

# **JOINT STATE GOVERNMENT COMMISSION**

**General Assembly of the Commonwealth of Pennsylvania**

## **CONVERSION OF UNUSED STATE PROPERTY INTO DRUG TREATMENT FACILITIES**

**A STAFF STUDY**

**AUGUST 2020**



*Serving the General Assembly of the  
Commonwealth of Pennsylvania Since 1937*

**REPORT**

*Conversion of Unused State Property Into Drug Treatment Facilities*

**Project Manager:**

Bryan W. DeWalt, Public Policy Analyst

**Project Staff:**

Ronald Grenoble, Assistant Counsel  
Allison N. Kobzowicz, Public Policy Analyst  
Frank M. Lill, Public Policy Analyst  
Wendy L. Baker, Executive Assistant

*With assistance from*  
**Local Government Commission**  
Julia Frey, Research Analyst  
Wanda Dehan, Legal Counsel

The report is also available at <http://jsg.legis.state.pa.us>

## JOINT STATE GOVERNMENT COMMISSION

Room 108 Finance Building  
613 North Street  
Harrisburg, PA 17120-0108

**Telephone:** 717-787-4397  
**Fax:** 717-783-9380  
**E-mail:** [jntst02@legis.state.pa.us](mailto:jntst02@legis.state.pa.us)  
**Website:** <http://jsg.legis.state.pa.us>

The Joint State Government Commission was created in 1937 as the primary and central non-partisan, bicameral research and policy development agency for the General Assembly of Pennsylvania.<sup>1</sup>

A fourteen-member Executive Committee comprised of the leadership of both the House of Representatives and the Senate oversees the Commission. The seven Executive Committee members from the House of Representatives are the Speaker, the Majority and Minority Leaders, the Majority and Minority Whips, and the Majority and Minority Caucus Chairs. The seven Executive Committee members from the Senate are the President Pro Tempore, the Majority and Minority Leaders, the Majority and Minority Whips, and the Majority and Minority Caucus Chairs. By statute, the Executive Committee selects a chairman of the Commission from among the members of the General Assembly. Historically, the Executive Committee has also selected a Vice-Chair or Treasurer, or both, for the Commission.

The studies conducted by the Commission are authorized by statute or by a simple or joint resolution. In general, the Commission has the power to conduct investigations, study issues, and gather information as directed by the General Assembly. The Commission provides in-depth research on a variety of topics, crafts recommendations to improve public policy and statutory law, and works closely with legislators and their staff.

A Commission study may involve the appointment of a legislative task force, composed of a specified number of legislators from the House of Representatives or the Senate, or both, as set forth in the enabling statute or resolution. In addition to following the progress of a particular study, the principal role of a task force is to determine whether to authorize the publication of any report resulting from the study and the introduction of any proposed legislation contained in the report. However, task force authorization does not necessarily reflect endorsement of all the findings and recommendations contained in a report.

Some studies involve an appointed advisory committee of professionals or interested parties from across the Commonwealth with expertise in a particular topic; others are managed exclusively by Commission staff with the informal involvement of representatives of those entities that can provide insight and information regarding the particular topic. When a study involves an advisory committee, the Commission seeks consensus among the members.<sup>2</sup> Although an advisory committee member may represent a particular department, agency, association, or group, such representation does not necessarily reflect the endorsement of the department, agency, association, or group of all the findings and recommendations contained in a study report.

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<sup>1</sup> Act of July 1, 1937 (P.L.2460, No.459); 46 P.S. §§ 65–69.

<sup>2</sup> Consensus does not necessarily reflect unanimity among the advisory committee members on each individual policy or legislative recommendation. At a minimum, it reflects the views of a substantial majority of the advisory committee, gained after lengthy review and discussion.

Over the years, nearly one thousand individuals from across the Commonwealth have served as members of the Commission's numerous advisory committees or have assisted the Commission with its studies. Members of advisory committees bring a wide range of knowledge and experience to deliberations involving a particular study. Individuals from countless backgrounds have contributed to the work of the Commission, such as attorneys, judges, professors and other educators, state and local officials, physicians and other health care professionals, business and community leaders, service providers, administrators and other professionals, law enforcement personnel, and concerned citizens. In addition, members of advisory committees donate their time to serve the public good; they are not compensated for their service as members. Consequently, the Commonwealth receives the financial benefit of such volunteerism, along with their shared expertise in developing statutory language and public policy recommendations to improve the law in Pennsylvania.

The Commission periodically reports its findings and recommendations, along with any proposed legislation, to the General Assembly. Certain studies have specific timelines for the publication of a report, as in the case of a discrete or timely topic; other studies, given their complex or considerable nature, are ongoing and involve the publication of periodic reports. Completion of a study, or a particular aspect of an ongoing study, generally results in the publication of a report setting forth background material, policy recommendations, and proposed legislation. However, the release of a report by the Commission does not necessarily reflect the endorsement by the members of the Executive Committee, or the Chair or Vice-Chair of the Commission, of all the findings, recommendations, or conclusions contained in the report. A report containing proposed legislation may also contain official comments, which may be used to construe or apply its provisions.<sup>3</sup>

Since its inception, the Commission has published almost 400 reports on a sweeping range of topics, including administrative law and procedure; agriculture; athletics and sports; banks and banking; commerce and trade; the commercial code; crimes and offenses; decedents, estates, and fiduciaries; detectives and private police; domestic relations; education; elections; eminent domain; environmental resources; escheats; fish; forests, waters, and state parks; game; health and safety; historical sites and museums; insolvency and assignments; insurance; the judiciary and judicial procedure; labor; law and justice; the legislature; liquor; mechanics' liens; mental health; military affairs; mines and mining; municipalities; prisons and parole; procurement; state-licensed professions and occupations; public utilities; public welfare; real and personal property; state government; taxation and fiscal affairs; transportation; vehicles; and workers' compensation.

Following the completion of a report, subsequent action on the part of the Commission may be required, and, as necessary, the Commission will draft legislation and statutory amendments, update research, track legislation through the legislative process, attend hearings, and answer questions from legislators, legislative staff, interest groups, and constituents.

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<sup>3</sup> 1 Pa.C.S. § 1939.



*General Assembly of the Commonwealth of Pennsylvania*

**JOINT STATE GOVERNMENT COMMISSION**

Room 108 – Finance Building

Harrisburg, Pa 17120

717-787-4397

Fax 717-783-9380

August 2020

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*Administrative Staff:*

**GLENN J. PASEWICZ**  
Executive Director

**YVONNE M. HURSH**  
Counsel

To the Members of the General Assembly of Pennsylvania:

House Resolution 147 of 2019 directed the Joint State Government Commission to study how unused properties owned by the Commonwealth might be repurposed for new uses, particularly for use as drug treatment centers. This report reviews existing laws that control how state properties are transferred to public and private entities, provides examples of previous state buildings that have been converted to new purposes, and lists the requirements to license a new treatment center. The report also provides an overview of vacant properties owned by the Commonwealth that might be available for reuse and details the types of services commonly offered by drug treatment centers.

Joint State wishes to extend its thanks to the staff of the Local Government Commission for its assistance during the writing of this report.

Respectfully submitted,

Glenn J. Pasewicz  
Executive Director



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## INTRODUCTION

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House Resolution 147 of 2019 directed the Joint State Government Commission to study how unused properties owned by the Commonwealth might be repurposed for new uses, particularly for use as drug treatment centers to aid the recovery of Pennsylvanians affected by substance use disorder (SUD). This report reviews existing laws that control how state properties are transferred to public and private entities, provides examples of previous state buildings that have been converted to new purposes, and lists the requirements to license a new treatment center. The report will also provide an overview of vacant properties owned by the Commonwealth that are available for reuse and detail the types of services commonly offered by drug treatment centers.

### *Background on Substance Use Disorder in Pennsylvania*

Drug use, specifically of highly addictive substances like opioids has been one of the most significant public health problems facing Pennsylvania for decades. According to the Commonwealth's online data portal, over 287,000 Pennsylvania residents struggle with substance use disorder (SUD), a disease that limits a person's ability to control how much they use regulated or unregulated substances.<sup>4</sup> In 2018, there were over 4,415 overdose fatalities in Pennsylvania, 65 percent of which involved opioids. Pennsylvania ranks fourth among states in terms of opioid deaths per 1,000 people when adjusted for age.<sup>5</sup> Substance use is not limited only to illicit substances, as alcohol use is the most prevalent drug-related disease. In January of 2020, Pennsylvania was ranked 16<sup>th</sup> among the states per alcohol consumption, and over a quarter of the adults in the state binge drink.<sup>6</sup> While the prevalence of alcoholism among adults in Pennsylvania is unknown, nation-wide it is 5.8 percent.<sup>7</sup> Beyond risk of death, SUD can lead to other chronic health conditions. For example, in 2017 the Commonwealth reported 126 new cases of HIV associated with drug use and 14.8 cases of Neonatal Abstinence or Opioid Withdrawal Syndromes per 1,000 births within the state.<sup>8</sup>

Pennsylvania has employed a wide array of methods in recent years to try to reduce the number of drug overdose deaths. Preventative measures taken include the establishment of a hotline number, drug return boxes, the introduction of a prescription drug monitoring program, and public awareness and education campaigns about substance use. The Commonwealth's decision to expand Medicaid in 2015 helped ensure that low income residents could have

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<sup>4</sup> "Opioid Data Dashboard," *Open Data PA.gov*, accessed July 20, 2020, <https://data.pa.gov/stories/s/Pennsylvania-Opioids/9q45-nckt/>.

<sup>5</sup>NIDA, *Pennsylvania: Opioid-Involved Deaths and Related Harms*, National Institute on Drug Abuse, May 1, 2020, <https://www.drugabuse.gov/drug-topics/opioids/opioid-summaries-by-state/pennsylvania-opioid-involved-deaths-related-harms>.

<sup>6</sup> "Which Americans are the Drunkest," *safehome.org*, January 8, 2020, <https://www.safehome.org/drunkest-americans/>.

<sup>7</sup>NIDA, *Pennsylvania: Opioid-Involved Deaths and Related Harms*.

<sup>8</sup> *Ibid.*

affordable access to treatment. By 2018, the treatment of 124,000 people with opioid related SUD was covered by the program.<sup>9</sup>

Pennsylvania has made significant strides in the use of medication to treat substance use disorder. One example is Naloxone which can reverse the effects of overdoses and treat addiction. Since 2016, Naloxone has been administered over 37,300 times by first responders throughout the state in hopes of preventing opioid related-deaths. Recent years have also shown an increase in the number of Naloxone prescriptions used in outpatient drug treatment from 1,400 to 17,200. Additionally, individuals undergoing medication assisted treatment have risen by 52 percent over a 4 year period between 2015 and 2019.<sup>10</sup> The efforts to treat and prevent drug use in recent years have shown signs that they may be bearing fruit with the number of drug-related deaths in the state decreasing by 18 percent between 2017 and 2018, the first decrease in over 5 years.<sup>11</sup>

### *Recent Developments in Response to the Covid-19 Pandemic*

The Covid-19 pandemic proved to be one of the greatest challenges facing the nation today, and is transforming nearly every aspect of daily life in Pennsylvania. While public life in the state may seem at a stand-still due to the pandemic, it has not diminished the state's opioid crisis, nor prevented high levels of alcohol consumption. What the pandemic has done is make SUD treatment more difficult. Experts worry that secondary side effects of the pandemic could include high levels of anxiety and mental distress which may cause some to turn to substance use as a coping mechanism.<sup>12</sup>

Pennsylvania's Secretary of the Department of Drug and Alcohol & Programs (DDAP) recognizes the importance of continuing treatment for existing patients during the pandemic as well as continuing to accept new patients for screening.<sup>13</sup> Current evidence suggests that substance users who smoke or vape may be at a greater risk for complications arising from Covid-19, as are those addicted to opioids or methamphetamines with weakened respiratory systems.<sup>14</sup> In preparation for the outbreak, some facilities have applied for state grants to hire emergency staffing and to subsidize the purchase of supplies such as masks, disinfectants, and thermometers. Facilities with more space are examining the possibilities of using reusing areas as an emergency quarantine

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<sup>9</sup> "Getting People into Treatment," *Open Data PA.gov*, accessed July 20, 2020, <https://data.pa.gov/stories/s/Treatment/fvkv-eumb>.

<sup>10</sup> "Opioid Data Dashboard," *Open Data PA.gov*.

<sup>11</sup> "Getting People into Treatment," *Open Data PA.gov*.

<sup>12</sup> "Coping with Stress," *Centers for Disease Control and Prevention.gov* Updated July 1, 2020, accessed July 20, 2020, <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html>.

<sup>13</sup> "Pennsylvania Secretary of Drug and Alcohol Programs Jen Smith Reminds Public That Substance Use Disorder Treatment Centers are Open and New Patients are Being Admitted Amid COVID-19," *Recovery Centers of America.org*, July 20, 2020, <https://recoverycentersofamerica.com/news/substance-use-disorder-treatment-update-amid-covid-19/>.

<sup>14</sup> "COVID-19: Potential Implications for Individuals with Substance Use Disorders." National Institute on Drug Abuse, 7 Jul. 2020, <https://www.drugabuse.gov/about-nida/noras-blog/2020/04/covid-19-potential-implications-individuals-substance-use-disorders>.

space in case of an outbreak at a facility. Unlike hospitals, unfortunately, treatment centers often do not have negative pressure rooms to isolate air.<sup>15</sup>

Space in shelters is limited making it difficult to maintain the recommended social distancing of six feet, particularly in shared bedrooms. Pennsylvania Department of Health Secretary Dr. Rachel Levine announced plans to provide a private quarantine space for people undergoing treatment who were unable to return home at undisclosed locations.<sup>16</sup> Further, the higher likelihood of homelessness among those with SUD creates difficulty: there is no option to send them home if a treatment center needs to close.

Given the severity of the situation, increasing Pennsylvanians' access to substance abuse treatment is vital to improving public health. One method of achieving this goal is by increasing the number of treatment centers available throughout the state to help meet current demand. A review of the vacant property inventory by the Department of General Services (DGS) shows that there are over 40 individual sites that are currently vacant.<sup>17</sup> Unfortunately, there are no easy means to determine whether unused state property will be suitable for conversion into a drug treatment center. Each property must be considered within the parameters of specific factors unique to each building, such as the local regulatory and zoning requirements, the current physical condition of the building, whether existing utilities such as electricity have the capacity to accommodate modern usage, the level of local community support and an analysis of whether it would be more cost efficient to build a new facility rather than restore an older one.

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<sup>15</sup> Aneri Pattani, "Quarantining patients at Pa. Drug treatment centers could pose risk, but many have nowhere else to go," *The Philadelphia Inquirer*, updated March 24, 2020, <https://www.inquirer.com/health/coronavirus/spl/pennsylvania-coronavirus-rehab-opioid-treatment-20200324.html>.

<sup>16</sup> *Ibid.*

<sup>17</sup> DGS, *Land and Building Inventory*, accessed March 23, 2020, <https://www.dgs.pa.gov/RealEstate/Pages/default.aspx>



## **SUBSTANCE USE TREATMENT FACILITIES**

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In 2018, more than 14,000 facilities throughout the United States providing substance use treatment were listed on an annual census by the National Survey of Substance Abuse Treatment Services (N-SSATS). A majority of the responding facilities were private organizations, with 52 percent being non-profit and 38 percent for-profit. Of the remaining 10 percent, only 2 percent were operated by a state government. The facilities provided a variety of services, including outpatient treatment, residential (non-hospital) treatment and hospital inpatient treatment. Approximately 10 percent of all treatment facilities offered medication assisted therapy (MAT). Pennsylvania ranked fifth in terms of total number of substance use treatment facilities, with 578.<sup>18</sup>

Outpatient behavioral treatment involves individual or group drug counseling for patients who visit a behavioral health counselor on a regular schedule. Treatment is sometimes intensive at first, but can transition to regular outpatient treatment which meets less often and for fewer hours per week to help sustain their recovery, such as:<sup>19</sup>

- cognitive-behavioral therapy, which helps patients recognize, avoid, and cope with the situations in which they are most likely to use drugs;
- multidimensional family therapy—developed for adolescents with drug abuse problems as well as their families—which addresses a range of influences on their drug abuse patterns and is designed to improve overall family functioning;
- motivational interviewing, which makes the most of people's readiness to change their behavior and enter treatment; and
- motivational incentives (contingency management), which uses positive reinforcement to encourage abstinence from drugs.

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<sup>18</sup> U.S. Department of Health & Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), *National Survey of Substance Abuse Treatment Services (N-SSATS): 2018 Data on Substance Abuse Treatment Facilities*, September 2019. <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSSATS-2018.pdf>.

<sup>19</sup> National Institute on Drug Abuse, “Treatment Approaches for Drug Addiction,” Revised January 2019, <https://www.drugabuse.gov/publications/drugfacts/treatment-approaches-drug-addiction>.

Inpatient or residential treatment can also be very effective, especially for those with more severe problems. Licensed residential facilities offer 24-hour structured and intensive care aimed at helping the patient live a drug-free, crime-free lifestyle after treatment, offer safe housing and medical attention. Residential treatment facilities may use a variety of therapeutic approaches, such as:<sup>20</sup>

- Therapeutic communities, which are highly structured programs in which patients remain at a residence, typically for 6 to 12 months. The entire community, including treatment staff and those in recovery, act as key agents of change, influencing the patient’s attitudes, understanding, and behaviors associated with drug use;
- shorter-term residential treatment, which typically focuses on detoxification as well as providing initial intensive counseling and preparation for treatment in a community-based setting; and
- recovery housing, which provides supervised, short-term housing for patients, often following other types of inpatient or residential treatment. Recovery housing can help people make the transition to an independent life—for example, helping them learn how to manage finances or seek employment, as well as connecting them to support services in the community.

Pennsylvania’s Department of Drug and Alcohol Programs (DDAP) coordinates and leads the Commonwealth’s effort to prevent and reduce SUDs through the Single County Authorities (SCAs), their contracted providers and the community at large. It is understood that SCAs are different in their geography, economics, population demographics and density and therefore the SCAs are afforded the flexibility to develop their service delivery system in response to community needs.

To plan for the demand and development of new resources based upon unmet needs, SCAs are required submit a treatment needs assessment to DDAP. The needs assessment must be completed in accordance with the DDAP report schedule. In addition, a treatment plan provides the opportunity for SCAs to present information on how they are providing the best care and treatment, in the most efficient and effective manner. The information provided by the SCAs contributes significantly to the Commonwealth’s ability to detect patterns of unmet needs and to provide a strategic view to funding agencies about what must be done to improve the treatment service system.<sup>21</sup>

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<sup>20</sup> *Ibid.*

<sup>21</sup> Pennsylvania Department of Drug and Alcohol Programs, *Treatment Manual*, revised December 2019, <https://www.ddap.pa.gov/Documents/Agency%20Manuals/Treatment%20Manual.pdf>.

In order to receive state and federal funding, counties are required to designate an agency to function as the SCA or relinquish oversight to DDAP, which selects and contracts with an independent commission. Responsibilities for the federal funds include the delivery and oversight of prevention, intervention/treatment and treatment-related services pertaining to substance use and problem gambling disorders. Each SCA can operate as the functional unit and provide the treatment activities directly. In addition to the direct services, the SCA must enter into a fee for service contract with at least one provider for each of the following service activities in the continuum of care:<sup>22</sup>

- outpatient to include intensive outpatient (adult and adolescent);
- partial hospitalization (adult);
- halfway house (adult);
- medically monitored detoxification (adult); and
- medically monitored residential (adult, adolescent, and women with children).

### *State Licensed Facilities*

DDAP's Division of Drug and Alcohol Program Licensure's mission is to ensure that the residents of the Commonwealth have access to appropriate treatment for their drug and/or alcohol use or addiction within a safe environment. Any entity that provides drug and alcohol addiction treatment services is required to be licensed for the specific drug and alcohol addiction activity or activities being provided. The division functions as the regulatory agency responsible for the licensure of drug and alcohol addiction facilities operating in the Commonwealth.

A drug and alcohol addiction setting may be either free-standing or under the administration of a health care facility, and the addiction treatment and rehabilitation settings for which licensure is required include:<sup>23</sup>

*Freestanding treatment facility* - the setting in which drug and alcohol treatment services take place that is not located in a health care facility. The majority of drug and alcohol facilities take place in a freestanding treatment facility.

*Health care facility* – encompasses general, tuberculosis, chronic disease or other type of hospitals - but not hospitals caring exclusively for the mentally ill - a skilled nursing facility, home health care agency, intermediate care facility, ambulatory surgical facility or birth center - regardless of whether the

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<sup>22</sup> Pennsylvania Department of Drug and Alcohol Programs, *Operations Manual, July 1, 2015 – June 30, 2020*, effective 7-1-2105, <https://www.ddap.pa.gov/Documents/Agency%20Manuals/Operations%20Manual.pdf>.

<sup>23</sup> Pennsylvania Department of Drug and Alcohol Programs, "D&A Facility Locator Page, Overview," accessed April 8, 2020, <https://sais.health.pa.gov/CommonPOC/Content/PublicWeb/DAFind.aspx>.

health care facility is created for profit, nonprofit, or by an agency of the Commonwealth or local government. The term does not include an office used primarily for the private practice of medicine, osteopathy, optometry, chiropractic, podiatry or dentistry; nor a program which renders treatment or care for drug or alcohol abuse or dependence, unless located within a health facility; nor a facility providing treatment solely on the basis of prayer or spiritual means.

*Inpatient hospital* - the provision of detoxification or treatment and rehabilitation services, or both, 24 hours a day, in a hospital. The hospital shall be licensed by the Department of Health as an acute care or general hospital.

*Inpatient non-hospital* - a non-hospital, residential facility, providing one or both of the following services: treatment and rehabilitation or detoxification. The client resides at the facility.

*Inpatient non-hospital transitional living* - the provision of supportive services in a semiprotected home-like environment to assist a client in his gradual reentry into the community. No formal treatment (counseling/psychotherapy) takes place at the facility. This is a live-in/work-out situation.

*Intake, evaluation and referral* - the provision of intake and referral by a facility designated by the Single County Authority to perform those services centrally for two or more facilities within that Single County Authority. A Single County Authority (SCA) is the county level of government or its designee responsible to plan, fund and administer drug and alcohol activities in a specific county or joinder of counties.

*Outpatient* - the provision of counseling or psychotherapeutic services on a regular and predetermined schedule. The client resides outside the facility.

*Partial hospitalization* - the provision of psychiatric, psychological, social and other therapies on a planned and regularly scheduled basis. Partial hospitalization is designed for those clients who would benefit from more intensive services than are offered in outpatient treatment projects, but who do not require 24 hour inpatient care.

*Psychiatric hospital* - the provision of detoxification or treatment and rehabilitation services, or both, 24 hours a day, in a psychiatric hospital. The psychiatric hospital shall be approved as such by the Department of Human Services.



## *Summary of Space Requirements*

Regardless of the type of services provided, drug and alcohol treatment facility regulations governing physical properties and health and safety requirements are outlined in Title 28 of the Pennsylvania Code. DDAP is responsible for the licensure of any partnership, corporation, proprietorship, or other legal entity intending to provide drug and alcohol treatment services, including both public and private drug and alcohol treatment facilities.<sup>24</sup> While a full list of facility requirements are included in Appendix C, a summary of the requirements will be repeated here.

Both residential and nonresidential facilities share many of the same requirements. Freestanding treatment facilities must be licensed under Chapter 709 while treatment programs that are part health care facilities need a certification for treatment activities through Chapter 711. Additionally, both types of programs must have a certification of occupancy from the Department of Labor and Industry and comply with any relevant federal, state, and local laws and ordinances.

To ensure the safety of the clients, facilities' exteriors are required to be properly maintained and free of hazards, have trash stored in containers to prevent pests, and lit walkways at night. Inside the facility, there should be at least one larger communal living space for use by clients, guests, and family. One of the important features of these facilities are rooms to hold individual and group counseling spaces which block outside noise, and are built to respect the privacy of the clients so that the sessions cannot be overheard or seen from others outside the room.

Facilities must provide safe and clean bathrooms that allow for clients' privacy, and include features such as nonslip materials on shower floors. Facilities must have a kitchen area onsite for food preparation, or arrange for outside food to be brought in. Facilities with kitchens must have clean spaces for food preparation, as well a stove, oven, sink, refrigerator, and cabinet space for storage. Temperatures in the buildings must be over 65 degrees in the winter and fans or air conditioning must be supplied when temperatures are over 90 degrees. Space heaters are not permitted. Additionally, facilities must have smoke alarms, fire exits, extinguisher, and evacuation procedures.

The main difference between the types of facilities is that residential centers must provide bedrooms for clients. In addition to mattresses and frames, bedrooms must have windows with natural light that can be opened, and must have access to a corridor or exits. Bedrooms should not be located in such a way they must travel through to reach another part of the facility. Shared bedrooms must have no more than four residents per room. Single bedrooms must provide 70 feet of space, shared rooms should provide 60 square feet per resident. Rooms with bunkbeds must have 50 square feet per resident, secure ladders and enough space to sit up in bed. Bunk beds are not allowed in detoxification programs. Facilities licensed before March 2002 are grandfathered

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<sup>24</sup> Pennsylvania Department of Drug and Alcohol Programs, *D&A Treatment Providers*, accessed Oct. 8, 2019, [https://www.ddap.pa.gov/Professionals/Pages/For\\_Treatment\\_Providers.aspx](https://www.ddap.pa.gov/Professionals/Pages/For_Treatment_Providers.aspx).

in and may ignore certain space and layout requirements for existing bedrooms, but not for new or renovated ones.

