Facility Description
- Operational Principles

Task 2. Major Design Considerations

- Facility Mission, Goals, Character & Appearance
- Project Site Characteristics and Relationships
- Standards Compliance
- Components, Relationships, & Summary List
- Users and Accessibility
- Parking Requirements
- Security Concepts
- Design Principles
- Resident Classification & Separation Concepts
- Resident Supervision/Surveillance Approaches
- Expansion Options

Task 3. Detailed Component Descriptions (operational goal, function, policies, users, hours of operation, frequencies, security issues and space characteristics described narratively)

- Intake-Release
- Master Communications
- Administration/Records
- Staff Support
- Housing
- Exercise (indoor & outdoor)
- Visitation/Public Lobby

- Treatment Programs
- Academic and Vocational Education
- Health Care
- Food Services
- Laundry
- Miscellaneous Support (loading dock, central warehouse, mechanicals, building systems, etc.)
- Maintenance and Custodial Services
- Other

Task 4. Architectural Space Lists & Relationship Diagrams for each Component

- Space Lists
 - Space name
 - Space size
 - Numbers of spaces
 - Detail remarks
 - Hours of usage
 - Separate gross factors per component based on contemporary practices
 - Summary lists for overview
- Diagrams (as needed)
 - Macro diagrams identifying the relationships of all major components
 - Component diagrams identifying the relationships of individual spaces within a component
 - Special room diagrams graphically depicting the characteristics of special spaces

Task 5. Facility Staffing Plan and Operational Costs

- Narrative description of each staff post
- Shift relief factor for the different types of shifts
- Staff needs identified on a post-by-post, shift-by-shift basis on Staff Position Locator tables
- Costs generated by using updated staff salary and fringe data
- Updated life cycle costing

Task 6. Project Cost Estimate

- Updated construction and project cost estimates
- Updated operational cost estimates

In order to keep the process moving, it is critical that the **project delivery method** be determined before space programming is complete so that requests for proposals (RFPs) can be prepared and issued before this phase is over. As described earlier in this report, there are significant differences in project delivery methodologies each of which requires different sorts of RFPs, different sorts of professionals, and different sorts of fees.

IV.F.4 Phase IV Design – 10 months (various levels of involvement required)

There are three typical phases in the design process. Each is briefly described below.

IV.F.4.1 Schematic Design Phase (active County involvement is essential for success)

This phase is critical because it establishes the site plan, the building floor plan, expansion concepts and the look and feel of the facility. It is the phase where the basic design is firmly established and in which the counties will have the greatest opportunity to influence what the facility looks like as a public building. It is important to recognize that once this phase is completed there is no longer an expectation that the floor and site plans will change in any significant way. And for expeditious project progress to be made these decisions must be final.

Because of the importance of this phase to the counties, the consultant strongly recommends that county staff receive some training in how to understand, review and interpret drawings before the phase commences. It is also important that designers submit drawings to the counties in advance before review meetings so county staff has adequate time to digest what they are seeing and to prepare their questions and comments.

While everyone wants the project to move swiftly, this consultant believes that it is imperative that the schematic design phase have all the time needed to establish a floor plan that the counties fully understand and with which the counties are totally comfortable. If necessary, lost time can be made up more easily in later design stages. Remember, what is designed will last for decades and only has one chance to be designed correctly.

If state standards and code officials are amenable, it is wise to seek initial reviews from them at this phase to verify that the design is on the right track from their perspective. Inviting such reviews at this time makes it easier to develop the design with confidence knowing that officials are less likely to require changes later when changes are more costly and difficult to make. Most of the issues they care about are resolved during schematic design.

Once the schematic design phase is done, all of the subsequent phases will be focused on implementation rather than on changing already established designs.

IV.F.4.2 Design Development Phase (County involvement is moderate)

This phase is an intermediate step that accomplishes what the title implies; it further develops the plans established in schematic design. The goal in this phase is to refine the floor and site plans with a greater level of detail and to make decisions about basic materials and engineering systems for the building and site. In the case of a correctional facility, initial concepts about security systems and how they relate to the operations and staffing of the facility are developed. This intermediate phase also provides the opportunity to update construction and project cost estimates in response to these fundamental developments and to make changes if budget limitations are exceeded.

