DEPARTMENT OF ADMINISTRATION
REAL ESTATE & CONSTRUCTION

REQUEST FOR INFORMATION

November 3, 2025

To: All interested Parties
Re: Request for Information

The State of Minnesota, Department of Administration ("State") is issuing this Request for Information ("RFI") on behalf of Direct Care and Treatment ("DCT") to gather information on the availability to lease existing or newly constructed freestanding buildings of approximately twenty thousand (20,000) to thirty five thousand (35,000) usable square feet for a sixteen (16) bed inpatient hospital or residential treatment facility or supervised living facility within a 35 mile radius of the following cities: Annandale, Rochester, Baxter, Alexandria, Bemidji, Carlton, Hermantown, Duluth, Anoka, St. Peter, Wadena and Moose Lake.

DCT, the only system of its sort, size and breadth in Minnesota, plays a special role and holds a special place in the State of Minnesota's mental health of continuum of care. DCT is a modern behavioral health care system that has the clinical expertise, staff and facilities to care for patients and clients with complex conditions in safe, secure and therapeutic settings across Minnesota.

DCT's Mental Health and Substance Abuse Treatment Services (MHSATS) division operates a wide range of inpatient psychiatric hospitals and residential treatment programs that serve individuals with mental illness, developmental disabilities, chemical dependency and substance abuse disorders. About 12,000 people receive direct care services each year at 150 sites statewide. The Community Behavioral Health Hospitals (CBHH), Community Addiction Recovery Enterprise (CARE) program and Minnesota Specialty Health System (MSHS) operate under the umbrella of MHSATS. CBHH, CARE and MSHS facilities are licensed by the Minnesota Department of Human Services and/or the Minnesota Department of Health and/or accredited by The Joint Commission depending on the program.

This RFI is being released strictly for the purpose of gaining knowledge of potential locations for lease of a 16 bed inpatient hospital and/or residential treatment facility and/or supervised living facility for the potential operation of a CBHH, CARE or MSHS program. See Attachment B for the Space Program Requirements. The State will neither pay for any information requested herein nor is it liable for any costs incurred in preparing a response to this RFI. The State reserves the right to contact responders and request additional information, to tour the property and/or schedule meeting(s). Responses to this RFI will be considered non-public information until such time as a lease contract is executed.

This RFI should not be construed as an intent, commitment, or a promise to contract for the solutions offered. Information submitted in response to this RFI will become property of the State of Minnesota.

Responses
Please submit your response to all RFI questions on Attachment A of this document and provide additional information as necessary. Please email all responses to the identified Agency Contact below with "RFI – Direct Care and Treatment" in the subject line.

Response Deadline
Provide a response to this RFI between November 26, 2025 and June 30, 2026 to the designated Agency Contact.

Questions/Clarifications
Direct any questions and/or requests for clarification regarding the RFI to the contract listed below. **Please submit questions or requests for clarification in a written format.**

Agency Contact
E-Mail Address: RECS.Leasing.ADM@state.mn.us

Internet Posting
This RFI and any addenda hereto will be posted on the State of Minnesota's Department of Administration's Leasing and Solicitations webpage: https://mn.gov/admin/lease-solicitations

We appreciate your consideration in responding to this RFI.

Attachment A

This RFI is being issued specifically to address the following items:

1. Please provide the property address, detailed description and photos of the proposed property.

2. Please provide the floor plans of the proposed building including the approximate square feet of the proposed building, the site plan of the proposed property and the land size.

3. Please provide evidence of property ownership or authorized representation by the owner of the location(s) being proposed.

4. Please include documentation of approval of intended land use for the proposed property by appropriate authories with jurisdiction over such use. The occupancy classification of the proposed building and site is “I-2” pursuant to the International Building Code (IBC).

5. Please provide the approximate monthly gross rent (including but not limited to utilities, real estate taxes and association fees, if any).

6. Please confirm a ten (10) year rental term is acceptable, with two (2) options to renew for five (5) years each.

7. Please describe accessibility features or challenges for the building and site.

8. Please confirm the ability and willingness of owner/proposer to make improvements that may be requested to address any security, accessibility, licensing requirements or other items identified by the State to meet DCT CBHH, CARE and MSHS program requirements.

9. Would costs for the improvements be amortized over the lease term or would the reimbursement for the improvements need to be included in the initial rent payment? Would the proposer offer any tenant improvement allowance or free rent as a lease incentive?

10. Are you open to a meeting to follow up on any questions the State may have related to your responses to this RFI?

Attachment B

Space Program Requirements