In some instances centers allow the children of patients going through treatment. Facilities that admit children must fence off unsafe areas, provide outside and indoor spaces and equipment to play, and to childproof the facility's windows, electrical outlets, and dangerous substances. The children of parents staying in the facility do not count as residents for the purpose of space calculations.

### *Specialized Treatment Programs*

In response to the state opioid crisis, DHS designated 45 treatment locations to be Centers of Excellence (COE) in 2016. A diverse range of facilities were chosen to become COE including: primary care facilities, hospitals, SUD treatment providers, and single county authorities. One of the primary goals of the COE are work to improve access to evidence based treatments such as MAT. COE treat not only addiction but other co-occurring physical and behavioral health issues either on-site or through referrals. One of the goals of the center is to improve patient health by coordinating their care across large range of health care and social service providers.

The state has also offered grants to facilities in efforts to expand MAT throughout the Commonwealth. PA-Coordinated Medication-Assisted Treatment programs (PacMAT) are a hub and spoke network of healthcare providers which use medication to treat SUD. The hubs act as a gathering point of knowledge and expertise and specialists in a centralized location. The spokes are primary care providers who receive the support they need from the central hubs to treat their communities.

In Table 1, the locations of all DDAP identified Treatment Facilities are identified by type and county. Also included, are information about the estimated number of individuals with SUD and the mortality rate per 100,000 using a three year average. Based on the data available, focusing state resources on efforts to expand programs that offer MAT in counties with high overdose mortality rates that may not currently have these services available, may be an effective way to save lives. Counties with high overdose rates which have low numbers of COE and PacMAT facilities include: Cambria, Armstrong, Fayette, Lawrence, Westmoreland, and Beaver.

**Table 1**  
**Pennsylvania Treatment Programs<sup>25</sup> and Overdose Statistics<sup>26</sup> by County**

<b>County</b>	<b>DDAP Licensed Facility</b>	<b>Center of Excellence</b>	<b>PacMAT</b>	<b>SUD Population<sup>27</sup></b>	<b>Overdose Deaths 3 Year Total</b>	<b>Overdose Mortality Rate</b>
Adams	2	0	0	1,206	63	20
Allegheny	74	6	9	30,997	1,857	51
Armstrong	5	0	0	1,986	111	56
Beaver	11	0	0	3,618	253	51
Bedford	2	0	0	780	44	30
Berks	19	2	0	5,958	314	25
Blair	15	1	4	1,561	110	30
Bradford	4	1	0	780	43	24
Bucks	38	2	0	16,385	735	39
Butler	12	1	0	2,908	222	40
Cambria	13	1	0	4,256	243	61
Cameron	1	0	0	NV	NV	NV
Carbon	3	0	0	2,057	82	43
Centre	8	1	0	1,064	50	10
Chester	25	0	0	9,647	432	28
Clarion	2	0	0	780	24	21
Clearfield	5	1	0	1,490	48	20
Clinton	1	1	0	NV	20	17
Columbia	4	0	1	1,277	50	25
Crawford	6	0	0	1,773	89	35
Cumberland	10	0	2	3,476	197	26
Dauphin	28	2	2	7,377	283	34

<sup>25</sup> 2018 Facility information collected by DDAP, <https://data.pa.gov/Opioid-Related/Pennsylvania-Drug-and-Alcohol-Treatment-Facilities/2f2k-fwk7>

<sup>26</sup>Overdose Mortality Rate based on 100,000 people based on a 3 year average, data provided by *County Health Rankings.org*, <https://www.countyhealthrankings.org/app/pennsylvania/2020/measure/factors/138/data?sort=desc-3>

<sup>27</sup> NV indicates no value, information that has repressed for privacy concern because of a small sample size, or due to unreliable or missing data.

**Table 1**  
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Delaware	28	2	0	13,052	732	43
Elk	2	0	0	NV	23	25
Erie	22	1	11	4,611	271	33
Fayette	12	1	0	3,547	214	54
Forest	3	0	0	NV	NV	NV
Franklin	7	0	1	1,490	94	20
Fulton	3	0	0	NV	14	32
Greene	3	0	0	NV	42	38
Huntingdon	2	0	0	NV	35	26
Indiana	6	0	0	1,844	117	46
Jefferson	3	0	0	851	31	24
Juniata	2	0	0	NV	NV	NV
Lackawanna	13	7	0	6,242	257	41
Lancaster	29	2	2	7,873	412	25
Lawrence	7	0	0	2,624	136	52
Lebanon	7	0	1	1,277	52	12
Lehigh	19	2	0	6,739	319	29
Luzerne	20	2	2	9,718	415	44
Lycoming	7	2	4	709	84	25
Mckean	7	0	0	NV	26	21
Mercer	6	0	0	3,688	126	38
Mifflin	3	0	1	709	39	28
Monroe	10	1	0	2,341	104	21
Montgomery	39	2	0	13,052	669	27
Montour	1	1	1	NV	22	40
Northampton	10	0	0	5,391	300	33

**Table 1**  
**Pennsylvania Treatment Programs<sup>25</sup> and Overdose Statistics<sup>26</sup> by County**

<b>County</b>	<b>DDAP Licensed Facility</b>	<b>Center of Excellence</b>	<b>PacMAT</b>	<b>SUD Population<sup>27</sup></b>	<b>Overdose Deaths 3 Year Total</b>	<b>Overdose Mortality Rate</b>
Northumberland	6	0	0	1,631	88	32
Perry	2	0	0	780	42	30
Philadelphia	114	7	0	65,612	2,743	58
Pike	3	0	0	1,490	30	36
Potter	1	0	0	NV	11	22
Schuylkill	10	1	0	1,844	151	35
Snyder	2	0	0	NV	19	16
Somerset	4	0	0	922	76	34
Sullivan	1	0	0	NV	NV	NV
Susquehanna	2	0	0	709	36	29
Tioga	4	1	0	NV	25	20
Union	4	0	0	NV	10	7
Venango	6	0	0	NV	33	21
Warren	3	0	0	NV	10	8
Washington	16	1	0	5,320	296	48
Wayne	3	0	0	1,206	49	32
Westmoreland	23	1	0	9,008	550	52
Wyoming	3	0	0	1,064	36	44
York	29	2	0	8,370	382	29
State Total	795	55	41	287,063	14,391	38

## ***Recovery Houses***

Previously unregulated, recent changes to state law require that recovery houses receive a license by DDAP. While the law went into effect as of July 1<sup>st</sup> 2020, the regulations are still being developed. Despite the increased oversight, their funding mechanism will remain local through contracts with SCAs. Only licensed facilities will be eligible for state and federal funding.<sup>28</sup> Licensed recovery homes will be the only referrals given out by state treatment facilities and will receive preference in referrals from state and county courts.<sup>29</sup>

One of the main motivations behind the change to ensure that residents are safe, that the homes are offering services and requiring abstinence from alcohol and illicit drugs, that employees receive background checks, and that owners of the houses are held accountable. The law established fees for initial and renewing certifications and licenses and for investigation of complaints. Recovery houses will be fined \$1,000 for each violation and DDAP will notify and refer issues to Federal, State, and Local governments as necessary. The law also established the Drug and Alcohol Recovery Fund to aid the enforcement of the law. Collected fines will replenish this fund.

## ***Recovery Community Centers***

While not directly tied to drug treatment itself, facilities that offer services to support the ongoing recovery after initial treatment can also be a powerful tool to improve the lives of those in recovery. Recovery community centers (RCC) are a place for people that are still in treatment and those who are further along in their recovery can meet. They offer classes that improve necessary life skills, host recovery coaching, support groups, and drug free recreational events.

Recovery centers are in some ways a synthesis of pre-existing approaches. They combine social elements popularized by Alcoholics Anonymous with the informational resource of a drop-in center.<sup>30</sup> Other services include volunteer manned telephone support and follow up and one on one recovery coaching by individuals in long term recovery. The volunteers form the backbone of these grassroots operations and could be composed of people in long term recovery, family members or friends. Involvement of people in long term recovery can be mutually beneficial. Because the staff is typically volunteer driven, there is often minimal paid staff other than a single salaried director.

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<sup>28</sup> “Substance Use Disorder Treatment Centers are Open and New Patients are Being Admitted Amid COVID-19,” *Recovery Centers of America.org*.

<sup>29</sup> “Recovery Housing Licensing,” Pennsylvania Department of Drug and Alcohol programs.gov, accessed July 23, 2020, <https://www.ddap.pa.gov/Pages/Recovery-House-Licensing.aspx>

<sup>30</sup> “Recovery Community Center: A New model for Volunteer Peer support to promote recovery.” *Journal of Groups in Addiction & Recovery*, 9: 257-270 2014, <https://www.tandfonline.com/doi/abs/10.1080/1556035X.2014.940769>

The first RCC was established in Connecticut to “organize, access, and deliver array of peer-to-peer support services”. There are some aspects of recovery centers that may make them a potential use for unused state property. They need to be located close the heart of a community. Walkable locations are ideal for the sake of convenience, to make sure people who are not able to drive have access to these centers. Additionally, locations near public transportation are preferable. Centers are ideally placed in populated areas to promote the center, act as a positive statement from those seeking treatment, and to reduce stigma in the community.

Physical requirements of an RCC include 2-3 rooms large enough for groups in recovery to meet up. Small kitchens may be useful for events that involve food but are not strictly necessary. There is no overnight component to RCC so there are not any beds on the premises. RCC’s are not regulated by DDAP because no treatment occurs on the premise, so the standards for one are significantly more flexible and can be determined by those running the center.

Key features of a recovery center include:<sup>31</sup>

- Is a recovery-oriented sanctuary anchored in the heart of the community;
- Is visible so local communities of recovery can actively put a face on recovery;
- Serves as a physical location for organizing the local recovery community’s ability to care, specifically through the provision of a variety of recovery support services;
- Provides peer-based recovery support services using a volunteer force to deliver a vast majority of these services;
- Attracts people in recovery, family members, friends, and allies to serve as volunteers, who in turn help those coming up behind them;
- Fosters the inherent nature of the recovery community (people in recovery, family members, friends, and allies) to give back;
- Functions as a recovery resource for the local community;
- Is a location where people still struggling with addiction can enter and will be assisted in navigating the local behavioral health system;
- Is a place to find workshops, training, and educational sessions to enhance one’s own recovery.

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<sup>31</sup> *Ibid.*

While RCCs are no substitute for having affordable and accessible treatment programs throughout the Commonwealth, given how simple they are to establish, they could become a valuable tool for communities looking to aid the substance use recovery process. RCC are a good option to reuse state owned or municipal properties that that do not meet all the requirements of a drug treatment center.



## POTENTIAL BARRIERS TO SITING DRUG TREATMENT FACILITIES

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In the existing literature on the impact of drug treatment facilities on their communities, different studies come to differing conclusions on changes to the rate of crime or property values surrounding these facilities. Designing a study that controls for the myriad of factors that affect crime and property values is nearly impossible, thus the results between studies are understandably varied due to their differing approaches. Reading through literature on the topic, there does not appear to be consensus on the impact of these facilities. The most common theme that can be traced through the literature is that each study unearths a new variable that will need to be accounted for in the next paper or study on the topic.

### *Concerns about Rates of Crime*

A 2012 study of Philadelphia street crime surrounding treatment centers found that centers are more frequently located in areas of low socioeconomic status because those locations are more convenient and accessible for their clientele. The study found that without “controlling for demographics, land use and spatial effects,” there was a positive association between treatment centers and crime.<sup>32</sup> In other words, they found that crime rates increased with the presence of the treatment centers. This study, though, took into account these factors and found differing results. In areas of higher socioeconomic status that also had high concentrations of treatment centers, there was 26 percent more violent crime than areas with medium socioeconomic status and treatment center concentration. Interestingly, in lower socioeconomic status areas with high concentrations of treatment centers, crime rates were 16 percent lower.<sup>33</sup> Property crime followed a similar trend, though the increase in areas of higher socioeconomic status was not statistically significant.<sup>34</sup>

The study suggested that though treatment centers may not attract crime in the way that many people assume they do, placement and siting should be given careful consideration based on numerous factors that can affect the criminogenic nature of a proposed center.<sup>35</sup> Overall, the study did not affirm the common misconception that drug treatment centers attract crime, calling “the empirical basis for this assertion tenuous at best.”<sup>36</sup> The study noted that because the crime rate dropped in neighborhoods of lower socioeconomic status, centers could neither be labeled bad

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<sup>32</sup> Travis A. Taniguchi and Christopher Salvatore, “Exploring the Relationship between Drug and Alcohol Treatment Facilities and Violent and Property Crime: A Socioeconomic Contingent Relationship,” *Security Journal* 25 (2012): 95-115, DOI: 10.1057/sj.2011.8.

<sup>33</sup> *Ibid.*

<sup>34</sup> *Ibid.*

<sup>35</sup> *Ibid.*

<sup>36</sup> *Ibid.*

neighbors nor criminogenic. The nuanced conclusion was that, depending on a variety of factors, some centers may be criminogenic and some may not be.<sup>37</sup> A 2013 study of the impact of criminogenic facilities on street crime in Philadelphia also found that drug treatment centers and halfway houses attracted less violent crime than expected. Drug treatment centers did have increased property crime and disorder offenses immediately surrounding them.<sup>38</sup> These studies both demonstrate that there are instances in which stereotypes about the centers are confirmed, but a relationship between crime and centers cannot be unilaterally demonstrated.

Another study from 2016 compared rates of violent crime near drug treatment facilities and other comparable businesses that are popularly believed to attract crime like liquor stores, convenience stores, and corner stores. This study used a neighborhood disadvantage score to match Drug Treatment Centers (DTCs) and commercial businesses to ensure that general higher crime rates in certain communities would not skew the results.<sup>39</sup> Compared to these other businesses typically associated with higher rates of violent crime, DTCs had a lower magnetic effect on violent crime. It is important to note that all businesses studied do have elevated crime rates surrounding them. The study simply shows that DTCs are unfairly criticized and cause more fear than is justified given their comparison to other establishments that are thought to attract crime.<sup>40</sup>

### *Concerns about Property Values*

A study that reviewed property values from 2003 to 2016 in Seattle, Washington found that treatment centers did not create a statistically significant impact on the property values in the surrounding area.<sup>41</sup> This study noted the importance of recognizing “endogenous location choices,” meaning that treatment centers tend to be strategically located in areas with initially lower property values.<sup>42</sup> If other studies on the topic do not address this factor, they are “vulnerable to bias.”<sup>43</sup> When applying a spatial differences-in-differences (SDD) estimator, which assessed for spatial location differences instead of the legislative geographic areas, the difference in property values was not statistically significant.<sup>44</sup> In addition, though many residents oppose a treatment center because of a fear of additional costs to the community, this study found that lower rates of SUDs in communities with treatment centers balance out against the additional cost.<sup>45</sup> The authors

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<sup>37</sup> *Ibid.*

<sup>38</sup> Elizabeth R. Groff and Brian Lockwood, “Criminogenic Facilities and Crime across Street Segments in Philadelphia: Uncovering Evidence about the Spatial Extent of Facility Influence,” *Journal of Research in Crime and Delinquency* 51, no. 3 (2014): 277-314, DOI: 10.1177/0022427813512494.

<sup>39</sup> C. Debra M. Furr-Holden, Adam J. Milam, Elizabeth D. Nesoff, et al., “Not in My Back Yard: A Comparative Analysis of Crime Around Publicly Funded Drug Treatment Centers, Liquor Stores, Convenience Stores, and Corner Stores in One Mid-Atlantic City,” *Journal of Studies on Alcohol and Drugs* 77, no. 1 (January 2016): 17-24, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4711316/>.

<sup>40</sup> *Ibid.*

<sup>41</sup> Brady P. Horn, Aakrit Joshi, and Johanna Catherine Maclean, “Substance Use Disorder Treatment Centers and Property Values,” (working paper, National Bureau of Economic Research, Cambridge MA, January 2019), <https://pdfs.semanticscholar.org/ee74/6cb77f9fe29b4ef38532a026e21b645a1909.pdf>.

<sup>42</sup> *Ibid.*

<sup>43</sup> *Ibid.*

<sup>44</sup> *Ibid.*

<sup>45</sup> *Ibid.*

conclude by alleging that previous studies have overstated the effect treatment centers have on real estate value, perhaps by not accounting for the economic, demographic, and geographic complexities.<sup>46</sup>

In contrast, a study in Richmond, Virginia from 2001 to 2011 found that there was an eight percent decrease in property value in homes located less than one-eighth of a mile from a treatment center. This study focused on communities where a treatment center existed, then compared homes within the same neighborhood at varying distances from the treatment center, and therefore it did not factor in endogenous location choices. The study did not conclusively affirm a “robust impact on property liquidity,” but made note of a “negative relationship between the presence of a substance use treatment center and nearby home values.”<sup>47</sup>

### *Community Opposition*

In Pennsylvania in 2011, the borough of Dunmore was sued by Habit OPCO for having town ordinances that prevented a methadone clinic from opening by requiring it to be more than a half-mile away from a “church, school, playground, day care, charitable institution, adult care center, senior center, or a liquor store or hotel that sells alcohol.”<sup>48</sup> The suit alleged that these ordinances were meant to discriminate against people with opioid addictions based on irrational stereotypes because similar medical clinics did not have similar ordinances.<sup>49</sup> In the settlement, Habit OPCO was awarded \$300,000 from Dunmore.<sup>50</sup>

In 2017 in Buffalo, New York, opioid treatment center Catholic Health faced opposition from city leadership and community members because of a “lack of transparency” in the early stages of opening the center. Though opposition from community members is often to be expected when siting a new treatment center, the organization opening the center did not meet with community members at first to address their concerns. After the initial public outrage, Catholic Health agreed to meet with the community and was able to dispel some of the fears and educate the members of the community on what the center would actually do. The informational meeting and discussion that followed appeared to put community members more at ease with the project.<sup>51</sup>

In a 2019 study of the attitudes of Virginians toward opioid treatment, researchers found that 80 percent of Virginians supported the expansion of drug treatment facilities in their

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<sup>46</sup> *Ibid.*

<sup>47</sup> Claire R. La Roche, Bennie D. Waller, and Scott A. Wentland, “‘Not in My Backyard’: The Effect of Substance Abuse Treatment Centers on Property Values,” *The Journal of Sustainable Real Estate* 6, no. 1 (2014): 63-92, [http://www.josre.org/wp-content/uploads/2014/12/9830-63\\_92.pdf](http://www.josre.org/wp-content/uploads/2014/12/9830-63_92.pdf).

<sup>48</sup> “Denied Methadone Clinic Permit, Habit OPCO Sues Dunmore,” *Times Leader*, last modified January 28, 2011, accessed November 14, 2019, <https://www.timesleader.com/archive/186473/stories-denied-methadone-clinic-permit2c-habit-opco-sues-dunmore122865>.

<sup>49</sup> *Ibid.*

<sup>50</sup> “OTP wins NIMBY case in Pennsylvania settlement,” *Alcoholism & Drug Abuse Weekly* (June 2012): 8, [https://link.gale.com/apps/doc/A293558953/HRCA?u=vic\\_liberty&sid=HRCA&xid=c8b5495d](https://link.gale.com/apps/doc/A293558953/HRCA?u=vic_liberty&sid=HRCA&xid=c8b5495d).

<sup>51</sup> Alison Knopf, “When Facing NIMBY, Be Transparent: The Lesson from Buffalo, NY,” *Addiction Treatment Forum*, last modified June 2, 2017, accessed November 13, 2019, <https://atforum.com/2017/06/nimby-transparent-lesson-buffalo-ny/>.

communities. The study highlighted various demographic factors that may have influenced the response of certain groups of people, but also emphasized that due to the increasingly serious nature of the opioid epidemic, even in the demographics where opposition was higher, it was gradually decreasing.<sup>52</sup> The demographics deemed most likely to support expansion were those who possessed post-secondary education, women, and Democrats.<sup>53</sup>

## *Zoning*

A zoning ordinance regulates what types of development are allowed on a given tract of land and a subdivision and land development ordinance (SALDO) regulates how a subdivision or land development may be constructed. The Village of Euclid, Ohio v. Ambler Realty Co. in 1926 was a landmark U.S. Supreme Court case that established the principle and practice of land-use zones in the United States. Before then, zoning was considered a land use control to enhance real estate values and received little support in state courts. Euclid v. Ambler was the first federal test and established legal precedent and constitutional justification for zoning and, implicitly, comprehensive land-use planning.<sup>54</sup>

Zoning refers to laws or regulations that dictate how real property can and cannot be used in certain geographic areas, but it can be modified or suspended if construction of the property will serve to help the community advance economically. Zoning classification examples may include residential, commercial, agricultural, industrial, or hotel/hospitality. Municipalities tend to partition districts and neighborhoods according to a master plan which may be designed to control the flow of traffic, manage noise levels, reserve living space for residents, or to protect certain resources.<sup>55</sup>

If the zoning on a parcel of land is inconsistent with the use the landowner desires, the owner may apply to the local jurisdiction for a change of zoning, typically through a type of hearing at which the owner presents the request and the reasons for the requested change. A variance is another way to request to deviate from current zoning requirements. It permits the owner to use the land in a manner not otherwise permitted by the zoning ordinance. A variance is not a change in the zoning law, but rather a specific waiver of requirements of the zoning ordinance. Typically, variances are granted when the property owner can demonstrate that existing zoning regulations present a practical difficulty in making use of the property.<sup>56</sup>

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<sup>52</sup> Amy Kyle Cook, Nicola Worcman, “Confronting the Opioid Epidemic: Public Opinion toward the Expansion of Treatment Services in Virginia,” *Health and Justice* 7, no. 13 (2019): 1-12, <https://healthandjusticejournal-biomedcentral-com.ezproxy.liberty.edu/track/pdf/10.1186/s40352-019-0095-8>.

<sup>53</sup> *Ibid.*

<sup>54</sup> Euclid v. Ambler Realty Co. 272 U.S. 365, 47 S. Ct. 114 (1926).

<sup>55</sup> Will Kenton, “Zoning,” *Investopedia*, accessed May 29, 2020, <https://www.investopedia.com/terms/z/zoning.asp>.

<sup>56</sup> FindLaw, “Zoning Changes, Variances, and More,” accessed May 2020, <https://realestate.findlaw.com/land-use-laws/zoning-changes-variances-and-more.html>.

## *Subdivision and Land Development Ordinance (SALDO)*

Subdivision and land development ordinances are the most common form of land use regulation in the Commonwealth. SALDO refers to the act of dividing land and making new lot lines, along with improving the land for some purpose. Both municipalities and counties use this form of regulation, but county regulations only take effect when the municipalities in that county do not have their own regulations. Even if the municipality has its own SALDO, The Pennsylvania Municipalities Planning Code (MPC) still requires that all plans for subdivision and land development coming to a municipality must be reviewed by the county planning agency.

About 59 percent of Pennsylvania municipalities have a SALDO, including 50 percent of boroughs, 97 percent of townships of the first class, and 62 percent of townships of the second class. Municipalities in urban counties are more likely to have a SALDO than are municipalities in rural counties. Municipalities in southeast Pennsylvania are the most likely to have a SALDO, 96 percent, while municipalities in the northwest are least likely, 32 percent.<sup>57</sup>

## *Treatment Center Zoning*

Zoning restrictions on drug treatment facilities can vary considerably based on the nature of the services being offered. While Pennsylvania law once banned methadone treatment facilities from being 500 feet from community institutions such as schools and parks, it was struck down in 2007.<sup>58</sup>

To establish a treatment facility in a residential area, a variance or special exception from a local zoning board may be required. Special exceptions allow a type of property to go inside a zone that normally precludes its placement, provided that certain physical conditions are met. Variances allow a building to be sited in a restricted zone if it meets criteria that will be in the community's best interest. The Pennsylvania Supreme Court ruled that, for a variance to be granted, developers have to demonstrate "(1) unique hardship to the property; (2) no adverse effect on the public health, safety or general welfare; and (3) the minimum variance that will afford relief at the least modification possible."<sup>59</sup>

While establishing a drug treatment facility in urban areas is often a challenge, zoning complications can also be difficult in rural areas. The Clinton County Planning Commission

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<sup>57</sup> Penn State, College of Agricultural Sciences Agricultural Research and Cooperative Extension, "Land Use Planning in Pennsylvania," 2001, <https://planningpa.org/wp-content/uploads/6.-Subdivision-and-Land-Development-Ordinances.pdf>.

<sup>58</sup> The Public Interest Law Center, "Zoning Laws & Methadone Treatment," accessed June 6, 2020, <https://www.pubintlaw.org/cases-and-projects/methadone-and-zoning/>.