While the counties will be involved in reviews during this phase, the emphasis shifts more toward the work efforts of the professional team on developing the design, and less on client reviews.

IV.F.4.3 Construction Document Phase (County involvement is minimal)

This phase is principally where the professionals take over, creating the myriad drawings and written specifications necessary for construction bidding. While the counties will be involved to some degree, particularly in checking final finish choices and details of the security and hardware systems, this is a detailed phase where the professionals are applying their skills to prepare coordinated, comprehensive documentation in both drawing and written form of what is needed in the building.

Depending upon the time of year when the drawings are being done, early bids are sometimes sought in the classic design-bid-build format for things like site development and foundations. This is done to enhance the chance that a building envelope can be enclosed before the cold and snow of Minnesota's winter months might otherwise slow down the work. Once enclosed, a building can be heated such that detail interior work can proceed unabated.

The drawing and written specification documents that are the products of this phase are often referred to as "bid documents". Drawing packages can require 100 or more large drawing sheets (example: 30" x 42"), and written specifications can involve several hundreds of pages, to convey the information needed to prospective bidders.

It is recommended that the schedule allow for ample review time (at least two weeks) at the end of this phase. The intent is to review proposed construction documents for accuracy, completeness and coordination between what is required on the drawings and what is required within the written specifications (an area where conflicts frequently show up during construction). Such a final review can help minimize costly and time-consuming "change orders" during the construction process.

IV.F.4.4 Phase V Bidding & Negotiation – 2 months (County involvement is moderate)

This stage of the project is when the construction documents are "put on the streets" for any and all potential bidders on the project. Generally speaking, one month is allowed for the bidders to review the documents and construct their bids, and one month is allowed for signing contracts and getting ready to begin construction.

This phase is more or less dominated by the professionals and the client owners to the extent that they must formally accept a winning bid and manage the contracting process. The users, or planning team members, may become involved to the extent that bidders sometimes suggest substitute products during the course of bidding. If such substitutes directly affect their operations or product preferences, they should have a say in the matter.

It is recommended that by the end of this time frame, the counties should have established a budget for operational transition and have established the operational transition team. For continuity, and to avoid troublesome last minute changes, the consultant strongly recommends that the core of this team consist of some or all members of the planning team that has been on the project since the Feasibility Study phase. The goal is for the operational transition team to be up and running at the beginning of construction.

IV.F.4.5 Phase VI Construction – 20 months (County involvement is periodic)

This phase is focused on building the building and getting it ready to be occupied by the counties. The consultant estimates that the magnitude of this project is one that might allow it to be completed in a 20-month timeframe. However, there are many factors which might intervene that can extend this timeframe. For example, if the timing of the bids is such that the building cannot be enclosed before the winter months, there may be a delay in the

work until it can be enclosed. Also, depending upon the site selected there may be complications and site development challenges (including significant preparation work and demolitions) that extend the timeframe estimated herein.

The estimated construction timeframe needs to be updated by the Architectural and building professionals involved once more is known about the site selected, the design developed, and the specific challenges presented by each.

The involvement of the counties in this phase is routine but relatively minimal compared to the magnitude of the construction effort. Both County staffs should be represented at weekly progress meetings and certainly have to respond to pay requests from contractors. Architects (or CMs or Design-Builders) generally review these pay requests and make a recommendation as to their pay worthiness, as well as perform routine on-site inspections of the work. On-site Architect involvement can be once per week on average (the standard arrangement per American Institute of Architects [AIA] contracts) or more depending upon the amount of construction phase involvement desired by the client.

Counties sometimes have to become involved if there is a dispute between the Architect and the builder or if there are significant "change orders" to be considered. Change orders are often submitted because of conflicts between the drawings and the specifications (which is why a close final pre-bid review of bid documents was recommended earlier), but they sometimes arise because the owner or users change their mind about some detail or product when they actually see it for the first time during construction.

A critical part of the construction phase that should involve the counties to some degree, potentially the operational transition team in particular, is the "punch list" part of the process toward the end of construction. A punch list is essentially a long list of things that need to be fixed or finished in order to consider the building complete. Final payments should not be made until all punch list items are resolved.