<sup>59</sup> East Torresdale v. Zoning Board of Adjustments, 639 A.2d 446 (Pa. 1994)

forbade a zoning exemption in Gallagher Township that would have allowed a historic property to be converted into a treatment center aimed at serving young adult men with SUD in a scenic mountainous setting.<sup>60</sup> The planning commission voiced its concern that an exemption would set a negative precedent for historic preservation and would lead to further development in the woodlands.<sup>61</sup> Local residents voiced concerns about safety, and the distance from hospitals and police.<sup>62</sup> The planning commission decided not schedule a public hearing to consider the zoning change.<sup>63</sup>

In 2017, Pocono Township in Monroe County approved a zoning overlay to encourage redeveloping unused resort buildings into drug treatment centers, which shows one method by which communities can accommodate existing zones while still allowing the approval of drug treatment facilities.<sup>64</sup> In Scranton, a proposal to redevelop the site of an old clinic into a drug treatment facility was met with strong community backlash when the public learned of the plan shortly before a zoning board meeting was set to take place. This instance showcases the importance for developers to try and educate people about drug treatment facilities before the matter goes to a zoning board if the property is close to a residential area. The case further demonstrates that even if a building was previously allowed to be used for a related industry such as medical care or assisted living, redevelopment into a drug facility may face some difficulties.

### ***Halfway House or Recovery Community Zoning***

Municipalities and counties throughout the nation have utilized zoning as a way to exclude community residences from the single-family residential districts even though the vast majority of court decisions recognize community residences for people with disabilities as an allowable residential use. Substance use disorders are a cognizable “disability” for the purposes of the Fair Housing Act (FHA) and Americans with Disabilities Act (ADA) which prevent discriminatory housing practices against individuals with disabilities.<sup>65</sup> Misconceptions exist about their nature and impacts, even though there is evidence<sup>66</sup> that community residences generate no adverse impacts on the surrounding community. Researchers have found that group homes and halfway houses do not affect property values of the house next door, have no effect on how long it takes to

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<sup>60</sup> John Rishel, “Planners oppose zoning change for drug rehab center in Gallagher Twp.,” *The Express*, February 21, 2019, <https://www.lockhaven.com/news/local-news/2019/02/planners-oppose-zoning-change-for-drug-rehab-center-in-gallagher-twp/>.

<sup>61</sup>*Ibid.*

<sup>62</sup>*Ibid.*

<sup>63</sup> John Rishel, “Zoning change for drug rehab center stalls” *The Express*, February 22, 2019, <https://www.lockhaven.com/news/local-news/2019/02/zoning-change-for-drug-rehab-center-stalls/>.

<sup>64</sup> Howard Frank, “Pocono drug rehab project clears hurdle,” *Pocono Record*, April 19, 2017, <https://www.poconorecord.com/news/20170419/pocono-drug-rehab-project-clears-hurdle>.

<sup>65</sup> Lillie Werner Singh, Esq, “Federal Law and State Sober Living Regulations Intersect,” *Behavioral Healthcare Executive*, June 19, 2018 <https://www.psychcongress.com/article/policy/federal-law-and-state-sober-living-regulations-intersect>.

<sup>66</sup> The American Planning Association noted that more than 50 studies have examined the impact on property values.

sell neighboring property, and that community residences are often the best maintained properties on the block. Furthermore, researchers have ascertained that community residences function so much like a conventional family that most neighbors within one to two blocks of the home are not aware there is a group home or halfway house nearby.

A halfway house or recovery community is a temporary residential living arrangement for a person leaving an institutional setting and in need of a supportive living arrangement in order to readjust to living outside the institution. These are people receiving therapy and counseling from support staff who are present when residents are present for the following purposes:<sup>67</sup>

- to help them recuperate from the effects of drug or alcohol addiction (a disability);
- to help them reenter society while housed under supervision while under the constraints of alternatives to imprisonment including, but not limited to, prerelease, work release, or probationary programs (not a disability); or
- to help persons with family or school adjustment problems that require specialized attention and care in order to achieve personal independence.

The halfway house or recovery community helps people with drug or alcohol addictions readjust to a normal life before moving out on their own, and clients are typically admitted only after completing detoxification. Such community residences are based on the group home model with some significant differences that have implications for proper zoning regulation. The halfway house staff helps residents adjust to a drug-free lifestyle with the goal of placing all its residents into independent living situations upon graduation. For both therapeutic and financial reasons, most halfway houses need 10 to 15 residents to be successful. Therefore, because the number of residents in a halfway house is greater than in a group home, the halfway houses more closely resemble multiple family housing than single family residences.

However, the American Planning Association (APA) recognizes that community residences for people with disabilities are residential uses that should be allowed as of right in all zoning districts where other residences are permitted uses. The APA asserts that when the proposed community residence complies with the jurisdiction's zoning code definition of family, no additional restrictions can be imposed. For example, the APA states that when the number of residents in the home exceeds the cap on the number of unrelated individuals set in the definition of family, the jurisdiction should then amend its zoning code to make a reasonable accommodation to provide for community residences in residential districts.<sup>68</sup>

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<sup>67</sup> American Planning Association, "APA Policy Guide on Community Residences" accessed June 3, 2020, <https://www.planning.org/policy/guides/adopted/commres.htm>.

<sup>68</sup> *Ibid.*





# DISPOSITION OF PUBLIC PROPERTY

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## *State Property*

House Resolution No. 147<sup>69</sup> requires the Joint State Government Commission to “[d]etermine . . . how to convert the” Commonwealth’s “unused properties, buildings and facilities into facilities appropriate for addiction treatment” and include other necessary information from Department of General Services.

Annually, DGS is statutorily required to survey agencies by having them compile information “for each parcel of real property” within their jurisdiction and “identify any property currently surplus to the needs of the agency.”<sup>70</sup> The agencies are statutorily required to complete these annual property surveys, and then the department compiles the information to send to the legislative “State Government Committees.”<sup>71</sup> If “other agencies have an appropriate use for” any “real property identified as surplus,” the department is required to plan its transfer subject to approval “by the General Counsel and the Secretary of Budget and Administration.”<sup>72</sup>

If an agency’s “real property deemed surplus” is unsuitable “for use by another agency,” the department is required to plan for its “orderly disposition.”<sup>73</sup> There are five statutory factors to be considered for disposition:<sup>74</sup>

1. Whether the property should be leased, transferred in fee simple, or transferred with a restriction as to use, right of reversion, or other special deed provisions.
2. Whether the land should be retained in agricultural use or as open space for recreation or conservation.
3. Likely cost savings and expenses to the Commonwealth arising from the proposed property disposition.
4. The needs of local governments, charitable institutions, and local volunteer fire and rescue squads.

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<sup>69</sup> Sess. of 2019.

<sup>70</sup> Act of Apr. 9, 1929 (P.L.177, No.175), § 2402-A; 71 P.S. § 651.2.

<sup>71</sup> *Ibid.*

<sup>72</sup> *Ibid.* Surplus property covered under these statutory procedures excludes state parks and forests as well as “any lands acquired by the” Pa. Fish & Boat Comm’n or the Pa. Game Comm’n. Id. § 2401-A; 71 P.S. § 651.1.

<sup>73</sup> *Ibid.* § 2403-A; 71 P.S. § 651.3.

<sup>74</sup> *Ibid.*

5. The likely revenue to be generated by the sale of the property and the needs of the Commonwealth for those revenues.

The plan for disposition of surplus property is required to propose a manner and time of disposition, “likely revenues and costs, the assessed market value of the property, and the Commonwealth's acquisition cost.”<sup>75</sup>

The property disposition plan must be transmitted annually to the legislative committees on state government for review in public hearings. Afterwards, the committees advise the department and suggest any modifications.<sup>76</sup> The department is required to publish its proposed plan in the Pennsylvania Bulletin inviting public comment.<sup>77</sup> During the 30-day comment period, the Attorney General is required to review the plan for form and legality and then report to the department and the legislative committees.<sup>78</sup> If “there is significant public interest in the plan proposed for disposition of a parcel,” the department is required to hold public hearings on the proposed disposition plan “in the vicinity of the site.”<sup>79</sup> The plan is then transmitted to the Governor for his approval who then transmits it to the General Assembly for its approval or partial approval.<sup>80</sup> Any legislative disapproval can result in consideration of the department’s amended plan.<sup>81</sup>

The proposed disposition of property is subject to these statutory conditions and limitations:<sup>82</sup>

1. The department may sell real estate to an individual, an organization, a firm or corporation, a political subdivision of the Commonwealth, or to the Government of the United States or a branch or agency thereof.
2. Following approval of the property disposition plan, information regarding the availability and sale of each parcel of surplus property shall be provided through the publication of legal notice in the Pennsylvania Bulletin and local public newspapers
3. The remuneration for a conveyance of surplus property shall be based on fair consideration. Fair consideration requires either the payment of the current fair market value of the property or the demonstration of equivalent or greater return to the Commonwealth within five years due to the proposed use of the property by the entity receiving the conveyance.

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<sup>75</sup> *Ibid.*

<sup>76</sup> *Ibid.* § 2404-A; 71 P.S. § 651.4.

<sup>77</sup> *Ibid.*

<sup>78</sup> *Ibid.*

<sup>79</sup> *Ibid.*

<sup>80</sup> *Ibid.*

<sup>81</sup> *Ibid.*

<sup>82</sup> *Ibid.* § 2405-A; 71 P.S. § 651.5. When a Commw. agency responds to a claim “arising from . . . a contract entered into by” it “involving real property interests,” Board of Claims has “exclusive jurisdiction to arbitrate” the claim. 62 Pa.C.S. § 1724(a)(3).

4. After appropriate public notice, the sale of declared surplus property by the department shall be open to public review and inspection. Acceptance of an offer shall be subject to a minimum price requirement as established by the department, which shall not be less than the fair market value. Declared surplus property shall be sold by the department through either a competitive sealed bidding process in which prospective buyers submit sealed offers through the mail or at an auction conducted by an auctioneer holding a license under the . . . “Auctioneer and Auction Licensing Act.” . . . [E]ither method of sale shall be at the department's discretion. Except as provided in clause (3), sale of the declared surplus property shall be to the highest bidder, provided that no offer may be accepted which is below the fair market value, established through independent appraisal.
5. The disposition of property shall be made upon such terms and conditions of sale as the department may prescribe. The sale of such real estate may be in the form of a lump sum purchase, installment purchase or lease purchase and may include use restrictions and reverter clauses. The term and conditions of sale and the form of purchase shall reflect current market conditions, shall afford maximum protection of Commonwealth assets and shall prescribe procedures to be utilized in the event of default. In the case of the sale of authority properties, the sale of such property shall be in accordance to the applicable bond indentures.
6. The deed of conveyance shall expressly reserve all oil, gas and mineral rights to the Commonwealth.

Proceeds from state sale of real estate from which meet the above conditions are paid into the treasury and deposited into the Capital Facilities Redemption Fund.<sup>83</sup> Similarly, if property from an authority is sold the payment goes to the fiscal agent of that authority as required by the authorities bonds<sup>84</sup>. For properties which were acquired using money from a special fund and later sold, the proceeds of the sale of property are used to replenish that fund, minus the amount of costs acquired by DGS.<sup>85</sup>

Notwithstanding the foregoing statutory provisions relating to disposition of Commonwealth surplus land that were enacted in 1981 as an article<sup>86</sup> amending the Administrative Code of 1929, a subsequent enactment may provide otherwise “for the conveyance of real property owned by the Commonwealth.” In such instances DGS typically convey the property for one dollar once it has the approval of the Governor and the operating agency. It is common for these transfers to contain clauses to revert to the state and a perpetual restricted covenant.<sup>87</sup> The following list contains recent examples of statutory conveyances.

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<sup>83</sup> Act of Apr. 9, 1929 (P.L.177, No.175), § 2406-A; 71 P.S. § 651.6.

<sup>84</sup> *Ibid.*

<sup>85</sup> *Ibid.* These costs could include “auction, title searches, notice, surveys and appraisals,” *etc...*

<sup>86</sup> Act of July 1, 1981 (P.L.143, No.48); the art. is XXIV-A.

<sup>87</sup> Act of Apr. 9, 1929 (P.L.177, No.175), § 2408-A; 71 P.S. § 651.8.

- In 2019 French Azilum Historical Site operated by the Historical & Museum commission in Bradford County was transferred to French Azilum, Inc.<sup>88</sup>
- In 2018 Property at 812 Market in Harrisburg of Dauphin County was transferred with no right of reversion or restricted covenant<sup>89</sup>
- In 2017 Warrior Run Church and Cemetery in Northumberland County was transferred to the Warrior Run-ft Freeland Heritage Society from the PHMC.<sup>90</sup>
- In 2016 McCoy House in Mifflin County was transferred to the Mifflin County Historical Society from the PHMC.<sup>91</sup>
- In 2014 the Judson House in Erie County was transferred to the LeBoef Historical Society from the PHMC.<sup>92</sup>
- In 2013 Gettysburg Borough in Adams County was transferred from the Gettysburg Foundation from the Department of Military and Veterans Affairs.<sup>93</sup> Perpetual covenant unless successor is the United States Federal Government.
- In 2012 a Customs House in Erie County was transferred to the Erie Art Museum from the PHMC.<sup>94</sup>

### *Sale of Municipal Property*<sup>95</sup>

The disposition of municipal real property is an individual councilmanic act, rather than a matter of state legislative action. The authority of, and restrictions upon, a municipality to dispose of its real property is determined via the respective municipal codes, or, in the case of home rule municipalities, within their home rule charters or administrative codes. Title 53 (Municipalities Generally) of the Pennsylvania Consolidated Statutes also generally authorizes home rule municipalities to purchase and sell real property.<sup>96</sup>

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<sup>88</sup> Act of Jun. 21, 2019 (P.L. 35 No.10)

<sup>89</sup> Act of Oct. 24, 2018 (P.L. 787 No. 128)

<sup>90</sup> Act of Oct. 30, 2017 (P.L. 793 No. 47)

<sup>91</sup> Act of Jul. 7, 2016 (P.L. 461 No. 68)

<sup>92</sup> Act of Oct. 22, 2014 (P.L. 2855 No. 174)

<sup>93</sup> Act of Jul. 9, 2013 (P.L. 440 No. 63)

<sup>94</sup> Act of Jul. 5, 2012 (P.L. No. 120)

<sup>95</sup> This section was provided by the Pennsylvania Local Government Commission

<sup>96</sup> 53 Pa.C.S. §2964(4).

Boroughs,<sup>97</sup> townships of the second class,<sup>98</sup> incorporated towns<sup>99</sup> and cities of the third class<sup>100</sup> are required to advertise for bids or a public auction for any real property that is being sold in excess of \$6,000. Townships of the first class<sup>101</sup> currently have a bidding threshold limit of \$1,500.<sup>102</sup> For sale of real property for consideration of \$6,000 or less, the respective governing bodies must first receive an appraisal of the property conducted by a qualified real estate appraiser.<sup>103</sup> If the municipality receives no bids after proper advertisement, the municipality shall advertise again. If, after the second advertisement, still no bids are received, then the municipality is permitted to enter into a sales contract outside of the bidding process.<sup>104</sup>

Alternatively, the County Code provides the authority for counties of the second class A through eighth classes to sell real property for no less than its fair market value. If the real property contains resources such as oil, gas, coal, or timber, the county must advertise the description of the property, including the resources within. Further, if the fair market value of the real property is estimated to be more than \$10,000, county commissioners must first consult with two of the following before the sale: county assessor, certified broker-appraisers or certified real estate appraisers doing business within the county.<sup>105</sup>

The municipal codes also provide for exceptions to the bidding threshold limits. For example, the Third Class City Code allows for the sale of real property without bidding requirements, regardless of value, to the following entities:

- the Federal Government, the Commonwealth, a municipality, home rule municipality, institution district or school district;
- volunteer fire company, volunteer ambulance service or volunteer rescue squad;
- municipal authority, a housing authority, an urban redevelopment authority, a parking authority, or a port authority;
- nonprofit corporation engaged in community industrial development;
- nonprofit corporation organized as a public library;

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<sup>97</sup> 8 Pa.C.S. §1201.1(a).

<sup>98</sup> 1933, P.L. 103, No. 69, §1503(a).

<sup>99</sup> 1953, P.L. 244, No. 34 §1.1(a).

<sup>100</sup> 11 Pa.C.S. §12402.1(b)(1).

<sup>101</sup> 1931, P.L. 1206, No. 331, §1501(II).

<sup>102</sup> However, House Bill 2073, PN 3052, amends the First Class Township Code to increase the bidding threshold to \$6,000 and to require an appraisal of the property prior to sale. The bill passed the House on January 14, 2020 and has been referred to the Senate Local Government Committee for consideration.

<sup>103</sup> Boroughs: 8 Pa.C.S. §1201.1(c). Townships of the second class: 1933, P.L. 103, No. 69, §1503(a). Incorporated towns: 1953, P.L. 244, No. 34 §1.1(a). Cities of the third class: 11 Pa.C.S. §12402.1(b)(8). See n. 7 for townships of the first class.

<sup>104</sup> 1979 (P.L.241, No.78).

<sup>105</sup> 1955, P.L. 323, No. 130 §2306(a).

- nonprofit medical service corporation;
- nonprofit housing corporation; and
- nonprofit museum or historical organization.

However, if the real property is no longer being used for the original purpose of the sale, the property then reverts back to city ownership.<sup>106</sup> The other municipal codes have similar or additional exceptions to the bidding threshold limits<sup>107</sup> and reversionary requirements.<sup>108</sup>

Generally, surplus municipal real property may be disposed of to any grantee, for any purpose, unless it is subject to the reversionary mechanisms discussed above, or other statutory restrictions. For example, the Eminent Domain Code<sup>109</sup> provides for disposition of real property for an abandoned public project. Specified real property that was condemned, but for which the project never moved forward, may not be sold and used for a nonpublic use or purpose within 21 years after the condemnation without court approval. Additionally, the Donated or Dedicated Property Act<sup>110</sup> provides a method through the Orphans' Court to dispose of donated or gifted real estate that was deemed impracticable or impossible to maintain or had ceased to serve the public interest. The court may permit the municipality, among other things, to substitute other real estate in exchange for the original property, or sell the real estate and apply the proceeds to either carry out the trust purposes or to a different public purpose.

In addition to the sale of municipal real property, municipalities are also authorized via their respective codes to exchange, or “swap”, property of equal or greater value to be used for public purposes.<sup>111</sup> These exchanges may also be subject to similar reversionary requirements as real property sales.

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<sup>106</sup> 11 Pa.C.S. §12402.1(e).

<sup>107</sup> For example, *see* 1933, P.L. 103, No. 69, §1503(c) for Second Class Townships and 1955, P.L. 323, No. 130 §2306(b) for counties.

<sup>108</sup> For example, *see* 1933, P.L. 103, No. 69, §1503(d).

<sup>109</sup> 26 Pa.C.S. §310.

<sup>110</sup> 1959, P.L. 1772, No. 670, §4.

<sup>111</sup> For example, *see* 8 Pa.C.S. §1201.1(d).

***Norristown State Hospital***

The Department of General Services (DGS) maintains overall ownership of the Norristown State Hospital campus, but also leases several buildings to non-Commonwealth agencies. Those buildings are leased to county mental/behavioral health and non-profit service providers. In addition, the Commonwealth allows utilization of the campus for recreational activities which are free-of-charge to the community, including a greenhouse open to the public.

Six mental health treatment providers operate nine county mental health treatment programs on the NSH campus in building space leased through the Commonwealth. As of March 2019, a total of 441 employees from county mental health tenants were assigned to work in six buildings on the NSH campus. Table 2 lists each building, the program operating out of the building, the number of employees, and the county(ies) served.

<b>Table 2 County Mental Health Contracted on the NSH Campus</b>				
<b>Building</b>	<b>Operation/Office</b>	<b>Employees</b>	<b>Description</b>	<b>County Served</b>
#09	Resources for Human Development/ Coordinated Homeless Outreach Center Shelter (CHOC)	25	Emergency housing for single adults experiencing homelessness	Montgomery
#09	Elwyn/New Beginnings – Residential Treatment Facility for Adults (RTFA)	23	Residential housing, continuous treatment, support, and supervision for adult residents	Berks, Chester, Delaware & Montgomery
#09	Elwyn/Natale North Forensic – Residential Treatment Facility for Adults (RTFA)	17	Forensic residential housing, continuous treatment, support, and supervision for adult residents	Berks, Delaware & Montgomery
#13	Carelink-STAR Residential/STAR – Community Residential Rehabilitation (CRR) Carelink-STAR partial program/STAR Partial Hospitalization Program	60 (20 fulltime / 40-part time)	Residential rehabilitation program providing 24-hour support and supervision in a secure facility seven days per week	Berks, Chester, Delaware, Montgomery, Philadelphia
#15	Circle Lodge / Circle Lodge Community Residential Rehabilitation (CRR)	17	24-bed, State-licensed community residential rehabilitation program	Montgomery

<b>Table 2</b>				
<b>County Mental Health Contracted on the NSH Campus</b>				
<b>Building</b>	<b>Operation/Office</b>	<b>Employees</b>	<b>Description</b>	<b>County Served</b>
#45	MCES Carol's Place / Carol's Place - Crisis Residential 20 Montgomery	20	Short-term, consumer-centered treatment with a supportive, home-like environment to adults who are experiencing an acute psychiatric crisis and who can be treated safely and effectively	Montgomery
#50	MCES Acute Psychiatric Hospital / MCES - Inpatient, Crisis and Ambulance	270	Non-profit behavioral health emergency service that meets the needs of persons experiencing a psychiatric emergency or serious mental health crisis on a 24/7 basis	Berks, Chester, Delaware, Montgomery & Philadelphia
#56	Horizon House / Community Residential Rehabilitation (CRR)	9	Residential program from Philadelphia State Hospital to satisfy a DHS program requirement	Philadelphia.
<b>Total Employees</b>		<b>441</b>		

The nine programs are provided by six providers, which include Montgomery County Emergency Service, Inc. (MCES), Carelink, Circle Lodge, Resources for Human Development, Elwyn, and Horizon House. The total community bed capacity is 304 and approximately 3,720 individuals are served annually by the programs operating through the six providers on the NSH campus. Capital improvements have been invested in each of the buildings by both the Commonwealth and the tenants. The total amount of rent, utilities, and insurance paid annually by the providers to DGS is \$1,799,693, with varying types of federal and state Medical Assistance programs and insurance paying for the services provided on campus.



In addition to the county tenants, there are also six non-profit and community organizations that hold building leases or agreements to use land at the NSH campus rent-free. Table 3 identifies the organizations that currently lease or utilize space at the NSH campus rent-free and the programs operating, building, and the number of employees/volunteers.<sup>112</sup>

<b>Table 3 Non-Profit and Community Organizations on the NSH Campus</b>			
<b>Building</b>	<b>Operation/Office</b>	<b>Employees</b>	<b>Description</b>
#02	Greater Philadelphia Search and Rescue	20 (volunteers)	Volunteer search and rescue team for PA, NJ, DE and MD
#12	Patient Advocate	2	Advocate for HSH patients
#53	Volunteers in Action	80 (volunteers)	Provides programs and activities for patients of NSH to enhance the quality of life
#54	Hub (Blind Association)	2	Canteen
Green Space/Stream Area	Stoney Creek Anglers	25 (volunteers)	Trout Nursery
Sports Field/Open Green Space	Norristown Youth Eagles, Inc.	(volunteers)	Youth Football League

<sup>112</sup> Michael Baker International, *Norristown State Hospital Land Planner Feasibility Study*, p. 3-4, March 2019. <https://www.dgs.pa.gov/Documents/Press%20Office/NSH%20Land%20Planner%20Study%20March%202019.pdf>.

## *Hunt Armory*

The Hunt Armory is a 90,000 square foot armory in a densely populated residential area of Pittsburgh which was owned by the Commonwealth and was home to the 28th Infantry of the Army National Guard until 2013.<sup>113</sup> The Urban Redevelopment Authority of Pittsburgh (URA) acquired the building with the condition that the Commonwealth had the right to take back the property if it had not been conveyed at fair market value by Dec. 31, 2019.

A developer submitted a \$32 million plan which centered on building two skating rinks, an NHL regulation-sized rink and a smaller, 100 by 60-foot rink. In addition, the plan included many community assets, such as 23,855 square feet of office space, 142,210 square feet of parking (116 spaces) and retail/classroom facilities. While some initial funding kept the project alive, more private partners were needed to fund the rest of the project. Developers engaged in active discussions with Chatham University and the Pittsburgh Penguins about taking a formal role in the project, and there were also plans to raise additional capital by selling the naming rights to the building.<sup>114</sup>

With the deadline approaching for the Commonwealth to take back the property if it had not been conveyed at fair market value, the URA voted in December of 2019 to transfer as much as \$1 million to the Commonwealth to fully acquire the Hunt Armory. The purchase kept the redevelopment on track since the recreation center, including the ice rink, had not evolved as fast as anticipated.<sup>115</sup>

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<sup>113</sup> Bill O' Toole, "Hunt Armory ice rink/office development moves forward thanks to \$1 million state grant," *NEXT Pittsburgh*, August 5, 2019, <https://www.nextpittsburgh.com/city-design/hunt-armory-ice-rink-office-development-moves-forward-thanks-to-state-grant/>.

<sup>114</sup> Paul J. Gough, "URA could send up to \$1M to fully acquire Hunt Armory," *Pittsburgh Business Times*, December 20, 2019, <https://www.wpxi.com/news/top-stories/ura-could-send-up-1m-fully-acquire-hunt-armory/J2U45JSI2NDOBDSBPBLHL5QKMI/>.