Another critical part that directly involves the users of the facility is training in how to manage the security, fire alarm, electrical and mechanical systems of the building. Construction documents should always require that warranties be provided to the counties for all equipment and that on-site training be received in the operation of critical systems. The training should be accompanied by written and video documentation for the benefit of both current and future staff. This can and should be required as part of the written specifications.

IV.F.4.6 Phase VII Operational Transition – 20 months (active County involvement is essential)

The successful opening of a new correctional facility requires the timely completion of hundreds of tasks. Each must be completed well and on time to ensure the opening of the facility will be smooth and without incident.

"Transition" is a term used to describe the tasks that must be completed by an agency to successfully open a new correctional facility. It is a set of post-design activities that ensure the building, systems, equipment and supplies are ready at a prescribed point in time and that a sufficient number of adequately trained staff is ready to operate the new facility at the same point in time.

This phase, or effort, should occur at the same time with the construction process. This is strictly a county/user effort which requires significant time and commitment from the staff that would be on the recommended operational transition team. There are multiple tasks that should be performed by this team. A basic list of potential tasks is itemized below.

- *Organizing the transition process* — identifying what has to be done, who will be responsible by task, time frames for completion, and required resources; developing a transition plan; selecting a transition team; and, setting up a transition office.
- *Completing major work tasks* — drafting 150-200 detailed operational scenarios, 100-150 policies and procedures, and post orders for each staff post; finalizing the staffing plan; completing the master facility schedule; finalizing furnishings, equipment and supplies lists; preparing a resident handbook and orientation video; and, procuring furnishings, equipment, supplies and services.
- *Hiring and training new staff* — developing a staff activation plan and schedule; preparing staff training materials; recruiting and hiring new staff; training new staff (basic academy and on-the-job-training in the old building); and, training new and existing staff to operate the new building and its new security and engineering systems (including temperature, fire control and so forth).
- *Preparing the building for occupancy* — preparing an occupancy plan and timeline; establishing building security; controlling entry via a staffed checkpoint; staffing master communications; testing all systems and equipment repeatedly; receiving, inventorying and installing equipment and furnishings; ordering and stocking supplies; arranging mock operations; conducting public tours; and, completing a final cleaning, final search and final systems check just prior to moving inmates.
- *Moving the residents* — developing a detailed move plan to move residents, staff, equipment and supplies; starting up support services (food service, laundry, maintenance, and medical); orienting facility users; re-classifying and orienting residents; making the move from the old building to the new; and, shutting down the old building(s).
- *Post occupancy evaluation* — closely monitoring daily operations to detect problems; revising the master daily schedule, policies, procedures, post orders, the resident handbook, etc. to fine tune daily operations; and re-train staff as necessary.

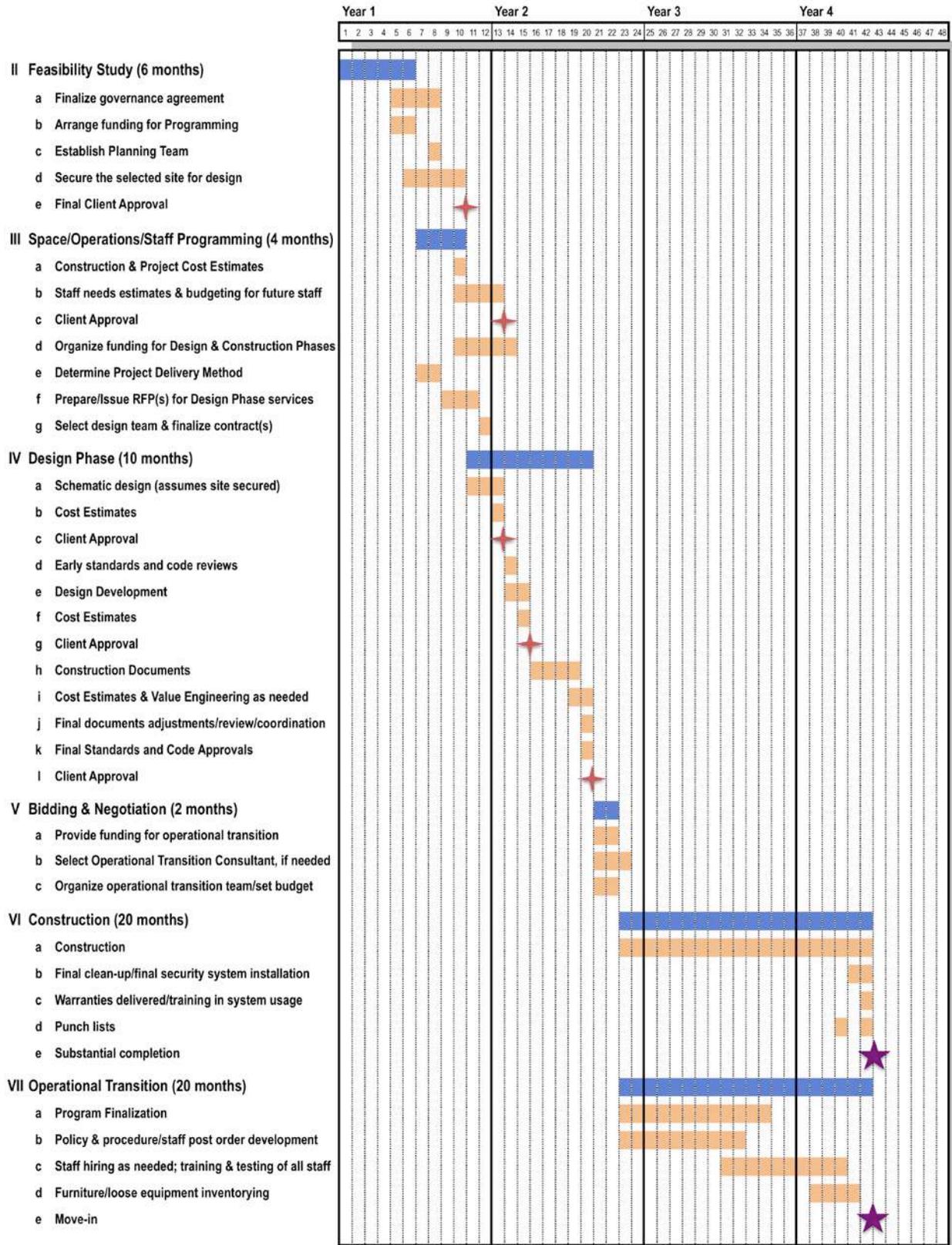
These major work tasks break down into several hundred tasks, sub-tasks and activities that must be carefully planned and completed to successfully open the new facility. They require thousands of staff hours to complete and produce numerous essential work products: i.e., a new policies and procedures manual; new post orders; a master facility schedule; staff training materials; a resident handbook; furnishings, equipment and supplies procurement lists; a move plan; etc.

IV.F.4.7 Graphic Timeline

The graphic version of the timeline presented above appears on the following page.

PRELIMINARY FACILITY DEVELOPMENT TIMELINE Ramsey-Hennepin Counties Joint Juvenile Corrections Facility

February 28, 2015



IV.F.4.8 Ways in which the Facility Development Schedule can be Accelerated

There are some ways to accelerate the Facility Development Schedule so as to bring about a final result in the shortest time possible. Below are some recommended ways in which this can be accomplished.