<sup>115</sup> O'Toole, "Hunt Armory," *NEXT Pittsburgh*.

When contacted for the purposes of this report, DGS highlighted some of the many considerations when thinking about reusing an existing structure for a new purpose that depend on the specific buildings in question.

### *Feasibility Study*

While this report provided the basic elements to determine where in Pennsylvania the opioid crisis is most acute and indicates what vacant and closed state land may be available for reuse, state government officials and private operators will need to examine each site on a case-by-case basis to determine if a particular site is suitable for use as a drug treatment center. A full feasibility study conducted by experienced and independent professionals should be a priority in any location that would require extensive renovations to site a drug treatment center. These studies help ensure that business plans are technically possible, legal, and financially sustainable.

In the private sector, feasibility studies are used to gather information as to whether a proposed business will generate enough money and draw enough customers to remain viable in the long term and meet its intended goals. In the case of treatment clinics, sustainability involves being able to draw a suitable number of patients, meet state regulations, and delivering a level of quality care deemed acceptable. A feasibility study is often conducted after several options have already been generated and the study will note the benefits and drawbacks of each course of action.<sup>116</sup> The study informs the business developer so it can make an informed assessment of the risks and benefits before committing to a particular project.

The pricing of feasibility studies varies greatly depending on many factors such as the size of the facility, quality of data already available, breadth of the study, and type of industry. The price generally tends to increase with industries with higher levels of regulation and which have unique the business plans is. Prices will also be higher based on the number of options under consideration by developers. While the healthcare industry often has more data available than other industries, the amount of regulations lead to more expensive feasibility studies, due to the increased complexity.<sup>117</sup> The growing number of drug treatment facility centers across the country

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<sup>116</sup>Don Hofst, Mary Holz-Clause, "What is a Feasibility Study," *Iowa State University Extension and Outreach.edu*, Updated October 2009, <https://www.extension.iastate.edu/agdm/wholefarm/html/c5-65.html>

<sup>117</sup> Andrew Clarke, "Factors Affecting Feasibility Study Pricing," *Ground Floor Partners.com*, accessed July 7, 2020, <https://groundfloorpartners.com/factors-affecting-feasibility-study-pricing/>.

has helped create a number of established models that developers may draw on, which helps reduce the cost of a study compared to an entirely new business plan.<sup>118</sup>

For small drug treatment centers, the minimum cost associated with these feasibility studies was \$7,500 for contractors that specialize in opening up small treatment facilities.<sup>119</sup> This level of study entails such elements as basic market research into who else provides similar services in the area, what type of treatment facility would be the most effective, and which demographic of people the center hopes to attract. However, the risk of choosing a less costly study is that information provided may not be customized enough to the individual property and business model to be of much use. In the construction industry, there are loose guidelines suggesting that these studies should only count towards approximately 1 percent of the total project budget,<sup>120</sup> however larger projects will have proportionally smaller feasibility costs.<sup>121</sup>

Feasibility studies are not normally needed in most cases to dispose of state property, due to the costs of the studies. Their need is currently assessed on a case-by-case basis by DGS.<sup>122</sup> When a feasibility study is commissioned by DGS, it is usually done when an agency is considering a major renovation or large new building on state property. Vendors are chosen through a competitive request for quote (RFQ) process. One example of a recent study commissioned by DGS is a two-year land use feasibility study for Norristown state hospital grounds covering 33 buildings which will cost \$186,300.<sup>123</sup> The study will explore five options including addition of a new building or renovation to add 200 medical beds to the campus.

### **Adaptive Reuse**

Over the last decade property developers have shifted away from exclusively using new buildings in urban areas. This change has been driven by a number of factors including the collapse of the housing market, rising lands costs, and population growth in urban areas.<sup>124</sup> The process where old buildings are restored for a new purpose is known as adaptive reuse. It can be thought of as the middle ground between preservation to remake a building exactly as it was and a new construction built from the ground up. Adaptive reuse takes what elements are unique to the property and materials that are salvageable while using new additions to re-imagine a property to meet the new function of the property.<sup>125</sup>

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<sup>118</sup> *Ibid.*

<sup>119</sup> “Feasibility Study – Understanding your Market,” *MD Media LLC*, <https://www.drugrehab.agency/feasibility-study/>.

<sup>120</sup> Matt Twomey, “Feasibility Studies: An Overview,” *Area Development.com*, November 2006 <https://www.areadevelopment.com/assetManagement/nov06/feasabilityStudies.shtml>

<sup>121</sup> Andrew Clarke, “Factors Affecting Feasibility Study Pricing,” *Ground Floor Partners.com*.

<sup>122</sup> Bradley Swartz. “Email Correspondence,” DGS Chief of Real estate Acquisitions and Dispositions. April 24, .20

<sup>123</sup> *Feasibility Services Agreement*. DGS & Kimmel Bogrette Architecture Site. 4.26.18

<sup>124</sup> Kenneth Betz, “Old is New Again: is it Worth it,” *Commercial architecture.com*, February 3, 2017. <https://www.commarch.com/old-new-worth/>

<sup>125</sup> *Ibid.*

Changing consumer preferences also plays an important role in the shift. The millennial generation is more likely to live in cities than their parents. Additionally, developers have shifted to adaptive reuse in response to the recession and are stalling new development projects. This combination of factors has made the decision to reuse older buildings more economically beneficial for developers than it had been in the past.

While the concept has become trendy, building reuse is by no means new and was used extensively in the 17 and 18<sup>th</sup> centuries.<sup>126</sup> Limited building materials and high transportation costs and travel times had historically made new construction too expensive. The advent of the railroad in the United States and later the interstate highway system made creating new buildings cheaper since both building materials and labor were more mobile. A change in building materials meant that it became more convenient to tear down buildings and replace them.

Adaptive reuse is defined as the practice of identifying, acquiring, renovating, and placing back into service a building or similar structure for a purpose different than that for which it was originally designed. Sometimes termed repurposing, the technique often centers on breathing new life into abandoned buildings in various states of decline. Although it contains a significant renovation component, adaptive reuse is much broader due to its focus on modifying structures to accommodate new and different missions. It's been shown to help communities maintain or recapture vitality, reduce blight caused by abandoned properties, and conserve natural resources, all while permitting institutions to economically address their spatial expansion need.<sup>127</sup>

The costs of adaptive reuse vary considerably depending on the size and current conditions of the buildings and what the new intended purpose will be. Adding an additional floor and a courtyard to a former bank might cost \$5 million, while transforming an early 20th century warehouse into green office space might be accomplished for \$1 million.<sup>128</sup> One consulting firm estimated that for larger buildings over 50,000 square feet, restoration of an old building is often either marginally cheaper or comparable in cost to new construction depending on the building's present condition, and extent of the renovations needed to suit its new purpose.<sup>129</sup> Another consulting firm found among its own projects that when factoring in costs of demolition, reuse can be more cost effective in the long run than building a new construction of similar size. They estimated that it was 16 percent lower in construction costs and took 18 percent less time to repurpose than build anew.<sup>130</sup>

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<sup>126</sup> "Adaptive Reuse," *Chester County Planning Commission.org*, accessed July 20, 2020, <https://www.chescoplanning.org/MuniCorner/Tools/AdaptiveReuse.cfm>

<sup>127</sup> James Elrod, John Fortenberry Jr., "Adaptive reuse in the healthcare industry: repurposing abandoned buildings to serve medical missions," *BMC health services research*, vol 17, 451, July 17, 2020, <https://doi.org/10.1186/s12913-017-2339-4>.

<sup>128</sup> "FM Cost Trends - Adaptive Reuse Projects," *Buildings.com*, October 1, 2014 <https://www.buildings.com/article-details/articleid/18028/title/fm-cost-trends--adaptive-reuse-projects>

<sup>129</sup> Oliver Fox, "Cost Drivers of Historic Adaptive Reuse Projects," *Mark G. Anderson Consultants.com*, accessed July 20, 2020, <https://www.mgac.com/blog/cost-drivers-of-historic-adaptive-reuse-projects/>.

<sup>130</sup> Fred Burkhardt, "Embracing Adaptive Reuse for Corporate Real Estate," *Trade & Industry Development.com*, May 5, 2017, <https://www.tradeandindustrydev.com/industry/embracing-adaptive-reuse-corporate-real-estate-12810>

**Table 4**  
**Typical Cost per Square Foot Range:**  
**New Build vs Historic Adaptive Reuse**  
**(for a >50,000 SF building in the US Mid-Atlantic Region)<sup>131</sup>**

<b>Building Type</b>	<b>New Build cost</b>	<b>Historic Adaptive Reuse<sup>132</sup></b>
Higher Ed. Classroom	\$425-550 per sq. Ft.	\$325-475 per sq. Ft.
High School Classroom	\$300-500 per sq. Ft.	\$275-375 per sq. Ft.
Commercial Office	\$250-300 per sq. Ft.	\$225-300 per sq. Ft.
Museum	\$700-1,300 per sq. Ft.	\$600-900 per sq. Ft.

While the overall cost of materials are cheaper since the building has already been constructed, the high cost of custom materials such as historic fastenings and windows can take project managers unaware and push the project over budget if they are not accounted for early on.<sup>133</sup> Budgeting for customized materials with vendors during the planning stages can help avoid unexpected costs. It is also a safe practice to plan for unexpected costs to come up during renovation not accounted for in initial estimates. Budgeting for change orders is more expensive in a renovation project and can be two to three times more costly than a new construction.<sup>134</sup> Likewise, contingencies should be based on project’s risk assessment and records of building condition when compared to a new building.

Labor costs are typically higher in an adaptive reuse project when compared with new construction because more expertise is usually needed.<sup>135</sup> Reinforcing structural integrity and foundations of a building are a common requirement in adaptive reuse projects. This requires planners who can adapt to unknown conditions and find alternate solutions when problems present themselves. Older building layouts can create logistical issues for renovations that can make it hard to transport building materials through the site to in the places where workers need them. Replacing MEP (mechanical electrical, engineering, and plumbing) systems can be a costly endeavor because of thick walls, inefficient placement, and the expense to reinforce materials that can be hard to work around. Some uses for historic buildings need to account for acoustics so that buildings are properly insulated.

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<sup>131</sup> Oliver Fox “Cost Drivers,” *Mark G. Anderson Consultants.com*

<sup>132</sup> Assumes significant updates needed.

<sup>133</sup> *Ibid.*

<sup>134</sup> *Ibid.*

<sup>135</sup> *Ibid.*

## *Drug & Alcohol Rehab Center*

ProfitableVenture.com is a “Give Back” project to the community which provides information on starting a business, building a career or making profitable investments. Complete guides for starting a business are provided by ProfitableVenture.com, including a detailed cost analysis for starting a drug & alcohol rehab center. The cost of a rehab center depends on the size and type, but some equipment and personnel are necessary regardless of the size.

General Guidelines and cost estimates for rehab centers include:

- Total fee for incorporation – \$800
- Insurance, license and permits budget – \$1,500
- Amount needed to acquire a facility for at least a year with reconstruction included – \$60,000
- Cost of equipping the facility with administrative tools (filing cabinets, telephones, computers, fax machines, printers, electronics, safety and security gadgets) – \$5,000
- Cost of acquiring the required working treatment and therapy tools and equipment would cost – \$15,000
- Cost of launching an official website – \$1,000
- Additional expenditure and miscellaneous expenses include – \$2,000

Based on the costs above, ProfitableVenture.com estimated that that if someone intends to start a small scale rehab center in the United States, they would need to cover start-up costs of approximately \$86,000. In order to start a medium scale rehab center, an entity would need approximately \$170,000. A large scale center would have start-up costs of approximately \$340,000.<sup>136</sup>

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<sup>136</sup> “Starting a Drug & Alcohol Rehab Center,” ProfitableVenture.com, accessed February 19, 2020, <https://www.profitableventure.com/starting-a-drug-alcohol-rehab-center/>.

## ***Construction Comparison to Senior Living House***

While construction of nursing homes have some similarities in the requirements under federal law to drug treatment facilities, they are required to have approximately double the amount of square footage per bed as a drug treatment facility. Construction costs are rising for the assisted living industry because of labor shortages and increasing lumber costs. Mid-level costs ranged from 170-212 hundred per square foot in 2018.<sup>137</sup>

Starting a new facility requires a significant amount of funds, including a 20-25 percent down payment from lender, and \$3,000 to \$5,000 per unit in startup costs to furnish the facility and common areas. The entity also needs working capital that covers 3-6 months of operating expenses such as payroll, mortgage, and other costs.<sup>138</sup> Three of the largest expenses for operating a community housing facility are for labor, food, and utilities.<sup>139</sup>

### ***16-Bed Inpatient Facility***

In March of 2014, the Montana Children, Families, Health, and Human Services Interim Committee sought estimates for the costs of building and operating a 16-bed mental health treatment facility for individuals who are involved in the civil commitment process.<sup>140</sup> Cost estimates were developed for construction costs using an annual publication, *RSMean Square Foot Costs*, their Architecture and Engineering Division uses to estimate construction costs for various types of buildings. While there was not information specific to a psychiatric hospital, there were costs of a jail-like facility at \$311 to \$327 per square foot and a hospital-like facility at \$341 to \$354 per square foot. A residential facility for people being detained, evaluated, or treated because they pose a danger to themselves or others would include some of the secure elements that might exist in a jail setting as well as some of the medical and treatment elements found in a hospital facility therefore a combined average was created.

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<sup>137</sup> Tim Regan, "Senior Housing Construction Costs are Still Rising," *Senior Housing News*, January 25, 2018, <https://seniorhousingnews.com/2018/01/25/senior-housing-construction-costs-still-rising/>.

<sup>138</sup> Mike Collins, "How Much Money Do I need to Start an Assisted Living Facility?" *Senior Care Mike.com*, February 6, 2015, <https://seniorcaremike.com/how-much-money-to-start-assisted/>.

<sup>139</sup> Adam Stone, "Managing the Biggest Community Expenses: Labor, Food & Energy," *Argentum.org*, October 31, 2017, <https://www.argentum.org/magazine-articles/managing-food-labor-energy-costs-senior-living-communities/>.

<sup>140</sup> Sue O'Connell, "State-Operated Institutions, Building and Operating a 16-Bed Inpatient Facility," *Montana Children, Families, Health, and Human Services Interim Committee*, May 2014, <https://leg.mt.gov/content/Committees/Interim/2013-2014/Children-Family/Committee-Topics/HJR16/hjr16-building-operating-16-bed-facilities-may2014.pdf>.



The square footage was based on a review of three local facilities and ranged as the following size options:

- a small facility with about 600 square feet per person;
- a medium facility with 800 square feet per person; and
- a large facility with 1,000 square feet per person.

The potential construction costs ranged from \$4.7 million for the smallest and least-expensive 16 patient facility to \$8.75 million for a large, hospital-like facility built on the highest-cost land in a major city. In addition, the staffing and other operating costs were estimated to be at least \$3 million a year.



## VACANT STATE PROPERTY

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The DGS Land and Building Inventory is an account of state properties throughout the Commonwealth. The Inventory takes note of each property's location, occupying agency, construction date, square footage, and replacement value. While the document is checked for updates on a weekly basis, in practice it is changed infrequently, usually only when an agency files a report notifying DGS of a change in one of its listed properties. The decentralized and self-reported nature of this system means that the inventory might be outdated or incomplete. DGS officials noted that while the inventory is a useful tool, in its current form it may only be 50 percent accurate over the status of Pennsylvania's land and buildings. While DGS has contracted services from International Business Machines (IBM) to modernize its inventory system, using TRIRIGA real estate managing software, the project was delayed due to the COVID-19 outbreak.

### *Space Management Software*

The TRIRIGA system by IMB will require a significant amount of training and state resources to implement, but could serve as a valuable tool for assessing the state's property once launched by DGS later in 2020. TRIRIGA can be thought of like a toolbox: it is a shared platform that can be used for numerous facility management applications.

One aspect of this platform is that it uses artificial intelligence driven analytics to connect objects within buildings to the internet and to gather information on how to manage office space more effectively. One potential application of this system is placing sensors located in office spaces to determine its occupancy rate and can show what space is currently available to maximize occupancy rates. This is useful for agency's who do not have assigned office space for staff, possibly because of remote work and can use this information to schedule what times. The software also has other uses for lease accounting, and balancing real estate portfolios to improve financial management. Perhaps of greater relevancy to this report, the program is moving toward a centralized data management system that eliminates individual data silos among the agencies.<sup>141</sup>

One of the primary benefits to using TRIRIGA software is applications to reduce utility costs and consumption, through using sensors to automatically adjust temperature levels or to turn off lights when a room is not being occupied. The software can also automate preventive

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<sup>141</sup> IBM, *Global Real Estate group: managing space with technology*, video, accessed July 20, 2020, [https://mediacenter.ibm.com/media/IBM+Global+Real+Estate+GroupA+Managing+space+with+technology/1\\_9yk3aj9l](https://mediacenter.ibm.com/media/IBM+Global+Real+Estate+GroupA+Managing+space+with+technology/1_9yk3aj9l)

maintenance by streamlining reports which makes it easier to keep track and predict when future maintenance will be needed so it can be budgeted accordingly.<sup>142</sup> Another functionality that could benefit state agencies are applications to redesign office workflow based on how the space is used. This could allow optimization of state office buildings layouts to ensure staff have ample space for offices, meeting rooms for conferencing, and private spaces, especially if several workers are sharing spaces at different dates or times. Report manage functions can help strip down on the amount of information presented in customized reports to focus on vital information that can help inform decision making.

In the future, this program could be used to better understand how state office space is used, how to consolidate state facilities, and provide a better inventory of what space is available for reuse. These reports on unused property could be made available on a publically searchable database that could allow interested residents, business owners, representatives of the media, government officials to quickly identify surplus properties in their area. This would allow awareness on vacant state properties to be shared and would aid in communities ability to discuss options on how to best redevelop unused state-owned space.

### *Identifying Vacant State Property*

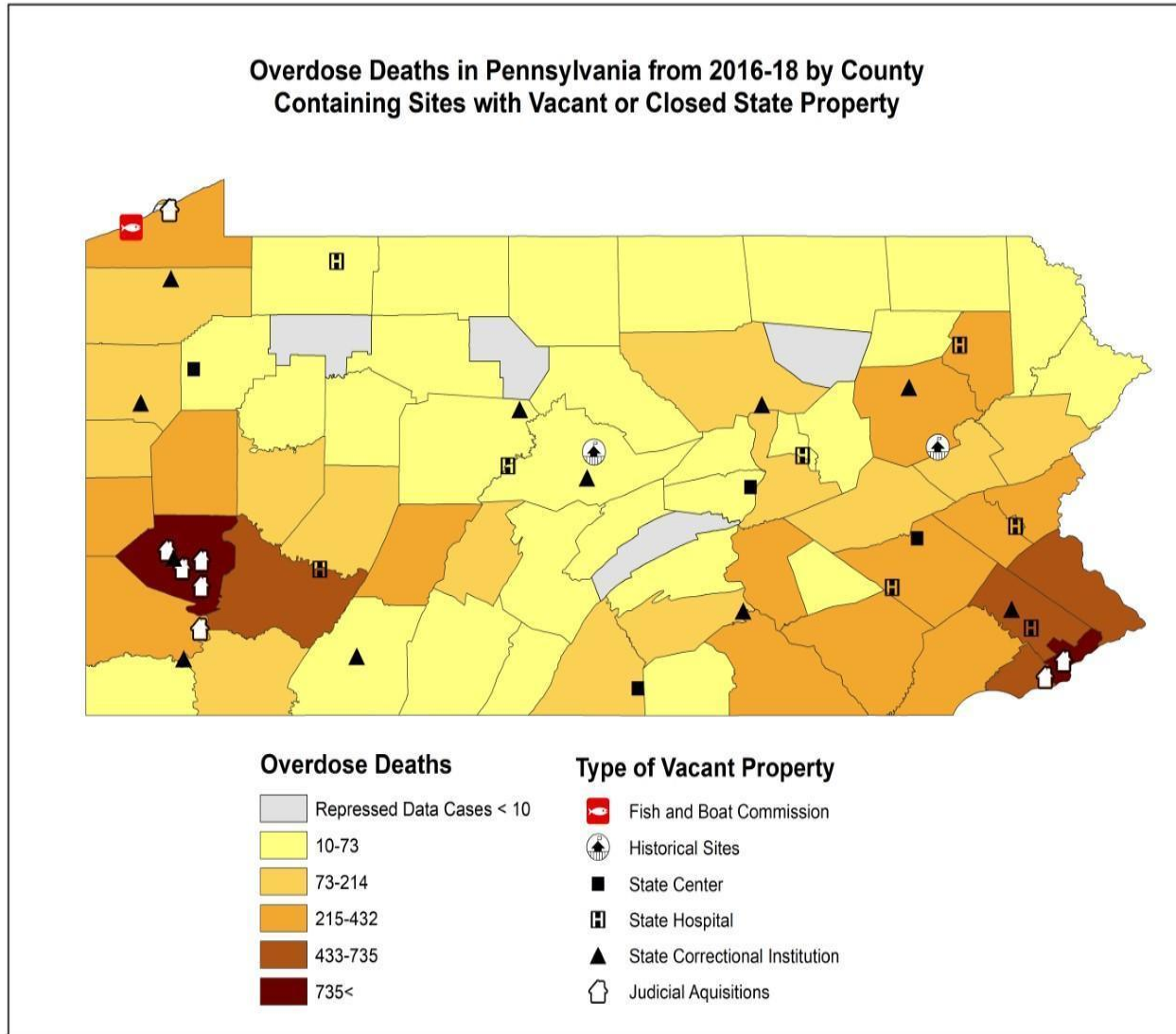
Lacking a more comprehensive data set, information on all unused property in the DGS inventory designated as vacant is included in appendix B of this report. Space that has been designated as storage has not been included although it is likely that much of it is unused or underutilized. This inventory is only marginally useful for assessing a site's potential for conversion into a drug treatment center. Limitations of this listing include that there are no notes on the general condition of the property, on specific repairs needed, on the availability of parking, presence of environmental hazards, and local zoning regulations, and traffic conditions.

Below is a map containing sites the Commission identified with vacant property that could conceivably be converted to Drug and Alcohol Treatment Facilities. These sites were compared to a three year total of county overdose deaths from 2016-2018. In this instance, an annual total was not used because overdose death is a relatively rare occurrence and can result in large differences from year-to-year. Unsurprisingly, the places in Pennsylvania with the highest overall number of overdose deaths corresponded with highly populated urban centers, with Philadelphia and Pittsburg being the most severe, followed by counties that immediately surround those urban centers.

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<sup>142</sup> IMB, *4 ways integrated workplace management systems make your building Smarter*, video, accessed July 20, 2020, [https://mediacenter.ibm.com/media/4+ways+an+Integrated+Workplace+Management+System+%28IWMS%29+ma kes+your+building+smarter/0\\_p0qqbi83](https://mediacenter.ibm.com/media/4+ways+an+Integrated+Workplace+Management+System+%28IWMS%29+makes+your+building+smarter/0_p0qqbi83).

Much of the vacant property of that state is located in areas that have a low to intermediate levels of total overdoses. Since these properties were sometimes shuttered due to decreasing population or aging facilities they may not be ideally situated for conversion into substance use treatment facilities. While remote locations may be impractical options for outpatient facilities, this is less of a barrier for longer-term substance use treatment facilities.



Statewide, Pennsylvania has a death rate of 38 overdoses per 100,000 people. While Philadelphia may have had the highest total number of overdose deaths, Cambria County has the highest death rate in the state, 61 overdoses per 100,000 people. Less densely populated counties with death rates exceeding the state average include Armstrong, Fayette, Lawrence, Beaver, Indiana, and Wyoming. It is recommended by the commission that legislative efforts to focus on counties with the highest overdose mortality rates. Counties with both vacant buildings on state

property, and higher than average overdose rates include: Philadelphia, Westmoreland, Allegheny, Luzerne, Fayette, Lackawanna, and Montour Counties.

The remainder of this chapter will discuss many of the smaller vacant buildings identified in the DGS Building and Land listing. These properties would likely not be ideally suited for use as substance use treatment facility either because of their size or location or other factors. Larger facilities like medical buildings and correctional facilities will receive a more in-depth treatment in subsequent chapters.

### *Fish and Boat Commission*

On the grounds of the 88 acre Fairview State Fish Hatchery in Erie, is a 1,800 square foot residence built in 1890 that is marked as vacant. It is estimated that the property contents replacement cost is \$54,221.<sup>143</sup> The residence could be converted into a small visitor's center. While there are examples of old fisheries being converted into highly valued residential housing due to their proximity to water, such reuses typically occur only after a hatchery has closed.

### *Historical Preservation Buildings*

The Pennsylvania Historical and Museum Commission oversees one of the largest collections of buildings of any agency in Pennsylvania. While these buildings are included on the DGS inventory list of vacant properties, they are distinct since their age, lack of modern amenities, and location at historic tourism sites do not make them suitable for the purposes of drug treatment facilities.

Curtin Village home to the Eagle Ironworks is a historical site in Centre County and is managed by the Roland Curtin Foundation. All of the vacant buildings are listed as being constructed in 1850. Vacant properties on the listing include the Dukeman House, the Aikey Foreman House, and a boarding house for seasonal residents of the village.<sup>144</sup> In 1971, the village was listed on the National Register of Historic Places.