1. The counties should anticipate and prepare for next steps while phases of the process are commencing to ensure the continuous movement from one phase of the Project to another with minimal or no delays. This means commitment to a tight, pre-determined schedule, the early preparation of selection processes as needed, and the arrangement of needed project financing in advance of each phase.
2. Create a project leadership team that can initiate each phase in a timely fashion, and provide critical project-related, owner-level answers to designer and builder questions expeditiously and authoritatively within reasonable parameters established by the Counties (by type of issue and dollar amount for example).
3. Create a planning team that can be readily available for programming, design and construction review meetings with consultants during each phase of the process, and pre-plan the dates of as many consultant-participant meetings as possible. Key participants on this team should be the same through each step of the process for continuity, which will itself speed the process.
4. Bundle phases of the process so as to reduce the time needed for RFP development and selection processes. For example, the Feasibility Study phase could be bundled with the detailed Space, Operations and Staff Programming phase rather than being treated as separate phases with separate selection processes, negotiations, contracting and timeframes. Additionally, site visits to other juvenile facilities can be bundled in the Feasibility Study so that these tours will inform the space planning phase.
5. Undergo design review training so that planning team members understand from the beginning how to read and interpret drawings. This makes their responses to proposed designs more responsive and authoritative, and reduces the prospects of later time-consuming changes that result from a lack of early understanding. Related to this, insist that designers deliver review drawings one to two days before meetings so that reviewers come prepared with comments the designer can count on. The National Institute of Corrections offers a design review seminar to government entities. While their target audience is typically jurisdictions designing adult jails, the principles and skills taught would apply to this project as well.
6. Once the facility is designed, take early bids on basic items such as site improvements and foundations, particularly if that increases the chances of enclosing the building before cold winter months otherwise limit work progress.
7. Ensure that prior to bidding that there is a thorough review and coordination of construction bid documents so as to minimize information conflicts that lead to later disputes and delays in construction.
8. At the advent of construction, or sooner, fund and initiate an operational transition process with a transition team in place that can ensure that the project is properly staffed, trained and ready for occupancy as soon as construction is complete. The transition team can be an augmented extension of the planning team.

V. Conclusion and Recommendations

V.1 A joint facility will expand services to youth and families in both Counties

The following gaps in services have been identified in Phase I that could be fulfilled if both counties jointly pooled their resources and collaborated on a joint facility:

1. Ramsey County has no residential treatment center for sex offenders.
2. Ramsey County has no residential treatment in the County for females.
3. Hennepin County operates treatment programs for females that are needed in Ramsey County.
4. Ramsey County operates a long-term program for males. Hennepin County places youth out-of-county for this service.
5. Ramsey County has an on-site clinical director which Hennepin County does not have but believes is needed.
6. Ramsey County operates a Day Treatment Program that Hennepin County is interested in using.
7. Both Counties wish to reduce the number of youth sent out-of-county for services and to bring back home a portion of these youth currently housed in other facilities.
8. Both Counties wish to strengthen their culturally-responsive programming and could maximize their existing staff resources through collaboration.
9. Both Counties believe that the staff training could be strengthened, and that training will be enhanced through consolidation.
10. Recreational facilities that are age appropriate are not fully developed and could be improved since physical fitness and team sports are important to a child's physical conditioning and to their ability to work with others in a constructive way.
11. Vocational training programs are not fully developed at either facility and could be improved in collaboration with the school districts in both counties for the older youth aging out of the human services and juvenile justice system.
12. Transition planning could be improved for both counties so that it begins at admission to the facility, is finalized near one's discharge date and continues on into aftercare to prevent any disruption in the provision of services needed to prevent relapse. More active engagement with various public, private and community agencies (e.g. Child Welfare, Education, Mental Health, Public Health, Workforce Development, service providers, faith-based and civic organizations) in the youth's life is needed to enhance transition planning.
13. Counties could do better to ensure that facility case managers and aftercare staff are knowledgeable about appropriate matching of services within the facility and in the community prior to release.
14. Relationships of the case management staff in the facility and aftercare staff can be enhanced to ensure a smoother transition at discharge for successful reentry.
15. Consistent provision of psychiatric services and medication management are not yet fully achieved.
16. Since parents are critical to the youth's success, they could be greater empowered to participate in assessment, in treatment planning and in the completion of their child's treatment program.
17. Training in parenting skills, parent/child conflict resolution skills, parent education about child development and the factors that contribute to their child's criminogenic behaviors are not yet fully developed in current programming.

As noted, Hennepin County spent an additional \$6,266,425 sending youth to residential treatment and short-term consequence programs in out-of-county facilities, excluding Red Wing in 2014. Likewise, Ramsey County spent \$1,390,002 on placements at out-of-county facilities in 2014, excluding Red Wing. These expenditures are anticipated to be reduced by bringing back a portion of these youth currently being served in other facilities and maximizing the community-based continuum of care. From a public service perspective, the consultant recommends proceeding with a joint facility that could fill the identified gaps in service that currently exist within each County.

V.2 Advantages of a joint facility for both Counties

Based on the information analyzed in Phase I and after receiving input from all committees working on this project, the consultant identified the following specific advantages that could be realized by creating a joint treatment facility between Hennepin and Ramsey Counties.