The Eckley Miner's Village located near the town of Hazleton is associated with Pennsylvania's anthracite coal mining heritage. The site was constructed in 1857 as a village, and restored in 1970s to shoot the location of the film "Molly Maguires."<sup>145</sup> Several full-time residents reportedly still live in the town. The Eckley village has two vacant houses ranging from 3,400-3,500 square feet whose replacement contents average \$700,000.

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<sup>143</sup>"Fairview State Fish Hatchery," *Pa. Fish & Boat Commission*, accessed July 20, 2020, <https://www.fishandboat.com/Fish/Stocking/StateFishHatcheries/Pages/FairviewStateFishHatchery.aspx>

<sup>144</sup> "Eagle Ironworks at Curtin Village," Roland Curtin Foundation, accessed July 23, 2020, [http://www.curtinvillage.com/Furnace\\_\\_\\_Village.html](http://www.curtinvillage.com/Furnace___Village.html)

<sup>145</sup> Dejan Veskovc, "The Life and Times of Eckley Miner's Village," *Pennsylvania Center for the Book.edu*, accessed July 23, 2020, <https://www.pabook.libraries.psu.edu/literary-cultural-heritage-map-pa/feature-articles/life-and-times-eckley-miners-village>

Although not operated by the PHMC, the Thaddeus Stevens College of Technology in Lancaster has two residences older than 100 years that are designated as vacant. The replacement value of both was estimated at \$60,000. One was built in 1890, the other 1910 with an accompanying garage. Condition of the buildings could not be verified, but if renovations are needed the college has a residential remodeling program.

### *Judicial Acquisition*

The property inventory lists seven judicial acquisitions marked as vacant. These properties are in urban areas of the state and are houses or small parcels of land in residential areas. These houses are acquired by court action, from liens being placed on the houses. There are four judicial acquisitions in the vicinity of Pittsburgh that are either residential houses or plots in residential areas. The remaining properties on the inventory were in Erie, Philadelphia, and one in Washington County. DHS has no plans to use these houses and is working with DGS to sell the properties. While the status of the properties is unknown, with renovations it is possible that some might be made suitable for recovery homes.

### *Vocational Training Centers*

There are five instances of vocational training centers on the DGS property inventory. The entries were listed under the Department of Public Welfare which has since been reorganized under the Department of Human Services. The locations and status of the properties were not able to be verified by DGS or DHS staff. The five centers were listed in the following counties:

- One center in Bucks
- One center in Delaware
- Three centers In Montgomery

The Delaware County's Adult and Vocational Training Center at Elwyn Post Community specializes in vocational training services for adults with intellectual disabilities.<sup>146</sup> It is unknown if the state owns this building. In some instances partial addresses matched vocational training centers operated by nonprofit companies.<sup>147</sup> One listed center located in Lower Merion Township was reformed into an arts studio for people with intellectual disabilities in 2010.<sup>148</sup>

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<sup>146</sup> "Service Location Certification Information - Elwyn of Pennsylvania and Delaware," Pennsylvania Home and Community Services Information System, accessed July 23, 2020, [https://www.hcsis.state.pa.us/hcsis-ssd/ssd/odp/pages/CertificationInformationTabs.aspx?p\\_varProvId=1729&ServiceLocationID=0042](https://www.hcsis.state.pa.us/hcsis-ssd/ssd/odp/pages/CertificationInformationTabs.aspx?p_varProvId=1729&ServiceLocationID=0042)

<sup>147</sup> Montgomery County Office of Developmental Disabilities. Day Services Guide. <https://www.montcopa.org/DocumentCenter/View/6147/Day-Services-Guide-?bidId=>

<sup>148</sup> "Our Mission," *Center for Creative Works.org*, accessed July 20, 2020, <https://www.centerforcreativeworks.org/mission>

It is recommended that DGS to work with DHS to determine if these locations are truly vacant and to remove them from the Property Land Manifest if they are either currently leased, sold, or were improperly listed as vacant.



## REUSING MEDICAL FACILITIES

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Hospitals are closing due to rising real estate costs and declining demand for hospital beds. It has been estimated that the number of hospitals in the United States has declined by 21 percent in the last 40 years.<sup>149</sup> Reasons for closure include the outpatient surgery centers have proliferated and an overall trend in shorter hospital stays.<sup>150</sup> Old hospitals with their wide hallways and high ceilings have been made into various types of new facilities including apartments, senior housing, hotels, and condominiums.<sup>151</sup>

Hospital closures are controversial in communities with strong emotional and economic attachment to them, especially among those worried about having to travel longer distances in an emergency. Old hospitals cannot always be modernized to meet changes in the needs of the staff and quality of care expected by patients. For example, older hospitals do not typically have large operating rooms and patients are not afforded as much privacy.<sup>152</sup>

Some advantages of reusing hospitals are their close proximity to city centers and public transportation, which makes them a popular choice to be renovated as residential apartments.<sup>153</sup> Over 10 hospitals in New York City have been converted into housing in the last 20 years. Similarly, a 100,000 square foot specialty wing of a hospital in DC was renovated into housing after \$40 million of renovations.<sup>154</sup>

Rather than reuse for an entirely new cause, some older medical buildings are found to be advantageous spaces for providing medical services to the public in new ways. In New Jersey, an old hospital was converted into a For-profit medical mall Barnert Medical Arts complex.<sup>155</sup> The project took over 6 years \$25 Million. A portion of this space was used for a 300,000 square feet drug treatment facility. Projects like this may be encouraged through the use of state tax credits encourage closed hospitals to be repurposed for other medical uses.

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<sup>149</sup> Phil Galewitz, Anna Gorman, “So, What are your plans for that old hospital building?” *American Association for Physician Leadership.org*, January 8, 2018, <https://www.physicianleaders.org/news/so-what-are-your-plans-for-that-old-hospital-building>.

<sup>150</sup> Ronda Kaysen “Repurposing Closed Hospitals as For-Profit Medical Malls,” *The New York Times*, March 4, 2014 <https://www.nytimes.com/2014/03/05/realestate/commercial/repurposing-closed-hospitals-as-for-profit-medical-malls.html>.

<sup>151</sup> Phil Galewitz, Anna Gorman, “Plans for that old hospital building,” *American Association for Physician Leadership.org*.

<sup>152</sup> *Ibid.*

<sup>153</sup> *Ibid.*

<sup>154</sup> *Ibid.*

<sup>155</sup> Ronda Kaysen “Repurposing Closed Hospitals as For-Profit Medical Malls,” *The New York Times*

Sometimes reuse can prove controversial with communities since it is often being restored for a purpose other than that originally intended for the building.<sup>156</sup> One strategy employed by The Willis-Knight Health System, an organization which is a proponent of active reuse at their medical facilities in Louisiana, is to proactively engage with the community by seeking input, and incorporating their suggestions when possible. Meetings with communities can make sure the message about how the building will be reused will be accurately portrayed to stakeholders and is framed in a favorable way.<sup>157</sup>

The costs associated with repurposing Commonwealth property can vary greatly depending of the size of the property, the number of facilities involved, its current condition, whether the property will be conveyed “as is” or if the Commonwealth plans to do any cleanup or renovations to attract potential users and developers. For a better understanding of the costs involved, prior examples involving repurposed properties, buildings and facilities can be examined.

### *State Hospitals*

Of the properties listed as vacant on the state inventory, those likely to be most suitable for use as drug treatment facilities are on the campuses of recently closed or unused buildings at still operational state hospitals. Due to the age of the facilities, buildings may need extensive repairs to be suitable for drug treatment. The primary advantages of repurposing state hospitals is that they are already located in areas already ideally suited to provide medical care. There are currently six active state hospital, most of which have at least one vacant building. Over seven of the state hospitals have demolished over the decades, one of which Philipsburg still appears on the DGS state property listing. Other former state hospitals such as Somerset, Retreat, Lawrence Frick, and Fairview were converted into State Correctional Institutes. Table 5 shows estimated numbers of vacant structures and square feet of space in current and former state hospitals.

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<sup>156</sup>James Elrod, John Fortenberry Jr., “Adaptive reuse in the healthcare industry: repurposing abandoned buildings to serve medical missions,” *BMC health services research*, vol 17, 451, July 17, 2020, <https://doi.org/10.1186/s12913-017-2339-4>.

<sup>157</sup> *Ibid.*

**Table 5**  
**Vacant Structures at State Hospitals**  
**2020**

<b>State Hospital Name</b>	<b>County</b>	<b>Status</b>	<b>No. of Vacant Structures</b>	<b>Estimated Vacant Square Feet</b>	<b>Notes</b>
Allentown	Lehigh	Closed, 2010	31	584,348	Scheduled for demolition
Clarks Summit	Lackawanna	Active	2	120,736	Suitable for reuse
Wernersville	Berks	Active	3	63,397	--
Danville	Montour	Active	11	285,390	--
Torrance	Westmoreland	Active	4	402,577	--
Eastern Penn Psychiatric Institute	Philadelphia	Closed, 1981	NA	--	Sold in 2014 for \$2 Million for conversion into senior care facility
Embreeville	Chester	Closed, 1980	NA	--	Abandoned, deteriorated conditions
Harrisburg	Dauphin	Closed, 2006	15	--	Used as storage, currently for sale
Hollidaysburg	Blair	Closed, 1979	NA	--	\$10 Million conversion for Veteran Housing
Marcy	Allegheny	Closed, 1982	NA	--	Abandoned, deteriorated conditions
Norristown	Montgomery	Active	8	269,027	Closure of civil section; partial redevelopment
Warren	Warren	Active	1	--	Unused Greenhouse

The Clarks Summit State Hospital in Lackawanna County is a promising location for siting a drug treatment facility among state hospital properties. The hospital was built in 1925 on a 152 acre plot.<sup>158</sup> It currently has 203 beds, although during the 1950s it served as many as 1,450 patients. There are currently two underutilized facilities at the hospital that are being evaluated for use for individuals going through drug treatment court who are in need of immediate placement. Given the hospital's excess capacity, DHS identified the 29,675 square foot Summit hall as suitable for conversion into a drug treatment facility. In the future, this facility may be leased out to a third-party operator. After an analysis of the site, it was determined by DOH that the building would need only minimal upgrades for use as a drug and alcohol treatment facility.

### *Norristown State Hospital*

The Norristown State Hospital (NSH) provides mental health services with approximately 300 beds, including 187 forensic beds and 102 civil beds. The Department of Human Services (DHS) is responsible for the property's state hospital operations and its facility maintenance. The Department of General Services (DGS) has overall ownership responsibility, but also leases several buildings on the NSH campus to non-Commonwealth agencies, including Montgomery County and nonprofits providing health and human services. The NSH campus contains 55 buildings on 198.8 acres of land, 14 of which are listed as vacant.

In November 2017, DGS issued a request for quotations to secure the services of a qualified land planner to conduct an independent land planning feasibility study of the NSH campus. The goals of the NSH study were to:

- Determine the highest and best use of the state hospital campus property; and
- Determine if any portion of the property could economically and legally be subdivided while allowing those portions of the property and facilities required by DHS for ongoing mental health treatment to remain in Commonwealth use and ownership.<sup>159</sup>

The feasibility of subdividing and divesting all or a portion of the NSH campus from Commonwealth ownership was assessed from economic, legal, and stakeholder perspectives. The study presented four potential alternatives, including options to convey the land "as is" or with some demolition, renovation and cleanup costs to improve the attractiveness of the campus for prospective users and developers. The alternatives for the Commonwealth to consider were as follows:

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<sup>158</sup> "Clarks Summit State Hospital," *PA Department of Human Services.gov*, accessed July 23, 2020, <https://www.dhs.pa.gov/Services/Assistance/Pages/Clark-Summit.aspx>.

<sup>159</sup> Michael Baker International, *Norristown State Hospital Land Planner Feasibility Study*, March 2019. <https://www.dgs.pa.gov/Documents/Press%20Office/NSH%20Land%20Planner%20Study%20March%202019.pdf>.

**Alternative 1** – Full Property Conveyance. This alternative considers conveyance of the entire 198.8-acre NSH campus to an entity that would be determined. This alternative would require relocation of all NSH campus operations in Norristown and West Norristown Township, and includes options to convey the property ‘as is’ or post demolition and environmental cleanup by the Commonwealth. The estimated cost would range from \$175,752,103 (primarily relocation costs) to \$214,104,179 (post demolition and cleanup).

**Alternative 2** – Partial Property Conveyance (Approximately 78 acres). Alternative 2 considers subdivision and conveyance of approximately 78 acres located in Norristown to the municipality or a designated entity. The state hospital civil and forensic units and the county mental health providers would continue to operate on the approximately 120 remaining acres of land, but a total of 98 employees would be relocated from the 78 acres that would be subdivided/conveyed. The Commonwealth would evaluate opportunities to consolidate operations on the remaining campus. The estimated cost to relocate impacted operations post demolition and cleanup was approximately \$30,000,000.

**Alternative 3** – Partial Property Conveyance (Approximately 67 acres). Alternative 3 considers subdivision and conveyance of approximately 67 acres located in Norristown to the municipality or a designated entity. Alternative 3 differs from Alternative 2 by the Commonwealth retaining ownership of a building, and surrounding land, which currently serves as the Montgomery County homeless shelter and provides operational space for two county mental health service programs. The estimated cost to relocate impacted operations post demolition and cleanup was approximately \$25,394,288.

**Alternative 4** – No Property Conveyance. Alternative 4 includes no property conveyance and the Commonwealth would commit to evaluating opportunities to consolidate operations on the campus. In addition, the Commonwealth would invest in campus improvements, including an accelerated schedule to demolish blighted buildings and prioritizing buildings for demolition which currently impact surrounding neighborhoods. The estimated cost for utility separation, demolition, and cleanup was approximately \$25,394,288.

In order to determine the economic feasibility of subdividing and divesting all or a portion of the NSH campus, a variety of costs were evaluated under each alternative. Those individual costs can provide valuable insight on what to expect when repurposing other unused properties, buildings and facilities across the Commonwealth. Included in the study were costs associated with renovating or demolishing structurally deficient buildings on the NSH campus, environmental remediation and asbestos abatement, and utility separation.

An opinion of probable cost for the demolition of each NSH campus building was prepared for buildings located within the NSH campus using the experience, qualifications, and best judgment of the consultant team. The cost estimate was prepared in accordance with generally accepted cost estimating practices and standards and was based on NSH's Bi-annual Building Survey Reports, on-site inspections of the buildings, probable construction costs for current dollars in the Norristown area, and marketplace pricing for salvaged material via a third-party salvage company located in Bridgeport, Pennsylvania. The estimates exclude the removal of any foundations greater than four feet below finished grade and the preservation of utilities within the tunnel system. The estimated building demolition costs ranged from \$20,109,602 (Alternative 1) to \$25,268,209 (Alternative 2).

Under some of the alternatives, the Commonwealth would also commit to invest in on-campus improvements. Buildings that were chosen for renovation required the fewest renovations and therefore were the most cost effective and time efficient options. The estimated building renovation costs ranged from \$9,055,000 (Alternative 2) to \$9,060,000 (Alternative 3).

Buildings on the NSH campus were known to contain asbestos and require future abatement so the consultant team estimated asbestos abatement and replacement costs for each building based upon previously identified asbestos containing materials (ACMs) in buildings listed on a 1990 survey. For buildings which had been deemed structurally deficient, only abatement costs were estimated, but for renovations, replacement materials were also considered for estimating purposes. Abatement and replacement costs can have a wide range of variables that affect the estimate. For the NSH alternatives, asbestos abatement costs ranged from \$2,297,133 (Alternatives 3 & 4) to \$12,939,258 (Alternative 1), while asbestos replacement costs ranged from \$782,784 (Alternative 3) to \$1,834,068 (Alternative 2).

An analysis of the existing utilities servicing the NSH campus was performed to determine the requirements and estimated costs for the termination and separation for the proposed land conveyance alternatives presented in the study. The analysis was based on a review of utility plan drawings and on-site inspections of the electrical, fire protection, sanitary sewer, storm water, heating/steam and domestic water utilities at the NSH campus property. For example, the existing domestic water system main would mostly remain in place, but demolished buildings would need to have laterals connecting to the main removed and backfilled with fill material, topsoil, and seeded. The estimated costs for utility separation ranged from \$2,025,752 (Alternatives 3 & 4) to \$5,415,319 (Alternative 1).<sup>160</sup>

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<sup>160</sup> *Ibid.* at 51-67.

*DGS Annex Properties*

The former Harrisburg State Hospital (HSH) site was home to the first publically owned mental institution in Pennsylvania, but evolved as an institutional campus model that would eventually be replicated across Pennsylvania and in surrounding states. The site contains roughly 45 buildings, many still in active use, and is now referred to as the DGS Annex properties. There is a significant amount of public use on campus open spaces and the Capital Area Greenbelt recreation trail crosses through the site. There are multiple vacant buildings on the DGS Annex including the 2090 square foot Anderson residence built and the 3,940 square foot Eaton Cottage both built in 1930.

Even as some office uses were relocated and many of the current office buildings remain vacant, property upkeep and maintenance continue to be a growing financial burden to the Commonwealth. It costs Pennsylvania taxpayers over \$5 million dollars per year to simply maintain and operate the site.

In July 2015, DGS issued a Statement of Work to secure the services of a qualified land planner to assist DGS in preparing a final plan of disposition for tracts of land located at the DGS Annex property. About 295 acres, out of more than 1,000 acres that comprise the DGS Annex property, were eligible to be conveyed. RGS Associates, Inc. was selected by DGS as the land planning team to analyze the selected properties in January of 2016.

A utility separation analysis was conducted because cross reliance on services between lots could negatively impact the sale value of an individual lot. Lot 13, approximately 132.68 acres in size, was evaluated for stand-alone use without dependency on utility services that were currently crossing or located on other lots. The costs associated with the required utility work to fully separate Lot 13 from the surrounding DGS Annex properties were estimated in the analysis as follows:

<b>Table 6 Utility Separation Costs</b>	
Water Distribution System	\$494,000
Sanitary Sewer System	\$390,000
Electrical Distribution	\$91,000
Fiber Optic System	\$400,000
Steam Heating System	\$36,000
<b>TOTAL ESTIMATED COST</b>	<b>\$1,411,000</b>

A Phase I Environmental Site Assessment (ESA) was performed to identify conditions of potential environmental liability at the site. Specifically, an asbestos inspection and limited Lead Based Paint (LBP) sampling provided an estimated amount of asbestos containing materials (ACMs) and LBP that may be present at the site to aid in the development of future renovation and/or demolition cost estimates.

<b>Table 7 Demolition and Abatement Cost Estimates</b>		
<b>Service Description</b>	<b>Low-End Estimate</b>	<b>High-End Estimate</b>
Asbestos Abatement for all Buildings	\$3,200,000	\$4,500,000
Demolition of Buildings Outside of Historic Resource Area	\$2,700,000	\$3,800,000
Demolition of Buildings Inside of Historic Resource Area	\$3,400,000	\$4,800,000
Potential Total Costs	\$9,300,000	\$13,100,000

The estimated ranges were derived from detailed cost estimate tables and values presented in the full Abatement and Demolition Cost Report. The high-end cost estimates essentially reflect 40 percent higher unit costs than considered for the baseline or low-end cost estimates and was developed based on engineering judgment, previous cost estimates for similar projects, a typical range of unit cost variability for the items considered, and an additional contingency for unknown factors and site conditions. These cost estimates should not be used or provided without including the following general assumptions, considerations and notes:<sup>161</sup>

- The cost estimates presented are engineering estimates of potential costs that have been developed to provide general order-of-magnitude estimates for planning purposes. Actual costs could vary depending on factors that include, but are not limited to: the results of future site planning and redevelopment studies; contractor bidding and selection processes; prevailing wage requirements; sequence, organization, and timing of the work; differing site conditions; discretionary decisions regarding the approach to materials abatement, building demolition, material reuse, off-site disposal, and site redevelopment; and others.

<sup>161</sup> Pennsylvania Department of General Services, *Department of General Services Annex Disposition Report*, January 13, 2017, [https://www.dgs.pa.gov/Documents/Real%20Estate%20Forms/DGS\\_HarrisburgAnnex\\_FinalReport\\_02-14-2017.pdf](https://www.dgs.pa.gov/Documents/Real%20Estate%20Forms/DGS_HarrisburgAnnex_FinalReport_02-14-2017.pdf).



- Material quantity estimates, cost estimating approach, designation of buildings selected for demolition (i.e., those outside of the Historic Resource Area), and other considerations for the cost estimates provided were based on a number of other reports developed for Lot 13 listed below. The major findings and assumptions and considerations from those reports have not been repeated herein.
  - Asbestos Inspection Report - DGS Annex Lot 13 (ARM Group Inc., dated August 18, 2016);
  - Phase I Environmental Site Assessment – DGS Annex Lot 13 (ARM Group Inc., dated August 18, 2016);
  - DGS Annex Surplus Grounds Funding Analysis for Lot 13 - Harrisburg State Hospital (Delta Development Group, Inc., dated October 1, 2016);
  - DGS Annex Surplus Grounds Historic Resource Analysis for Lot 13 - Harrisburg State Hospital (Delta Development Group, Inc., dated October 1, 2016); and
  - Highest and Best Use Analysis (RGS Associates).

Unless otherwise specified, quantities have been estimated from previous inspection reports, site maps, and engineering judgment.

- Unit costs are from recent contractor’s bids, specialty contractor’s quotes, published cost data with site-specific adjustments, and/or similar project experience. Costs are based on construction in the near future, and do not account for inflation or other market changes should the start of work be delayed substantially. Unit costs assume that the work will largely be conducted at one time so that favorable economies of scale are realized. Unit costs could be higher for work that is conducted separately or on a piecemeal basis.
- Design and planning for the hazardous materials abatement and building demolition activities has been estimated as 5 percent of the estimated direct construction costs.
- A contingency of 20 percent has been added to the costs estimates to account for uncertainties that exist at the current stage of planning.

- A number of assumptions were made regarding the nature and quantity of ACM materials, and the actual quantities could vary depending on subsequent sampling and testing, uncovering of materials during demolition activities, and other factors that are further discussed in the previously referenced Asbestos Inspection Report for Lot 13. The estimated ACM abatement costs also assume that the abatement areas will be unoccupied at the time of such activities, and that supplemental emission controls and air sampling will not be required. The estimated ACM abatement costs assume that some of the work will need to be conducted within confined spaces and with appropriate health and safety controls and monitoring for such locations (e.g., subsurface tunnels).
- Building demolition costs assume that special handling will be required as a result of the presence of lead-based paint (LBP), but that separate or specific LBP abatement or disposal as hazardous waste will not be required. Estimated costs for the demolition of buildings within the Historic Preservation Area do not include extra costs that may be associated with the piecemeal salvage or protection of potential historically significant artifacts.
- Building demolition costs assume that suitable construction debris classifying as clean fill under Pennsylvania's Management of Fill Regulations (e.g., concrete, brick, asphalt) can be crushed and re-used on site as fill for backfilling subsurface structures (e.g., basements, tunnels) and grading.
- The estimates provided do not include costs for the removal, replacement or separation of existing utilities, site redevelopment, removal of subsurface tunnels, or building renovation or rehabilitation.
- Asbestos abatement costs include removal of the items identified, but do not include material replacement costs (e.g., because materials would not require replacement if the buildings are demolished or taken out of service, because desired replacement materials and other renovations are hard to predict, etc.). Potential costs for periodic inspections and maintenance of ACMs that may be left in place over a longer period of time are not included.

### *Allentown State Hospital*

Allentown State Hospital in Lehigh County is the most recent of the closed state hospitals, shutting down in 2010. While there are three buildings on the campus designated as vacant: Hillcrest, Psychology, and Steward. Additionally, there are 29 other structures on the closed campus, and the hospital is scheduled for demolition.

Act 71 of 2019 authorized and directed DGS, with the approval of the governor, to grant and convey certain lands associated with the former Allentown State Hospital. After the demolition of most buildings and structures located on the property,<sup>162</sup> a buyer will be selected through a competitive solicitation process to evaluate proposals based upon best value and return on investment.<sup>163</sup>

The hospital, on the almost-200-acre east Allentown site, has cost taxpayers roughly \$2 million annually in maintenance since it closed in 2010. Neuber Demolition and Environmental Services was selected to demolish 44 buildings, consisting of roughly 850,000 square feet, at a cost of \$12,700,000. Demolition is scheduled to begin in July 2020 and be completed by February 2021.<sup>164</sup> Based on Neuber's total contract amount, the average demolition cost per building would be approximately \$288,636, or nearly \$15 per square foot.

Allentown State Hospital in Lehigh County is the most recent of the closed state hospitals, shutting down in 2010. While there are three buildings on the campus designated as vacant: Hillcrest, Psychology, and Steward. Additionally, there are 29 other structures on the closed campus, and the hospital is scheduled for demolition.

### *State Centers*

Across the country, there has been a shift among health care professionals and disabilities rights advocates to move away from the state-operated centers for the intellectually disabled. The goal is to provide care for these state center residents either with the person's family, or in a community-focused setting such as a group home. However, the closures are often controversial with both families of the center's residents who have come to rely on the level of care provided and among the communities in which the economies are bolstered by the jobs provided from these institutions. Pennsylvania's State Centers are operated through the Office of Developmental Programs and licensed by DHS.

One such state center, the Hamburg Center has already closed and two more are expected to shut down in the near future. These centers have been important anchors for their communities, there is an opportunity to examine how reusing the facilities as residential drug treatment facilities to aid Pennsylvanians with SUD as well as diminish the economic impact that closing the facilities would have on the communities in which they are sited.

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<sup>162</sup> A Commonwealth-owned air monitoring station was exempt from demolition.

<sup>163</sup> Act of Jul. 2, 2019, P.L. 428, No. 71.

<sup>164</sup> Andrew Wagaman, "Firm awarded \$12.7 million demolition contract expects to begin razing Allentown State Hospital this summer," *The Morning Call*, February 6, 2020, <https://www.mcall.com/news/local/allentown/mc-nws-allentown-state-hospital-demolition-timeline-20200206-w4w4uw6knfbl3mcsmw5dcesopy-story.html>.

Located in Berks County, the Hamburg Center was first opened as a state hospital in 1914, and was later reused as an intellectual developmental disability center. The facility closed in 2018.<sup>165</sup> While redevelopment options are currently being explored by DGS, it is a large building that could be well suited to reuse as a treatment facility. The 154 acre grounds contain 66 listed structures including numerous residential staff housing, apartments, offices, trade shops and various storage spaces.

The Polk Center at Venago County and the White Haven Center of Luzerne County are both currently slated to close in 2022. The decisions are being contested in a federal lawsuit.<sup>166</sup> The Polk center has over 800 acres associated with the property and currently has several buildings designated as vacant. These buildings include: five staff residences, the 5,618 square foot Oaks Worker Center, and the Sunnyside building which contains 120,052 square feet. The White Haven Center, does not have any vacant building on record.

<b>Table 8</b> <b><i>Vacant Property on State Centers</i></b> <sup>167</sup>					
<b>State Center</b>	<b>County</b>	<b>Status</b>	<b>Vacant Structures</b>	<b>Vacant square feet</b>	<b>Notes</b>
Edensburg	Cambria	Active	NA	NA	
Hamburg	Berks	Closed, 2018	66	147,000,000	Candidate for reuse
Polk	Venago	Impending Closure, 2022	17	183,000	Calculations assume closure
Selinsgrove	Snyder	Active	1	2,000	
Whitehaven	Luzerne	Impending Closure, 2022	13	615,000	Calculations assume closure
South Mountain Restoration	Franklin	Active	6	112,000	Campus hosts numerous tenants from various agencies

<sup>165</sup> “Pennsylvania DHS sets date for closing of Hamburg Center,” *69 News wfmz.com*, updated October 1, 2019, [https://www.wfmz.com/news/area/berks/pennsylvania-dhs-sets-date-for-closing-of-hamburg-center/article\\_c1740e38-eaac-51bf-bb8b-7fab2984abf2.html](https://www.wfmz.com/news/area/berks/pennsylvania-dhs-sets-date-for-closing-of-hamburg-center/article_c1740e38-eaac-51bf-bb8b-7fab2984abf2.html)

<sup>166</sup> Kate Giammarise, “Planned Closure of Polk Center marks end of an era and the start of a battle,” *Pittsburgh Post-Gazette.com*, September 4, 2019, <https://www.post-gazette.com/news/social-services/2019/09/04/polk-center-pa-closing-institution-intellectual-disabilities-venango-county-dhs/stories/201908280135>.

<sup>167</sup> Calculations performed by Commission Staff using DGS Real Estate Inventory Report.

Unlike other state centers, Selinsgrove Center in Snyder County is not currently scheduled for closure. The site was first envisioned as a self-sufficient mental hospital where tenants could farm the land. The center currently has over 254 acres and serves 222 patients with intellectual disabilities that require intermediate levels of care. The DGS property listing notes it has a single vacant building of an unspecified nature with 2,050 square feet of space.

While not the same kind of state center as the previous institutions, the South Mountain State Center operated by Office of Mental Health and Substance Abuse Services does have several similarities. The center is located in Franklin County has undergone numerous iterations throughout its 120 year history. Started in 1901 as a secluded forestry camp in the mountains, it eventually became a sanatorium to treat tuberculosis. It later became a state hospital, and then a geriatric center before finally becoming a restoration center focused on the long-term care of individuals with severe or co-occurring physical and psychiatric disorders. Today the facility has 159 beds and provides a full continuum of care for the patients at this facility.<sup>168</sup> The site also hosts programs from other agencies and organizations including: Departments of Military and Veterans Affairs Amory, VisionQuest Academy, Abraxas, the South Mountain Post Office and a DHS Office of Children, Youth and Families secure treatment unit.

This center has a number of vacant buildings including: three vacant units, the Edgewood building, the Mountain View building, and a human services building. Even if these buildings proved to be too deteriorated to be used or if restoring the buildings would interfere with current site operations, the center is located on 333 acres and new construction might prove to be a viable option. Because of the site's remote location any future drug treatment programs may be better suited for long term residential treatment, rather than focused on shorter term, or residential outpatient care.

Using existing buildings, maintaining state ownership, leasing the operation of any drug treatment facilities on state medical properties to third party operators, may avoid some of the hurdles that deter the siting drug treatment centers. While commercial redevelopment at an entirely closed campus would likely be a more profitable form of reuse in some locations, state owned medical buildings are likely the most suitable of the existing vacant building stock the state has to offer.

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<sup>168</sup> "South Mountain Restoration Center," *PA Department of Human Services.gov*, accessed July 23, 2020, <https://www.dhs.pa.gov/Services/Assistance/Pages/South-Mountain-Restoration-Center.aspx>



## POTENTIAL REUSE OF PENNSYLVANIA CORRECTIONAL FACILITIES

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At the close of 2019, Pennsylvania had a prison population of 45,875 inmates.<sup>169</sup> Drug use among the prisoners has been increasing and in the past 10 years opioid use among inmates has doubled from 6 to 12 percent coinciding with daily overdoses throughout the state. During the intake process incarcerated individuals are assessed by the Texas Christian University staff at the Camp Hill State Correctional Institution who assigns them a score based on their projected needs. This score determines the DOC provided Alcohol and other drug (AOD) treatment programs.<sup>170</sup>

In 2019, approximately one third of the inmates evaluated during the admission process were determined to have need for intensive drug and alcohol treatment while another third required less severe outpatient treatment.<sup>171</sup> In total, there are between 11,000 to 12,000 inmates struggling with addiction within Pennsylvania correctional facilities.<sup>172</sup> Programs vary in length of weeks, meeting times, risk level of inmates, and presence of co-occurring disorders. Additionally there are a number of voluntary self-help programs which are operated with the help of other inmates and community volunteers.

While in the past Pennsylvania state correctional institutions have used limited amounts of medication assisted treatment (MAT) in the form of methadone for pregnant women to prevent the chance of their children from suffering Neonatal Abstinence or Opioid Withdrawal Syndromes. MAT, when prescribed by a doctor, can help remove barriers to recovery. Under the Wolf Administration, the use of MAT has been expanded to a larger segment of the prison population. After a successful pilot program at SCI Muncy, Vivitrol injections have been made available at other state correctional institutions. The state's current approach focuses on sobriety with monthly injections of Vivitrol to help dull the cravings of addiction, alongside cognitive behavior therapy. Individuals released from prison are given a final injection to Vivitrol to help ease the process of reintegrating with society. These efforts showcase a changing approach in state prisons away from drug abstinence toward treating the addiction as a chronic disease.<sup>173</sup>

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<sup>169</sup>*Inmate Statistics*, PA Department of Corrections, December 31, 2019, <https://www.cor.pa.gov/About%20Us/Statistics/Documents/Budget%20Documents/2019%20Inmate%20Profile.pdf>.

<sup>170</sup>“Treatment Programs,” *Pennsylvania Dept of Corrections.gov*, accessed June 29, 2020, <https://www.cor.pa.gov/Inmates/Pages/Treatment-Programs.aspx>

<sup>171</sup>“Inmate Statistics as of December 31, 2019,” *Pennsylvania Department of Corrections.gov*, accessed June 29, 2020, <https://www.cor.pa.gov/About%20Us/Statistics/Documents/Budget%20Documents/2019%20Inmate%20Profile.pdf>

<sup>172</sup>John Wetzel, “Medication Assisted Treatment (MAT),” *Pennsylvania Department of Corrections.gov*, Video, Accessed June 29, 2020, [https://www.pacast.com/players/cmsplayerHD.asp?video\\_filename=13445\\_Wetzel\\_Vivitrol.m4v](https://www.pacast.com/players/cmsplayerHD.asp?video_filename=13445_Wetzel_Vivitrol.m4v).

<sup>173</sup> *Ibid.*

### *Vacant Prison Buildings*

The number of closed prisons and those anticipated to be closed in Pennsylvania has left multiple options for reuse. The strong link between correctional institutions and SUD could lend itself to the conversion of unused space to further aid current or former inmates. The second most common type of vacant property listed on the DGS Land and Building Inventory are unused buildings associated with State Correctional Facilities. While the Pennsylvania prison population has grown 12 percent over the last 15 years, there’s been a population decline of 2,700 inmates in DOC institutions over the last seven years and a trend towards consolidating the prison population in newer, more compact facilities.<sup>174</sup> The downward trend in the number of inmates has led to entire campuses closing. Many vacant buildings are associated prisons which are still operational, including vacant superintendent homes or other employee residences.

Rockview SCI in Centre County is still operational but has the most unused property. Rockview has several unused residences along with vacant buildings related to its unique farm program operated by low security prisoners. Unused buildings include a bullpen, root cellar, creamery, dynamite storage, and a room for pea and bean vines. Reuse of these facilities seems unlikely while the prison is still operational.

While many state prisons have traditionally provided residences to high ranking employees of the prison as job perk and to help keep them located close to their work because the demands of the job required them to be on call, such living arrangements have become less common over time. The following are a list of the unused residences at Pennsylvania State correctional Institutes:

<b>Name of SCI</b>	<b>County</b>	<b>Buildings</b>	<b>Total Square Footage</b>
Camp Hill	Cumberland	Tate Residence	2880
Lycoming	Lycoming	House Unit H, the McCormick Building	11,856
Mercer	Mercer	Farm House and Superintendent residence	1,630
Cambridge Springs	Crawford	Residence building	15,000
Fayette	Fayette	Superintendent, deputy superintendent residences	14,100

<sup>174</sup> Calculations performed by Commission staff using “Dept. Of Correction Annual reports,” 2004, 2012, 2019, accessed June 29, 2020, <https://www.cor.pa.gov/About%20Us/Statistics/Pages/Monthly-Population-Reports.aspx>.



<b>Name of SCI</b>	<b>County</b>	<b>Buildings</b>	<b>Total Square Footage</b>
Laurel Highlands	Somerset	Residence Buildings	3,439
Dallas	Lehigh	Multiple residential Buildings	3,300
Quehanna Motivational Boot Camp	Clearfield	Commander's Residence and Garage	3,187

Commission staff could not determine which of these residences were within prison grounds: the above residences located outside prisons might have potential to be used as halfway houses to help individuals discharged from drug treatment facilities readjust to sober life.

In 2012, New York State began the process of selling several of its 22 unused prison superintendent residences. Several New York state senators questioned the appropriateness of subsidizing state employee housing.<sup>175</sup> Their goal was to dispose of all property not located on prison grounds through auction.<sup>176</sup> Sold houses would have restrictive covenants limiting what new owners could do with the property.<sup>177</sup> For houses located on site the New York State Department of Corrections has looked into other uses such as a daycare facilities or additional office space.<sup>178</sup>

#### *Closed Pennsylvania Correctional Facilities*

Pennsylvania has five closed prisons which have not been demolished, three of which closed their doors during the last decade. The Eastern State Penitentiary in Philadelphia, closed in 1971 and was the world’s first penitentiary created in 1829.<sup>179</sup> It was one of the most expensive U.S. public structures erected. Today, Eastern State Penitentiary is the oldest and one of the most successfully readapted of the state’s closed prisons, serving as a public museum that performs tours year round and seasonal entertainment in the fall.

One of Pennsylvania’s most recently closed prisons, Graterford SCI, ceased operations in 2018. It is a quarter of a mile away from SCI Phoenix, a facility built to replace Graterford that is located on another section of the prisons extensive grounds. SCI Phoenix’s proximity to the rest

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<sup>175</sup> Kenneth Lovett, “Records Say 8 prison superintendents living at luxe, state-owned mansions for low cost,” *NY Daily News.com*, January 31, 2010, <https://www.nydailynews.com/news/records-8-prison-superintendents-living-luxe-state-owned-mansions-cost-article-1.459299>.

<sup>176</sup> Associated Press “NY starting to sell prison superintendent digs,” *Record Online.com*, April 5, 2012, <https://www.recordonline.com/article/20120405/news/120409834>.

<sup>177</sup> *Ibid.*

<sup>178</sup> Kenneth Lovett “State-owned mansions,” *NY Daily News.com*

<sup>179</sup> “Timeline,” Eastern State Penitentiary.org, accessed July 7, 2020 <https://www.easternstate.org/research/history-eastern-state/timeline>

of Graterford campus limits the property's potential for private redevelopment. DGS's Inventory notes that several farm-related and office buildings are vacant. The Graterford property includes 62 acres inside its walls, on a total plot of 1,652 acres. There are 152 structures and 12 housing units, including special medical units.<sup>180</sup> At the time of the move to SCI Phoenix, officials voiced concerns about the safety of incarcerating prisoners in the aging building. This would likely require any form of reuse to require significant updates.

While not listed on the DGS property manifest as vacant, the recently closed 22 acre Pittsburgh SCI is available for redevelopment. The prison originally opened in 1882. In 2005, its administration building was renovated to serve as offices and house the community corrections center. After the prison was shuttered in 2019, DGS entered an agreement with the career training company Manchester Bidwell Corporation which examined the site for potential redevelopment. The company ultimately voided its \$1 acquisition of the land leaving its future potentially open to other forms of reuse.<sup>181</sup> Local government officials voiced their frustration that they had not been consulted until the deal was almost finalized, which gave community members a limited amount of input on how the building might be best put to new use.<sup>182</sup>

Two of the more recent closings serve as examples that it can take numerous years to find a buyer for a prison, and even then it may take years for the projects to get underway. In 2013, SCI Cresson and SCI Greensburg were closed. SCI Cresson was transferred to the Cambria County Redevelopment Authority in 2016; the authority divided the property into smaller plots. A portion of the land was planned to be used as a natural gas power plant, but the project was abandoned. The authority auctioned off the 328 acres of the property for \$600,000 to a small business owner who could neither afford the taxes on the property, nor the money to demolish the 20 buildings on the site.<sup>183</sup> Similarly the former SCI Greensburg was purchased by a private owner to establish a veteran center that has yet to be realized; the owner has reportedly defaulted on several loans for the property.<sup>184185</sup>

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<sup>180</sup> "SCI Graterford" *PA Dept of Corrections.gov*, accessed March 24, 2018,

<https://web.archive.org/web/20180324042618/https://www.cor.pa.gov/Facilities/StatePrisons/Pages/Graterford.aspx>.

<sup>181</sup> Andrew Goldstein, "Manchester bidwell Corp. Voids deal to buy SCI-Pittsburgh," *Pittsburgh Post-Gazette.com*, September 18, 2019, <https://www.post-gazette.com/local/city/2019/09/18/Manchester-Bidwell-Corp-voids-deal-to-buy-SCI-Pittsburgh/stories/201909180171>.

<sup>182</sup> Rich Lord, Kate Giammarise, "Tear Down the walls? A small nonprofit eyes a large prison," *Pittsburgh Post-Gazette.com*, May 19, 2019, <https://www.post-gazette.com/local/city/2019/05/19/small-nonprofit-eyes-large-prison-Manchester-Bidwell-SCI-Pittsburgh/stories/201905160167>.

<sup>183</sup> Jocelyn Brumbaugh, "Cambria Commissioners Approve appraisal of former prison site," *The Tribune Democrat.com*, June 15, 2018, [https://www.tribdem.com/news/cambria-commissioners-approve-appraisal-of-former-prison-site/article\\_6f7fa83a-704c-11e8-a207-17ba42d27a50.html](https://www.tribdem.com/news/cambria-commissioners-approve-appraisal-of-former-prison-site/article_6f7fa83a-704c-11e8-a207-17ba42d27a50.html).

<sup>184</sup> Deb Erdley, "Plans move forward for veterans center at former SCI Greensburg," *Trib Live.com*, April 21, 2018, <https://archive.triblive.com/local/westmoreland/plans-move-forward-for-veterans-center-at-former-sci-greensburg-site-backs-millions-in-financial-transactions/>.

<sup>185</sup> Deb Erdley, "Former state prison in Hempfield scheduled for sheriff's sale," *Trib Live.com*, September 10, 2019, <https://triblive.com/local/westmoreland/former-state-prison-in-hempfield-scheduled-for-sheriffs-sale/>.

DGS's current method of selling closed state prisons has saved Pennsylvania a large amount of money by getting these hard-to-maintain properties off of state books, but the state has failed to dispose of the property in a way that would benefit local communities. While DGS has attempted to empower local communities by transferring these properties over to local development groups, they sometimes lack the resources or expertise to handle redevelopment projects of this scale. Considering the former importance of these institutions to the economies of rural towns, Pennsylvania could take a more proactive role across multiple executive branch departments to ensure that communities have new opportunities for employment and growth after prisons are shuttered. Going forward, the state should consider a partnership between DCED and local development authorities to help guide redevelopment in a more productive direction.

SCI Retreat, a minimum security state correctional institute outside of Wilkes-Barre, is projected to close in late 2020.<sup>186</sup> The site was once a state hospital that first opened in 1900, and was converted in 1981 for corrections use to address declining numbers of patients and prison overcrowding. This location could have potential as a substance use treatment facility since other treatment options for this population may be limited in north eastern Pennsylvania. SCI Retreat is surrounded by 245 acres and contains 19 acres within its perimeter.<sup>187</sup> There are 22 structures on the grounds including eight prisoner housing units on the site consisting of both cells and dormitory layouts.

### ***Prison Reuse in Other States***

Prison populations in several states are experiencing a long-term downward trend, combined with aging facilities that are growing hard for states to maintain on shrinking budgets. Between 2011 and 2016, twenty-two states experienced or were considering prison closures.<sup>188</sup> In places where this decline in prisoners has happened, old facilities have shown a diverse potential for redevelopment. Because prisons are large durable structures, many can be redeveloped for a large range of alternative uses: industrial activity, training and office buildings, low-security housing, outdoor parks and music venues, and museums.<sup>189</sup>

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<sup>186</sup> "Department of Corrections Proposes SCI Retreat Closure," *Pennsylvania Pressroom.gov*, August 29, 2019, [https://www.media.pa.gov/Pages/corrections\\_details.aspx?newsid=429](https://www.media.pa.gov/Pages/corrections_details.aspx?newsid=429) .

<sup>187</sup> "SCI Retreat," *Department of Corrections.pa.gov*, accessed July 7, 2020, <https://www.cor.pa.gov/Facilities/StatePrisons/Pages/Retreat.aspx>.

<sup>188</sup> *Ibid.*

<sup>189</sup> Evan Rawn., "From Prisons to Parks: How the US can Capitalize on its Declining Prison Populations," *archdaily.com*, 2015, accessed June 29, 2020, <https://www.archdaily.com/623293/from-prisons-to-parks-how-the-us-can-capitalize-on-its-declining-prison-populations>.

Making use of the unique features of the original can help improve a site's marketability. An example is Brushy Mountain in Tennessee which had a natural spring on grounds that inspired a local entrepreneur to turn the abandoned site into a distillery and tourist destination. After working with a local development council and officials, the county put the future of the prison up for a referendum in a local election.<sup>190</sup>

In Virginia the Lorton Reformatory was redeveloped with \$188 million to become a mixed use community called Laurel Hill that includes office spaces, art studios, event space, music theater retail stores, and over two hundred apartments.<sup>191</sup> Construction of the project was overseen by the county's department of planning and zoning and employed the services a company specializing in historic redevelopment.<sup>192</sup> Exteriors will be kept unchanged due to the site's place on a national historic landmark list and the developers have chosen to keep the green spaces on the grounds.<sup>193</sup>

Other uses of prison adaptation are more experimental. The Growing Change nonprofit in Wagram, North Carolina took a 57 acre prison and turned it into a farming education center for teenagers with a risk of going to prison.<sup>194</sup> The site includes housing for veterans who act as mentors, and has turned an old guard tower into a climbing wall. The nonprofit has been successful at reducing the number of at-risk teens from going to prison after admission into the program and reusing old state lands. Gainesville Florida is one of several instances throughout the country of a vacant prison reused into a homeless center in a wooded area in Florida.<sup>195</sup> The project is funded by the city and provides job training.

New York State has readapted a number of prisons having closed 13 since 2011.<sup>196</sup> Manhattan Osborne Association, a nonprofit group has converted a former prison into a center that provides services to women who have recently completed their prison sentences. Another former New York State correctional institution, Arthur Kill is a medium security prison with plans to be converted into a movie studio. New York's Bayview and Fulton correctional facilities were turned into reentry centers. One method through which the state assists its communities is providing a one year notification of prison closures to help those employed there find new positions and to try and minimize economic impacts on communities. Redevelopment efforts are led by the Empire State Development Company, a NYS economic development branch. Pennsylvania could follow suit by working to involve DCED in more of the redevelopment plans at closed facilities.

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<sup>190</sup> Nicole Porter, "Repurposing: New Beginnings for closed Prisons," The Sentencing Project.org, December 14, 2016, <https://www.sentencingproject.org/publications/repurposing-new-beginnings-closed-prisons/>.

<sup>191</sup> Lauren Landau, "Transforming Lorton Prison into New Homes," November 16, 2012, [https://wamu.org/story/12/11/16/transforming\\_lorton\\_prison\\_into\\_new\\_homes/](https://wamu.org/story/12/11/16/transforming_lorton_prison_into_new_homes/)

<sup>192</sup> *Ibid.*

<sup>193</sup> Evan Rawn., "From Prisons to Parks," [archdaily.com](http://archdaily.com),

<sup>194</sup> "History of the Workhouse Arts Center," *Workhouse Arts Center.org*, accessed July 7, 2020, <http://www.workhousearts.org/about/history/>.

<sup>195</sup> Nicole Porter, "Repurposing," The Sentencing Project.org.

<sup>196</sup> Jen Fifield "Shuttered State Prisons Spring Back to Life," *Pew trusts.org*,

In New Jersey, the Mid-state Correctional Facility is a prison with a 12 acre plot of land located within the Fort Dix military base, and opened in 1982.<sup>197</sup> While Mid-state was originally leased from the federal government, New Jersey purchased the property in 2004. In 2014, the prison closed for three years and \$28 million was spent renovating the building to be a first-of-its-kind facility wholly focused on providing certified treatment for medium security offenders with substance use disorders.<sup>198</sup> The current capacity of the prison is 696 beds.<sup>199</sup>

Inmates entering the prison system are screened by Rutgers University staff for drug-use and are given the options of accepting voluntary treatment options. Program configurations include outpatient visits from other facilities, and short or long term residential program. The treatments are being administered by the Gateway Foundation, a national nonprofit organization that has operated for 40 years and currently runs correctional treatment programs in three other states. Inmates are treated according to four severity levels with therapy that mixes clinical and behavioral techniques.<sup>200</sup> The facility also offers MAT services and provides certificates to inmates that graduate the program.<sup>201</sup>

Current data on the types of renovations used or treatment methods being used at the Correctional Institute is limited. In Gateway Foundation's annual report for 2019, New Jersey's program ranked highest in their engagement and satisfaction levels. The report noted that New Jersey had a 99 percent participation rate, and over 94 were satisfied with their treatment. Close to 97 support noted positive councilor relations and found that 85 percent found other inmates in the program supportive.<sup>202</sup> While it is too soon to determine if the model is successful, NJ state officials hope that this approach could be applied elsewhere to decrease recidivism.

While prisons have unique features that can draw imaginative developers, repurposing the buildings is a daunting challenge that can take decades until the right combination of factors are present. Often prisons sit unused for years on end waiting for someone with vision to come along. Many prisons are currently have zoning exceptions, meaning private buyers would have to seek additional approvals to operate a redeveloped organization.

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<sup>197</sup> "Mid-State Correctional Facilities," *NJ Dept. of Corrections Facilities Google Map*, accessed April 29, 2020, <https://www.google.com/maps/d/viewer?mid=19oCJIVou1rAvf3KLu7Se3UfAJF0&ll=39.997605099999994%2C-74.5840144&z=8>

<sup>198</sup> Andrew Schmertz, "Mid-State Correctional Facility provides treatment for inmates with addiction," *NJ TV News.org*, May 30, 2018, <https://www.njtvonline.org/news/video/mid-state-correctional-facility-provides-treatment-for-inmates-with-addiction/>

<sup>199</sup> *Ibid.*

<sup>200</sup> Lilo Stainton, "State Poised to Open First Rehab Prison at Mid-state correctional facility," *NJ Spotlight.com*, April 11 2017, <https://www.njspotlight.com/2017/04/17-04-10-state-poised-to-open-first-rehab-prison-at-mid-state-correctional-facility/>.