1. By pooling existing resources, both counties will fill gaps in services that are present in each County thus leading to expanded programs and services that will benefit youth and their families in both Counties.
2. Keeps youth close to home and brings other youth back from out-of-county/out-of-state placements thus creating more effective, local programming which better reinforces family and community ties.
3. Both County's needs will be equally considered and represented, assuming the governance model selected afforded a democratic process to ensure this.
4. The joint facility will blend the knowledge and talent among the staff in both counties to advance current evidence-based models leading to greater reductions in recidivism.
5. An expanded community-based continuum of care will result thus enhancing services to youth and their families and reducing the number of youth who will need to be placed outside of the home.
6. Both counties will have a fair, equitable distribution of costs.

It is anticipated that the per-bed operational costs will decline because of a joint facility for the following reasons:

- a. Consolidation will reduce duplication of administrative services and costs that would be inherent in operating two stand-alone facilities.
- b. Staff among both Counties can be consolidated and no longer duplicated thus reducing staff costs:
 1. A joint facility will need only one facility administrator and one clinical director.
 2. The number of staff needed to operate a contemporary facility will likely be less per bed than the number of staff needed to supervise old, inefficient buildings.
- c. Economies of scale should leverage less costs for food, supplies and contracted services.
- d. Overall land usage and site costs are reduced. The footprint of one combined facility requires less square footage than two separate, stand-alone facilities.
- e. Site acquisition and site development costs are shared for the construction of one facility rather than two.
- f. The creation of one new, energy-efficient building meeting contemporary design and energy standards (potentially LEEDS rated) will result in lower utility and maintenance costs than would two separate facilities.

V.3 Which model best fits both Counties' goals

The consultants propose that the best model for consideration by Hennepin and Ramsey Counties is a joint participation model whereby each County contributes proportionally (relative to the anticipated usage) to the cost of the design, site, construction, operation and maintenance of the facility. In Hennepin and Ramsey Counties, the consultants believe that the best governance structure should provide joint representation and participation in programming and operational decisions. This could be accomplished by creating a new entity as the new owner/employer or by designating one of the two counties as the lead entity/employer but assuring that both counties participate jointly in decisions regarding programs and policies, operation and maintenance under a Joint Powers Agreement and under the oversight of a governing board. With either option, the consultant recommends the wages, salary structure and collective bargaining unit fall under the rules of one single entity and staff be hired and supervised by the entity that operates the facility.

Of the various models examined in Phase I, the consultants identified more advantages to a joint participation model (Joint Ownership Model or the Hybrid Joint Participation with Designated Lead County Model) rather than having one county operate a facility with the other county solely renting beds and to continue to operate two stand-alone juvenile facilities in close proximity to one another. The advantages are:

1. A joint participation model offers greater potential for partnership on all issues by maximizing synergies among two remarkable partners who could not or choose not to accomplish this goal on their own.
2. An innovative and collaborative approach at solving mutual problems of juvenile crime and the need for this level of intervention in both counties.
3. A joint participation model offers a democratic process ensuring that the needs of each county are met.
4. Reduced costs by cost sharing, and reducing duplication.
5. Fills gaps in services in programming (sex offenders, female programming, long-term program, day treatment, clinical director).
6. Ensures that more youth can be kept close to home and returned from facilities located outside of each county.
7. Culturally-responsive programming can be better delivered by maximizing existing staff resources in both counties.
8. Eliminates the need for duplicate administrative functions among each county for personnel matters, procurement activities, accounting and budgeting.
9. Risk in offering residential services and supervising employees is shared by each County.
10. Pooling of economic resources has shown in other Minnesota and other jurisdictions to lead to expansion and effectiveness of services to youth and families.
11. Experience has shown in other Minnesota and other jurisdictions that joint participation has expanded the continuum of care for youth and for the juvenile justice system.
12. Jointly develop new job classes tailored to the new program.
13. Joint training of the blended staff from both Counties will improve overall delivery of services.
14. Clear lines of authority now replace multiple lines of authority that exist between two Counties when one entity operates the facility.
15. A joint participation model (Joint Ownership or Hybrid Model) offers a single employer (joint board) for collective bargaining purposes making it much easier to unify employees.