<sup>201</sup> *Ibid.*

<sup>202</sup> Gateway Agency Annual Report 2019 Page 10

The other obstacles to redevelopment are inherent to location. Urban areas are tight for space the lack of parking in the buildings design can make it hard to accommodate uses that will attract many visitors. Poor maintenance, outdated wiring and electrical systems, presence of lead and asbestos and other environmental hazards that require careful attention create obstacles for reuse. Rural prisons face unique challenges since they are far away from urban centers. These rural institutions functions as anchor the local economies in areas, which cause residents concern about removing a major employer in the area.<sup>203</sup>

Involving local leaders can help redevelopment efforts, although communities often have to cycle through numerous plans before finding an option that may be effective. Need to include those in the redevelopment plan who might otherwise hope for the prison to reopen.

### *Recommendations*

1. DGS should continue efforts to modernize how state property is inventoried, to make note of the condition of state property, and to indicate property that is closed but not vacant.
2. It is recommended that DGS to work with DHS to determine if Vocational training centers locations are truly vacant and to remove them from the Property Land Manifest if they are either currently leased, sold, or were improperly listed as vacant.
3. The General Assembly should consider the sale, gifting, and or rent of state property for the use by drug treatment entities on a case-by-case basis based on the merits of each property and service provider.
4. Expand DDAP's role to serve as a contact point for treatment providers interested in acquiring unused state land from DGS.
5. Task DCED with aiding the redevelopment of state-owned property such as hospitals or correctional facilities in the event of closure.
6. Municipalities with space but only nominal resources should explore the creation of drug free activity centers which can help aid the recovery process and integrate persons undergoing treatment for substance use disorder closer to their communities.
7. Investigate the possibility of adapting housing spaces that have been judicially acquired into Recovery Homes.

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<sup>203</sup> Evan Rawn., "From Prisons to Parks," *archdaily.com*.

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 147 Session of  
2019

INTRODUCED BY GREGORY, SCHMITT, DIGIROLAMO, RYAN, McNEILL,  
T. DAVIS, MASSER, MURT, NEILSON, MILLARD, READSHAW,  
ZIMMERMAN, TOOHIL, STRUZZI, HOWARD, HOHENSTEIN, HERSHEY,  
KAUFER AND HEFFLEY, MARCH 13, 2019

AS AMENDED, HOUSE OF REPRESENTATIVES, JUNE 5, 2019

A RESOLUTION

1 Directing the Joint State Government Commission to conduct a  
2 comprehensive review of unused properties, buildings and  
3 facilities owned by the Commonwealth and how to repurpose  
4 those properties, buildings and facilities for use as  
5 facilities appropriate for addiction treatment and recovery  
6 supports and to issue a report.

7 WHEREAS, This Commonwealth has the highest rate of overdose  
8 deaths in the United States; and

9 WHEREAS, The life-saving measures being taken by first  
10 responders to rescue individuals from the brink of death after a  
11 drug overdose is only the first step to recovery; and

12 WHEREAS, A continuum of care for overdose survivors and  
13 others who struggle with substance use disorders is critical to  
14 their hope for recovery; and

15 WHEREAS, Every possible resource needs to be utilized to  
16 address and help prevent the high number of overdoses that occur  
17 in this Commonwealth; and

18 WHEREAS, The Commonwealth owns properties, buildings and  
19 facilities that are not currently in use; and

1 WHEREAS, Unused Commonwealth properties could potentially be  
2 used to address the serious lack of capacity in facilities  
3 operated by addiction treatment providers; therefore be it

4 RESOLVED, That the House of Representatives direct the Joint  
5 State Government Commission to conduct a comprehensive review of  
6 unused properties, buildings and facilities owned by the  
7 Commonwealth and how to repurpose those properties, buildings  
8 and facilities for use as facilities appropriate for addiction  
9 treatment and recovery supports; and be it further

10 RESOLVED, That the Joint State Government Commission prepare  
11 a report of its findings that shall, at a minimum:

12 (1) Identify all unused properties, buildings and  
13 facilities owned by the Commonwealth.

14 (2) Determine, after consultation with addiction  
15 treatment providers and individuals from the construction  
16 industry, how to convert the unused properties, buildings and  
17 facilities into facilities appropriate for addiction  
18 treatment.

19 (3) Include a map of the available properties, buildings  
20 and facilities with an overlay of the number of overdose  
21 deaths in each county.

22 (4) Analyze the potential costs of repurposing the  
23 unused properties, buildings and facilities, including ways  
24 the Commonwealth can encourage private and public  
25 partnerships.

26 (5) LIST OTHER POSSIBLE USES FOR THE UNUSED PROPERTIES, <--  
27 BUILDINGS AND FACILITIES UNRELATED TO ADDICTION TREATMENT AND  
28 RECOVERY SUPPORTS.

29 (6) RECOMMEND WAYS MUNICIPALITIES COULD SIMILARLY  
30 CAPITALIZE ON THEIR OWN UNUSED PROPERTIES.



1           ~~(5)~~ (7) Develop a list of services that could be           ←  
2           provided if the unused properties, buildings and facilities  
3           were repurposed, including, but not limited to, substance use  
4           disorder treatment programs and recovery support services  
5           with or without the support of addiction medications on a  
6           hospital, nonhospital, residential or outpatient basis, in  
7           addition to recovery schools, recovery housing and recovery  
8           community centers with special emphasis on programs near  
9           college and university campuses.

10          ~~(6)~~ (8) Contain any information that the Joint State       ←  
11          Government Commission determines necessary from the  
12          Department of Drug and Alcohol Programs, Department of  
13          General Services, Department of Health and Department of  
14          Human Services;  
15          and be it further

16          RESOLVED, That the Joint State Government Commission report  
17          its findings to the House of Representatives no later than one  
18          year after the adoption of this resolution.



## APPENDIX B

<b>Pennsylvania Department of General Services Property Inventory</b>							
<b>County</b>	<b>Department</b>	<b>Property Name</b>	<b>Building Description</b>	<b>Year</b>	<b>Sq. Foot</b>	<b>Content Replacement \$</b>	<b>Content Replacement \$</b>
Allegheny	Corrections	SCI-Pittsburgh	Pump House No 1 - Building 21	1934	100	\$5,259	Vacant
Allegheny	Corrections	SCI-Pittsburgh	Front House -BLDG 1	1876	10,526	\$2,961,442	Vacant
Allegheny	Corrections	SCI-Pitt	Pump House No 1 - Building 21	1934	100	\$5,259	Closed
Allegheny	Corrections	SCI-Pitt	Front House -BLDG 1	1876	10,526	\$2,961,442	Closed
Allegheny	Corrections	SCI-Pitt	Admin Building	1986	37,642	--	Closed
Allegheny	Corrections	SCI-Pitt	Auditorium	1885	14,400	\$129,150	Closed
Allegheny	Corrections	SCI-Pitt	Automotive Garage	1996	5,874	--	Closed
Allegheny	Corrections	SCI-Pitt	Cert Team EQ Trailer	1954	720	--	Closed
Allegheny	Corrections	SCI-Pitt	CI Tag Shop	1922	22,100	\$62,758	Closed
Allegheny	Corrections	SCI-Pitt	Dietary Dept	1931	15,971	\$525,240	Closed
Allegheny	Corrections	SCI-Pitt	Education	1924	30,225	\$107,096	Closed
Allegheny	Corrections	SCI-Pitt	Engineer's Office	1956	750	--	Closed
Allegheny	Corrections	SCI-Pitt	Maintenance Repair Foreman Shop	1939	720	--	Closed
Allegheny	Corrections	SCI-Pitt	Guard Station	1954	137	--	Closed
Allegheny	Corrections	SCI-Pitt	Gymnasium	1939	6,500	\$272,868	Closed
Allegheny	Corrections	SCI-Pitt	Health Services	1994	33,764	\$5,291,900	Closed
Allegheny	Corrections	SCI-Pitt	Inmate Housing Unit A	1989	68,050	--	Closed
Allegheny	Corrections	SCI-Pitt	Inmate Housing Unit B	1989	69,814	--	Closed

Pennsylvania Department of General Services Property Inventory							
County	Department	Property Name	Building Description	Year	Sq. Foot	Content Replacement \$	Content Replacement \$
Allegheny	Corrections	SCI-Pitt	South Housing Units C&D	1885	58,528	\$7,807,964	Closed
Allegheny	Corrections	SCI-Pitt	North Housing Units E&F	1876	58,032	\$7,721,399	Closed
Allegheny	Corrections	SCI-Pitt	Staff Locker Room	1954	4,320	--	Closed
Allegheny	Corrections	SCI-Pitt	Mail Room Trailer	1954	720	--	Closed
Allegheny	Corrections	SCI-Pitt	Maintenance Shop/Safety	1902	6,825	\$565,091	Closed
Allegheny	Corrections	SCI-Pitt	Maintenance Shops	1954	10,540	--	Closed
Allegheny	Corrections	SCI-Pitt	Maintenance Storage	1950	1,598	--	Closed
Allegheny	Corrections	SCI-Pitt	Metal Shop	1922	21,675	\$105,287	Closed
Allegheny	Corrections	SCI-Pitt	Operations	1885	41,525	\$2,191,273	Closed
Allegheny	Corrections	SCI-Pitt	Power Plant	1934	4,176	\$1,678,806	Closed
Allegheny	Corrections	SCI-Pitt	Power Plant	1934	8,790	\$1,678,806	Closed
Allegheny	Corrections	SCI-Pitt	Weight Pavilion	1902	2,625	\$870,065	Closed
Allegheny	Corrections	SCI-Pitt	Resident Housing	1954	2,870	--	Closed
Allegheny	Corrections	SCI-Pitt	Scale House	1984	80	--	Closed
Allegheny	Corrections	SCI-Pitt	Services Building	1957	9,000	\$8,358,280	Closed
Allegheny	Corrections	SCI-Pitt	Sewage Pump House	1941	3,342	\$2,184,829	Closed
Allegheny	Corrections	SCI-Pitt	Front Garage Storage	1930	975	\$7,730	Closed
Allegheny	Corrections	SCI-Pitt	Storage Trailer	1954	720	--	Closed
Allegheny	Corrections	SCI-Pitt	Storage Trailer	1954	720	--	Closed
Allegheny	Corrections	SCI-Pitt	Storage Trailer	1954	720	--	Closed
Allegheny	Corrections	SCI-Pitt	Warehouse	1984	29,500	--	Closed
Allegheny	Corrections	SCI-Pitt	Welding Shipping Shop	1922	15,300	\$105,287	Closed
Allegheny	Corrections	SCI-Pitt	Maintenance Welding Shop	1939	900	\$10,897	Closed
Allegheny	Human Services	Dixmont Cemetery	Dixmont Cemetery	--	--	--	Vacant

Pennsylvania Department of General Services Property Inventory							
County	Department	Property Name	Building Description	Year	Sq. Foot	Content Replacement \$	Content Replacement \$
Allegheny	Human Services	Judicial Acquisition 2161	--	--	--	--	Vacant
Allegheny	Human Services	Judicial Acquisition 2162	--	--	--	--	Vacant
Allegheny	Human Services	Judicial Acquisition 2163	--	--	--	--	Vacant
Allegheny	Human Services	Judicial Acquisition 2164	--	--	--	--	Vacant
Berks	Human Services	Wernersville State Hospital	Parkside House 4	--	26,667	\$39,091	Vacant
Berks	Human Services	Wernersville State Hospital	Ridge Hall	--	8,385	\$69,266	Vacant
Berks	Human Services	Wernersville State Hospital	Brookside Building	--	28,345	\$655,360	Vacant
Berks	Human Services	Wernersville State Hospital	Incinerator	--	121	\$36,300	Vacant
Berks	Human Services	Wernersville State Hospital	Isolation Building	--	1,963	\$500,000	Vacant
Berks	Human Services	Wernersville State Hospital	Control Disposal	--	906	\$10,900	Vacant
Berks	Human Services	Wernersville State Hospital	Digester Building	--	594	\$178,200	Vacant
Berks	Human Services	Hamburg Center	61&62 Pine, East Unit	--	28,944	\$8,683,200	Vacant
Berks	Human Services	Hamburg Center	71 & 72 Pine East Unit	--	15,456	\$4,686,300	Vacant
Berks	Human Services	Hamburg Center	Solarium	--	2,000	\$600,000	Vacant
Berks	Human Services	Hamburg Center	Alum House	--	221	\$66,300	Vacant
Berks	Human Services	Hamburg Center	Labor Foreman Residence	--	17,000	\$510,000	Vacant
Berks	Human Services	Hamburg Center	Pump House	--	1,156	\$346,800	Vacant

<p align="center"><b>Pennsylvania Department of General Services Property Inventory</b></p>							
<b>County</b>	<b>Department</b>	<b>Property Name</b>	<b>Building Description</b>	<b>Year</b>	<b>Sq. Foot</b>	<b>Content Replacement \$</b>	<b>Content Replacement \$</b>
Berks	Human Services	Hamburg Center	Barn	--	18,000	\$800,000	Vacant
Berks	Human Services	Hamburg Center	Equipment Storage	--	840	\$252,000	Vacant
Berks	Human Services	Hamburg Center	71 & 72 Pine East Unit	--	15,456	\$4,686,300	Closed
Berks	Human Services	Hamburg Center	Solarium	--	2,000	\$600,000	Closed
Berks	Human Services	Hamburg Center	Alum House	--	221	\$66,300	Closed
Berks	Human Services	Hamburg Center	Labor Foreman Residence	--	17,000	\$510,000	Closed
Berks	Human Services	Hamburg Center	Pump House	--	1,156	\$346,800	Closed
Berks	Human Services	Hamburg Center	Barn	--	18,000	\$800,000	Closed
Berks	Human Services	Hamburg Center	Equipment Storage	--	840	\$252,000	Closed
Berks	Human Services	Hamburg Center	Training Center	--	11,852	\$3,555,600	Closed
Berks	Human Services	Hamburg Center	21 & 22 Elm	--	12,064	\$3,619,200	Closed
Berks	Human Services	Hamburg Center	332 Elm West Unit	--	28,944	\$8,683,200	Closed
Berks	Human Services	Hamburg Center	41&42 Pine East Unit	--	12,064	\$3,619,200	Closed
Berks	Human Services	Hamburg Center	51 & 52 Pine East Unit	--	11,852	\$3,555,600	Closed
Berks	Human Services	Hamburg Center	81 & 82 Pine, East Unit	--	9,672	\$2,901,600	Closed
Berks	Human Services	Hamburg Center	91 & 92 Elm, West Unit	--	15,264	\$4,579,200	Closed
Berks	Human Services	Hamburg Center	101 & 102 Maple West Unit	--	32,664	\$10,785,194	Closed
Berks	Human Services	Hamburg Center	111 & 112 Maple West Unit	--	32,664	\$9,799,200	Closed
Berks	Human Services	Hamburg Center	121 & 122 Dogwood East	--	32,664	\$9,799,200	Closed

**Pennsylvania Department of General Services  
Property Inventory**

<b>County</b>	<b>Department</b>	<b>Property Name</b>	<b>Building Description</b>	<b>Year</b>	<b>Sq. Foot</b>	<b>Content Replacement \$</b>	<b>Content Replacement \$</b>
Berks	Human Services	Hamburg Center	131 & 132 Dogwood East	--	32,664	\$9,799,200	Closed
Berks	Human Services	Hamburg Center	214 Maple East	--	49,444	\$14,833,200	Closed
Berks	Human Services	Hamburg Center	215 Maple East	--	17,296	\$5,188,800	Closed
Berks	Human Services	Hamburg Center	216 Maple East	--	14,247	\$4,274,100	Closed
Berks	Human Services	Hamburg Center	Adminis- tration	--	21,427	\$6,428,100	Closed
Berks	Human Services	Hamburg Center	Old Boiler Plant	-	2,545	\$763,500	Closed
Berks	Human Services	Hamburg Center	Receiving Department	--	17,272	\$5,181,600	Closed
Berks	Human Services	Hamburg Center	Auditorium	--	16,256	\$4,876,800	Closed
Berks	Human Services	Hamburg Center	22 Pine Road Apartments	--	9,564	\$2,869,200	Closed
Berks	Human Services	Hamburg Center	Storage Garage	--	1,428	\$428,400	Closed
Berks	Human Services	Hamburg Center	24 Pine Rd. Apartments	--	6,528	\$1,958,400	Closed
Berks	Human Services	Hamburg Center	Grounds Building	--	3,600	\$1,080,000	Closed
Berks	Human Services	Hamburg Center	VAS Workshop	--	11,900	\$3,570,000	Closed
Berks	Human Services	Hamburg Center	Garage	--	4,338	\$168,612	Closed
Berks	Human Services	Hamburg Center	Maintenance Building	--	6,000	\$79,671	Closed
Berks	Human Services	Hamburg Center	Back Wash Tank	--	314	\$20,000	Closed
Berks	Human Services	Hamburg Center	Clorine Building	--	196	\$58,800	Closed
Berks	Human Services	Hamburg Center	Equipment Storage	--	250	\$75,000	Closed
Berks	Human Services	Hamburg Center	Farm Equipment Storage	--	250	\$75,000	Closed
Berks	Human Services	Hamburg Center	Water Storage Tank	--	1,936	\$128,775	Closed
Berks	Human Services	Hamburg Center	New Boiler Plant	--	13,895	\$7,185,421	Closed

<p align="center"><b>Pennsylvania Department of General Services Property Inventory</b></p>							
<b>County</b>	<b>Department</b>	<b>Property Name</b>	<b>Building Description</b>	<b>Year</b>	<b>Sq. Foot</b>	<b>Content Replacement \$</b>	<b>Content Replacement \$</b>
Berks	Human Services	Hamburg Center	Pole Building	--	3,360	\$1,008,000	Closed
Berks	Human Services	Hamburg Center	Salt Storage Building	--	1,750	\$525,000	Closed
Berks	Human Services	Hamburg Center	PEMA Building	--	5,777	\$1,733,100	Closed
Berks	Human Services	Hamburg Center	Ground Cellar	--	1,296	\$388,800	Closed
Berks	Human Services	Hamburg Center	Smoke House	--	100	\$30,000	Closed
Berks	Human Services	Hamburg Center	Sewerage Pump House	--	66	\$19,800	Closed
Berks	Human Services	Hamburg Center	Sewerage Storage Building	--	125	\$37,500	Closed
Berks	Human Services	Hamburg Center	Sewerage Treatment Plant	-	900	\$50,000	Closed
Berks	Human Services	Hamburg Center	Corridor 1-2	--	1,080	\$324,000	Closed
Berks	Human Services	Hamburg Center	Corridor 1-9	--	1,120	\$336,000	Closed
Berks	Human Services	Hamburg Center	Corridor 2-3	--	1,824	\$547,200	Closed
Berks	Human Services	Hamburg Center	Corridor 5-6	--	2,020	\$606,000	Closed
Berks	Human Services	Hamburg Center	Corridor 7-8	--	990	\$297,000	Closed
Berks	Human Services	Hamburg Center	Corridor 10-9	--	1,340	\$402,000	Closed
Berks	Human Services	Hamburg Center	Corridor 12-5	--	3,020	\$906,000	Closed
Berks	Human Services	Hamburg Center	Corridor 5-20	--	2,360	\$708,000	Closed
Berks	Human Services	Hamburg Center	Corridor 10-14	--	3,776	\$1,132,800	Closed
Berks	Human Services	Hamburg Center	Corridor 12-14	--	3,777	\$1,132,801	Closed
Bucks	Historical & Museum Comm.	--	Bowmans Hill-Rstrms	1930	187	\$56,100	Vacant
Bucks	Public Welfare	Vocational Training Center 2180	--	--	--	--	Vacant
Butler	Fish & Boat Commission	Glade Run Lake	Shed	--	225	\$3,862	Vacant



Pennsylvania Department of General Services Property Inventory							
County	Department	Property Name	Building Description	Year	Sq. Foot	Content Replacement \$	Content Replacement \$
Centre	Corrections	SCI-Rockview	Sewage Disposal Plant 1	1931	675	\$391,304	Vacant
Centre	Corrections	SCI-Rockview	Residence 7 Garage	1926	440	\$6,269	Vacant
Centre	Corrections	SCI-Rockview	Residence 7	1919	1,776	\$33,997	Vacant
Centre	Corrections	SCI-Rockview	Abattoir	1934	1,008	\$9,868	Vacant
Centre	Corrections	SCI-Rockview	Bricker Barn	1943	4,922	\$32,889	Vacant
Centre	Corrections	SCI-Rockview	Bull Pen	1930	576	\$7,894	Vacant
Centre	Corrections	SCI-Rockview	Creamery	1920	2,257	\$7,631	Vacant
Centre	Corrections	SCI-Rockview	Dynamite Storage Building	1930	420	--	Vacant
Centre	Corrections	SCI-Rockview	Lime Kiln Office	1927	315	\$2,709	Vacant
Centre	Corrections	SCI-Rockview	Root Cellar Residence 5	1936	4,770	\$27,399	Vacant
Centre	Corrections	SCI-Rockview	Tool Storage	1930	616	\$1,312	Vacant
Centre	Corrections	SCI-Rockview	Viner Pea And Bean	1954	3,528	--	Vacant
Centre	Corrections	SCI-Rockview	Old Chlorinating	1938	400	\$2,007	Vacant
Centre	Historical & Museum Comm.	Curtin Village	Tenant House 2	1850	2,250	\$675,000	Vacant
Centre	Historical & Museum Comm.	Curtin Village	Aikey Foreman House	1850	690	\$207,000	Vacant
Centre	Historical & Museum Comm.	Curtin Village	Dukeman House	1850	1,800	\$540,000	Vacant
Centre	Historical & Museum Comm.	Curtin Village	Boarding House	1850	2,400	\$720,000	Vacant
Centre	Human Services	Philipsburg State General Hospital	Main Hospital	--	40,920	\$147,652	Vacant

<p align="center"><b>Pennsylvania Department of General Services Property Inventory</b></p>							
<b>County</b>	<b>Department</b>	<b>Property Name</b>	<b>Building Description</b>	<b>Year</b>	<b>Sq. Foot</b>	<b>Content Replacement \$</b>	<b>Content Replacement \$</b>
Centre	Human Services	Philipsburg State General Hospital	East Wing	--	14,620	\$100,733	Vacant
Centre	Human Services	Philipsburg State General Hospital	South Wing	--	19,440	\$539,427	Vacant
Centre	Human Services	Philipsburg State General Hospital	Laboratory Annex	--	5,500	\$322,508	Vacant
Centre	Human Services	Philipsburg State General Hospital	Rehabilitation Annex	--	56,960	\$2,249,430	Vacant
Centre	Human Services	Philipsburg State General Hospital	Wing To Nursing School	--	15,550	\$679,432	Vacant
Centre	Human Services	Philipsburg State General Hospital	Boiler Plant	--	5,397	\$165,904	Vacant
Centre	Human Services	Philipsburg State General Hospital	Garage	--	3,552	\$21,312	Vacant
Centre	Human Services	Philipsburg State General Hospital	Laundry Building	--	3,530	\$180,000	Vacant
Centre	Human Services	Philipsburg State General Hospital	Maintenance Storeroom	--	--	--	Vacant
Centre	Human Services	Philipsburg State General Hospital	Nurse's School	--	25,760	\$85,322	Vacant
Centre	Human Services	Philipsburg State General Hospital	Coal Elevator Room	--	400	\$40,000	Vacant

Pennsylvania Department of General Services Property Inventory							
County	Department	Property Name	Building Description	Year	Sq. Foot	Content Replacement \$	Content Replacement \$
Centre	Human Services	Philipsburg State General Hospital	Coal Storage Bunker	--	250	\$100,000	Vacant
Centre	Human Services	Philipsburg State General Hospital	Laundry Corridor	--	420	\$105,000	Vacant
Centre	Human Services	Philipsburg State General Hospital	Connecting Tunnel	--	180	\$36,000	Vacant
Clearfield	Corrections	Quehanna-MBC	Commander's Garage Building 1A	1996	1,365	\$10,000	Vacant
Clearfield	Corrections	Quehanna-MBC	Commander's Residence Building 1	1995	1,822	--	Vacant
Crawford	Corrections	SCI-Cambridge Springs	Residence Building 15	1935	15,000	--	Vacant
Crawford	Corrections	SCI-Cambridge Springs	Pavilion Building 9	1935	720	--	Vacant
Cumberland	Corrections	SCI-Camp Hill	State Residence 66- Building 66	1942	2,880	\$25,249	Vacant
Cumberland	Corrections	SCI-Camp Hill	Sewage Plant Building 40	1940	2,090	\$43,790	Vacant
Dauphin	General Services	DGS Annex Complex	Anderson Residence	1930	3,940	\$5,971	Vacant
Dauphin	General Services	DGS Annex Complex	Eaton Cottage - 4	1930	3,940	\$5,971	Vacant
Dauphin	General Services	DGS Annex Complex	Gate House - 1	1895	4,564	\$81,461	Vacant
Dauphin	General Services	DGS Annex Complex	Gate House Garage 2	1925	240	\$5,000	Vacant
Delaware	Human Services	Haverford State Hospital	--	--	--	--	Vacant
Delaware	Human Services	Judicial Acquisition 2165	--	--	--	--	Vacant

<b>Pennsylvania Department of General Services Property Inventory</b>							
<b>County</b>	<b>Department</b>	<b>Property Name</b>	<b>Building Description</b>	<b>Year</b>	<b>Sq. Foot</b>	<b>Content Replacement \$</b>	<b>Content Replacement \$</b>
Delaware	Human Services	Vocational Training Center 2181	--	--	--	--	Vacant
Erie	Fish & Boat Commission	Fairview State Fish Hatchery	Residence	1890	1,800	\$54,221	Vacant
Erie	Human Services	Judicial Acquisition 2166	Residence	--	--	--	Vacant
Fayette	Corrections	SCI-Fayette	Superintendent Residence 1	2002	7,500	\$300,000	Vacant
Fayette	Corrections	SCI-Fayette	Deputy Superintendent Residence 2	2002	6,600	\$300,000	Vacant
Franklin	Human Services	South Mountain Restoration Center	Edgewood	--	95,000	\$573,848	Vacant
Franklin	Human Services	South Mountain Restoration Center	Unit 4	--	23,704	\$108,524	Vacant
Franklin	Human Services	South Mountain Restoration Center	Unit 8	--	32,576	\$122,337	Vacant
Franklin	Human Services	South Mountain Restoration Center	Human Services Building	--	16,324	\$48,972	Vacant
Franklin	Human Services	South Mountain Restoration Center	Unit 11	--	23,704	\$108,524	Vacant
Franklin	Human Services	South Mountain Restoration Center	Mountain View	--	32,576	\$122,337	Vacant
Lackawanna	Human Services	Clarks Summit State Hospital	Abington Hall	--	111,826	\$17,000,270	Vacant
Lackawanna	Human Services	Clarks Summit State Hospital	Activities Center	--	8,910	\$584,797	Vacant

Pennsylvania Department of General Services Property Inventory							
County	Department	Property Name	Building Description	Year	Sq. Foot	Content Replacement \$	Content Replacement \$
Lackawanna	Human Services	Clarks Summit State Hospital	Root Cellar	--	75,000	\$59,148	Vacant
Lancaster	Thaddeus Steven College	Thaddeus Steven College	Residence 1	1890	--	\$60,000	Vacant
Lancaster	Thaddeus Steven College	Thaddeus Steven College	Residence 2	1910	--	\$60,000	Vacant
Lehigh	Corrections	SCI-Dallas	Residence Property 10	1963	1,518	\$42,675	Vacant
Lehigh	Corrections	SCI-Dallas	Residence Property 12	1963	1,782	\$39,058	Vacant
Lehigh	Human Services	Allentown State Hospital	Steward	1949	27,900	\$1,000,000	Vacant
Lehigh	Human Services	Allentown State Hospital	Psychology	1932	19,590	\$1,000,000	Vacant
Lehigh	Human Services	Allentown State Hospital	Hillcrest	--	--	--	Vacant
Lehigh	Human Services	Allentown State Hospital	Admin/ Admission	1971	89,975	\$3,481,834	Closed
Lehigh	Human Services	Allentown State Hospital	Edgar	1930	19,590	\$1,000,000	Closed
Lehigh	Human Services	Allentown State Hospital	Psychology	1932	19,590	\$1,000,000	Closed
Lehigh	Human Services	Allentown State Hospital	Ritter	1938	16,710	\$1,000,000	Closed
Lehigh	Human Services	Allentown State Hospital	Medical Services	1953	--	--	Closed
Lehigh	Human Services	Allentown State Hospital	Shettel	1970	17,157	\$613,820	Closed
Lehigh	Human Services	Allentown State Hospital	M-1,2 Nagle	--	46,335	\$1,022,487	Closed
Lehigh	Human Services	Allentown State Hospital	M3, 4 Lang	--	40,320	\$674,186	Closed

<p align="center"><b>Pennsylvania Department of General Services Property Inventory</b></p>							
<b>County</b>	<b>Department</b>	<b>Property Name</b>	<b>Building Description</b>	<b>Year</b>	<b>Sq. Foot</b>	<b>Content Replacement \$</b>	<b>Content Replacement \$</b>
Lehigh	Human Services	Allentown State Hospital	M5, 6 Mcginnis	--	40,359	\$749,595	Closed
Lehigh	Human Services	Allentown State Hospital	M7, 8 Osborne	--	46,335	\$952,972	Closed
Lehigh	Human Services	Allentown State Hospital	Main A	--	--	--	Closed
Lehigh	Human Services	Allentown State Hospital	Main B	--	--	--	Closed
Lehigh	Human Services	Allentown State Hospital	Main C	1905	--	--	Closed
Lehigh	Human Services	Allentown State Hospital	Auditorium Dining Room	1907	37,000	\$144,368	Closed
Lehigh	Human Services	Allentown State Hospital	Physical Therapy OT	1909	5,800	\$22,929	Closed
Lehigh	Human Services	Allentown State Hospital	Chapel Canteen	1909	5,800	\$18,388	Closed
Lehigh	Human Services	Allentown State Hospital	Old Diet Kitchen	--	11,277	\$78,217	Closed
Lehigh	Human Services	Allentown State Hospital	Diet Office VAS Laundry	--	--	--	Closed
Lehigh	Human Services	Allentown State Hospital	Main Kitchen	--	24,400	\$277,306	Closed
Lehigh	Human Services	Allentown State Hospital	Old Butcher Shop Refrig Shop	--	--	--	Closed
Lehigh	Human Services	Allentown State Hospital	Industrial	--	12,000	\$39,226	Closed
Lehigh	Human Services	Allentown State Hospital	Recreation Complex	--	--	--	Closed
Lehigh	Human Services	Allentown State Hospital	Main Storeroom	--	21,000	\$114,477	Closed
Lehigh	Human Services	Allentown State Hospital	Electric Shop	--	21,810	\$79,162	Closed

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<b>County</b>	<b>Department</b>	<b>Property Name</b>	<b>Building Description</b>	<b>Year</b>	<b>Sq. Foot</b>	<b>Content Replacement \$</b>	<b>Content Replacement \$</b>
Lehigh	Human Services	Allentown State Hospital	Boiler Plant	--	--	--	Closed
Lehigh	Human Services	Allentown State Hospital	Maintenance Garage	--	29,000	\$368,413	Closed
Lehigh	Human Services	Allentown State Hospital	Reservoir	--	30,590	\$119,600	Closed
Lehigh	Human Services	Allentown State Hospital	Water Tank	--	1,810	\$124,550	Closed
Lehigh	Human Services	Allentown State Hospital	Steward	1949	27,900	\$1,000,000	Closed
Lehigh	Human Services	Allentown State Hospital	Psychology	1932	19,590	\$1,000,000	Closed
Lehigh	Human Services	Allentown State Hospital	Hillcrest	--	--	--	Closed
Luzerne	Historical & Museum Comm.	Eckley Village	House 133-135	1857	3,535	\$707,000	Vacant
Luzerne	Historical & Museum Comm.	Eckley Village	House 160	1857	3,450	\$690,000	Vacant
Lycoming	Corrections	SCI-Muncy	House Unit H-Mccormick Building	1927	11,856	\$512,489	Vacant
Lycoming	Corrections	SCI-Muncy	Old Sewage Treatment Plant	2000	444	\$4,000	Vacant
Mercer County	Corrections	SCI-Mercer	Farm House	2000	720	--	Vacant
Mercer County	Corrections	SCI-Mercer	Superintendent Residence	2000	910	--	Vacant
Montgomery	Corrections	SCI-Graterford	Resident House Building 174A	2000	988	--	Vacant
Montgomery	Corrections	SCI-Graterford	Pheasant House 27	2000	1,600	\$2,405,591	Vacant
Montgomery	Corrections	SCI-Graterford	Spring House 2B	2000	158	--	Vacant

<p align="center"><b>Pennsylvania Department of General Services Property Inventory</b></p>							
<b>County</b>	<b>Department</b>	<b>Property Name</b>	<b>Building Description</b>	<b>Year</b>	<b>Sq. Foot</b>	<b>Content Replacement \$</b>	<b>Content Replacement \$</b>
Montgomery	Corrections	SCI-Graterford	Steer Barn In Hollow	1940	2,378	\$6,440	Vacant
Montgomery	Corrections	SCI-Graterford	Chlorine House 25D	2000	36	\$1,151	Vacant
Montgomery	Corrections	SCI-Graterford	Corn Crib	2000	1,245	--	Vacant
Montgomery	Corrections	SCI-Graterford	Dynamite Shed 3	2000	64	--	Vacant
Montgomery	Corrections	SCI-Graterford	Grain Storage 9	2000	3,600	--	Vacant
Montgomery	Corrections	SCI-Graterford	Sow House 9M	2000	1,260	--	Vacant
Montgomery	Corrections	SCI-Graterford	Toilet 24H	2000	25	--	Vacant
Montgomery	Corrections	SCI-Graterford	Well House 4	1929	280	\$56,413	Vacant
Montgomery	Corrections	SCI-Graterford	Resident House Building 174A	2000	988	--	Closed
Montgomery	Corrections	SCI-Graterford	Pheasant House 27	2000	1,600	\$2,405,591	Closed
Montgomery	Corrections	SCI-Graterford	Spring House 2B	2000	158	--	Closed
Montgomery	Corrections	SCI-Graterford	Steer Barn In Hollow	1940	2,378	\$6,440	Closed
Montgomery	Corrections	SCI-Graterford	Chlorine House 25D	2000	36	\$1,151	Closed
Montgomery	Corrections	SCI-Graterford	Corn Crib	2000	1,245	--	Closed
Montgomery	Corrections	SCI-Graterford	Dynamite Shed 3	2000	64	--	Closed
Montgomery	Corrections	SCI-Graterford	Grain Storage 9	2000	3,600	--	Closed
Montgomery	Corrections	SCI-Graterford	Sow House 9M	2000	1,260	--	Closed
Montgomery	Corrections	SCI-Graterford	Toilet 24H	2000	25	--	Closed
Montgomery	Corrections	SCI-Graterford	Well House 4	1929	280	\$56,413	Closed
Montgomery	Corrections	SCI-Graterford	Garage Residence	2000	446	--	Closed
Montgomery	Corrections	SCI-Graterford	Tower 1	2000	748	--	Closed
Montgomery	Corrections	SCI-Graterford	Well House 1-21B	1928	440	\$111,323	Closed



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<b>County</b>	<b>Department</b>	<b>Property Name</b>	<b>Building Description</b>	<b>Year</b>	<b>Sq. Foot</b>	<b>Content Replacement \$</b>	<b>Content Replacement \$</b>
Montgomery	Corrections	SCI-Graterford	House 2 Garage	2000	775	--	Closed
Montgomery	Corrections	SCI-Graterford	Tower 2	2000	748	--	Closed
Montgomery	Corrections	SCI-Graterford	Well House 2	1929	280	\$56,413	Closed
Montgomery	Corrections	SCI-Graterford	Tower 3	2000	748	--	Closed
Montgomery	Corrections	SCI-Graterford	Well House 3	1929	288	\$56,413	Closed
Montgomery	Corrections	SCI-Graterford	Tower 4	2000	748	--	Closed
Montgomery	Corrections	SCI-Graterford	Tower 5	2000	748	--	Closed
Montgomery	Corrections	SCI-Graterford	Chlorine Contact Well 5	1988	572	--	Closed
Montgomery	Corrections	SCI-Graterford	Well House 5	1937	280	\$56,413	Closed
Montgomery	Corrections	SCI-Graterford	Tower 6	2000	748	--	Closed
Montgomery	Corrections	SCI-Graterford	Chlorine Contact Well 6	1988	572	--	Closed
Montgomery	Corrections	SCI-Graterford	Well House 6	1957	375	\$56,413	Closed
Montgomery	Corrections	SCI-Graterford	Tower 7	2000	748	--	Closed
Montgomery	Corrections	SCI-Graterford	Chlorine Contact Well 7	1988	572	--	Closed
Montgomery	Corrections	SCI-Graterford	Well House 7	1957	280	\$90,826	Closed
Montgomery	Corrections	SCI-Graterford	Garage Residential 8A	2000	466	--	Closed
Montgomery	Corrections	SCI-Graterford	Tower 8	2000	748	--	Closed
Montgomery	Corrections	SCI-Graterford	Tower 9	2000	748	--	Closed
Montgomery	Corrections	SCI-Graterford	Well House 9	1964	295	\$51,900	Closed
Montgomery	Corrections	SCI-Graterford	Activities Storage Shed	2000	56	\$9,833	Closed
Montgomery	Corrections	SCI-Graterford	Ambulance Shed	2000	154	--	Closed

<p align="center"><b>Pennsylvania Department of General Services Property Inventory</b></p>							
<b>County</b>	<b>Department</b>	<b>Property Name</b>	<b>Building Description</b>	<b>Year</b>	<b>Sq. Foot</b>	<b>Content Replacement \$</b>	<b>Content Replacement \$</b>
Montgomery	Corrections	SCI-Graterford	Auditorium	1932	14,040	\$561,341	Closed
Montgomery	Corrections	SCI-Graterford	Dairy Barn 28E	2000	13,536	\$16,247	Closed
Montgomery	Corrections	SCI-Graterford	Diagnostic Center Building B	1988	7,962	--	Closed
Montgomery	Corrections	SCI-Graterford	PS3 Blower Building 42A	1992	2,100	--	Closed
Montgomery	Corrections	SCI-Graterford	Boiler Plant 35	1986	34,680	\$6,815,206	Closed
Montgomery	Corrections	SCI-Graterford	Outside Carpenter Shop 26B	1979	2,625	\$27,048	Closed
Montgomery	Corrections	SCI-Graterford	Weld Carpentry Shop	2000	3,894	--	Closed
Montgomery	Corrections	SCI-Graterford	Cement - Roofer Shop	2000	576	\$4,037	Closed
Montgomery	Corrections	SCI-Graterford	Chapel	1970	14,190	\$992,139	Closed
Montgomery	Corrections	SCI-Graterford	Well 1 Chlorine Contact 13	1992	480	--	Closed
Montgomery	Corrections	SCI-Graterford	Chloring Building 1	1993	112	--	Closed
Montgomery	Corrections	SCI-Graterford	Chloring Building 2	1993	112	--	Closed
Montgomery	Corrections	SCI-Graterford	Ferric Chloride 40C	2000	24	--	Closed
Montgomery	Corrections	SCI-Graterford	Lagoon Chlorine 40F	1988	48	--	Closed
Montgomery	Corrections	SCI-Graterford	Cinder Shed 9B	2000	2,394	\$15,843	Closed
Montgomery	Corrections	SCI-Graterford	Corn Crib 13F	2000	950	\$4,151	Closed
Montgomery	Corrections	SCI-Graterford	Main Corridor	1932	45,408	\$4,297,663	Closed
Montgomery	Corrections	SCI-Graterford	Cylinder Storage 24G	2000	140	\$20,556	Closed
Montgomery	Corrections	SCI-Graterford	Warehouse Cylinder Storage	2000	106	--	Closed

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Montgomery	Corrections	SCI-Graterford	Dairy Barn A 28	1959	9,920	\$525,482	Closed
Montgomery	Corrections	SCI-Graterford	Dairy Barn B 28	1959	4,960	\$495,575	Closed
Montgomery	Corrections	SCI-Graterford	Dechlorination Building	2000	192	\$88,994	Closed
Montgomery	Corrections	SCI-Graterford	Deputy's Complex	1929	5,160	\$571,032	Closed
Montgomery	Corrections	SCI-Graterford	DGS Trailer 1	2000	540	--	Closed
Montgomery	Corrections	SCI-Graterford	DGS Trailer 2	2001	541	--	Closed
Montgomery	Corrections	SCI-Graterford	Lagoon Electric 40G	1988	96	--	Closed
Montgomery	Corrections	SCI-Graterford	Equipment Shed	2000	648	--	Closed
Montgomery	Corrections	SCI-Graterford	Farm Office 21	2000	999	\$29,225	Closed
Montgomery	Corrections	SCI-Graterford	Fert Trailers 9C	2000	648	--	Closed
Montgomery	Corrections	SCI-Graterford	Field House	1988	14,300	\$1,892,515	Closed
Montgomery	Corrections	SCI-Graterford	Foundry Tools Storage	2000	513	\$20,848	Closed
Montgomery	Corrections	SCI-Graterford	Freight Depot 21A	2000	1,800	--	Closed
Montgomery	Corrections	SCI-Graterford	Farm Equipment Shed 30	2000	3,150	--	Closed
Montgomery	Corrections	SCI-Graterford	Garage 21C	2000	11,520	--	Closed
Montgomery	Corrections	SCI-Graterford	Gas Meter House 24C	2000	109	\$574	Closed
Montgomery	Corrections	SCI-Graterford	Gazebo	2000	122	--	Closed
Montgomery	Corrections	SCI-Graterford	Generator 35A	1988	7,044	\$218,941	Closed
Montgomery	Corrections	SCI-Graterford	Dairy Grain House 28C	2000	780	--	Closed
Montgomery	Corrections	SCI-Graterford	Feed Barn 26	2000	8,250	--	Closed
Montgomery	Corrections	SCI-Graterford	Barn & Silo 20	2000	1,875	--	Closed
Montgomery	Corrections	SCI-Graterford	Greenhouse In Hollow	2000	2,480	--	Closed

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<b>County</b>	<b>Department</b>	<b>Property Name</b>	<b>Building Description</b>	<b>Year</b>	<b>Sq. Foot</b>	<b>Content Replacement \$</b>	<b>Content Replacement \$</b>
Montgomery	Corrections	SCI-Graterford	New Inside Greenhouse	2000	2,340	--	Closed
Montgomery	Corrections	SCI-Graterford	Greenhouse Shed	2000	192	--	Closed
Montgomery	Corrections	SCI-Graterford	Hay Barn At Disposal	2000	2,400	\$3,316	Closed
Montgomery	Corrections	SCI-Graterford	Hay Shed At 6	1960	2,100	\$3,571	Closed
Montgomery	Corrections	SCI-Graterford	Hay Shed At 4 Tower 23	1978	1,800	\$15,574	Closed
Montgomery	Corrections	SCI-Graterford	Hay Shed 15	2000	4,275	\$3,916	Closed
Montgomery	Corrections	SCI-Graterford	Horse Barn And Silos 14	2000	4,752	\$58,040	Closed
Montgomery	Corrections	SCI-Graterford	Horse Shelter	2000	288	--	Closed
Montgomery	Corrections	SCI-Graterford	Hose House 28D	2000	160	\$1,151	Closed
Montgomery	Corrections	SCI-Graterford	Housing Unit A	1929	49,440	\$4,297,663	Closed
Montgomery	Corrections	SCI-Graterford	Housing Unit B	1930	49,440	\$4,297,663	Closed
Montgomery	Corrections	SCI-Graterford	Housing Unit C	1931	49,440	\$4,297,663	Closed
Montgomery	Corrections	SCI-Graterford	Housing Unit D	1932	49,440	\$4,297,663	Closed
Montgomery	Corrections	SCI-Graterford	Housing Unit E	1933	49,440	\$4,297,663	Closed
Montgomery	Corrections	SCI-Graterford	Housing Unit F	2000	4,918	--	Closed
Montgomery	Corrections	SCI-Graterford	Housing Unit G	2000	4,918	--	Closed
Montgomery	Corrections	SCI-Graterford	Housing Unit H	2000	4,918	--	Closed
Montgomery	Corrections	SCI-Graterford	Housing Unit I	2000	4,918	--	Closed
Montgomery	Corrections	SCI-Graterford	Housing Unit J	2000	8,793	--	Closed
Montgomery	Corrections	SCI-Graterford	Housing Unit K	2000	11,707	--	Closed
Montgomery	Corrections	SCI-Graterford	Housing Unit L	2000	44,984	--	Closed
Montgomery	Corrections	SCI-Graterford	M Block Housing D & A Unit	1989	27,000	\$490,317	Closed

Pennsylvania Department of General Services Property Inventory							
County	Department	Property Name	Building Description	Year	Sq. Foot	Content Replacement \$	Content Replacement \$
Montgomery	Corrections	SCI-Graterford	N Block L-2 Housing Unit	2000	4,890	--	Closed
Montgomery	Corrections	SCI-Graterford	Housing Units F&G	1988	9,836	--	Closed
Montgomery	Corrections	SCI-Graterford	Housing Unit H&I	1988	9,836	--	Closed
Montgomery	Corrections	SCI-Graterford	M Modular Housing	1984	14,092	\$288,422	Closed
Montgomery	Corrections	SCI-Graterford	Turkey Pen 11 Imp Storage	2000	5,576	\$21,341	Closed
Montgomery	Corrections	SCI-Graterford	Industries	1933	90,388	\$3,934,552	Closed
Montgomery	Corrections	SCI-Graterford	Building J	1988	44,898	--	Closed
Montgomery	Corrections	SCI-Graterford	Building K	2000	334,480	--	Closed
Montgomery	Corrections	SCI-Graterford	Kitchen Dining Building C	1988	44,898	--	Closed
Montgomery	Corrections	SCI-Graterford	Kitchen Service Corridor	2000	12,696	--	Closed
Montgomery	Corrections	SCI-Graterford	Last Chance Ranch	2000	1,800	--	Closed
Montgomery	Corrections	SCI-Graterford	Building L	2000	63,826	--	Closed
Montgomery	Corrections	SCI-Graterford	Lean-To Storage Shed 9	2000	1,200	\$631	Closed
Montgomery	Corrections	SCI-Graterford	Lobby & Vehicle Gate	1932	3,600	\$959,181	Closed
Montgomery	Corrections	SCI-Graterford	Outside Lockshop 7	2000	285	\$4,037	Closed
Montgomery	Corrections	SCI-Graterford	Lumber Shed 24D	1966	1,872	\$13,150	Closed
Montgomery	Corrections	SCI-Graterford	Majors Office	2000	420	--	Closed
Montgomery	Corrections	SCI-Graterford	Outside Mason Storage 9K	2000	1,210	\$2,881	Closed
Montgomery	Corrections	SCI-Graterford	Outside Mason Shop 9E	1940	1,334	\$15,399	Closed
Montgomery	Corrections	SCI-Graterford	Maternity Barn 12	2000	4,699	\$30,309	Closed

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<b>County</b>	<b>Department</b>	<b>Property Name</b>	<b>Building Description</b>	<b>Year</b>	<b>Sq. Foot</b>	<b>Content Replacement \$</b>	<b>Content Replacement \$</b>
Montgomery	Corrections	SCI-Graterford	Metal Storage	2000	559	\$19,381	Closed
Montgomery	Corrections	SCI-Graterford	Milk House 28B	2000	2,244	\$19,404	Closed
Montgomery	Corrections	SCI-Graterford	New Administration	1987	26,660	--	Closed
Montgomery	Corrections	SCI-Graterford	New Kitchen 1	2000	31,398	--	Closed
Montgomery	Corrections	SCI-Graterford	Old Administrative	1929	6,958	\$320,341	Closed
Montgomery	Corrections	SCI-Graterford	Old Inside Greenhouse	2000	1,152	--	Closed
Montgomery	Corrections	SCI-Graterford	Old Kitchen 1	1931	32,370	\$3,338,539	Closed
Montgomery	Corrections	SCI-Graterford	OSU Kitchen & Visiting Room	2000	7,176	--	Closed
Montgomery	Corrections	SCI-Graterford	OSU Staff Office	2000	550	\$29,097	Closed
Montgomery	Corrections	SCI-Graterford	Mounted Patrol Barn 21F	1968	2,395	\$17,641	Closed
Montgomery	Corrections	SCI-Graterford	Outside Plumbing Shop	2000	936	\$113,395	Closed
Montgomery	Corrections	SCI-Graterford	Poison Tool Building 21D	2000	444	\$2,881	Closed
Montgomery	Corrections	SCI-Graterford	Power HSE SVC Corridor	1930	5,876	\$2,485,916	Closed
Montgomery	Corrections	SCI-Graterford	PS 6 Bacterial 40B	1992	1,200	--	Closed
Montgomery	Corrections	SCI-Graterford	Ranger	2000	960	--	Closed
Montgomery	Corrections	SCI-Graterford	Religious Meeting Building	2000	7,524	--	Closed
Montgomery	Corrections	SCI-Graterford	Resident House	1959	2,281	\$51,158	Closed
Montgomery	Corrections	SCI-Graterford	Super Resident Farm House 2	2000	3,600	\$51,552	Closed

<p align="center"><b>Pennsylvania Department of General Services Property Inventory</b></p>							
<b>County</b>	<b>Department</b>	<b>Property Name</b>	<b>Building Description</b>	<b>Year</b>	<b>Sq. Foot</b>	<b>Content Replacement \$</b>	<b>Content Replacement \$</b>
Montgomery	Corrections	SCI-Graterford	Resident Farm House	2000	1,200	\$47,564	Closed
Montgomery	Corrections	SCI-Graterford	Salt Storage 9L	2000	608	\$2,881	Closed
Montgomery	Corrections	SCI-Graterford	Sanitation 29	2000	145	--	Closed
Montgomery	Corrections	SCI-Graterford	School	1933	22,952	\$701,787	Closed
Montgomery	Corrections	SCI-Graterford	Service Entrance	1986	28,221	\$518,850	Closed
Montgomery	Corrections	SCI-Graterford	Waste Water Treatment Plant	1992	2,340	--	Closed
Montgomery	Corrections	SCI-Graterford	Shoat House 9J	2000	1,600	\$6,918	Closed
Montgomery	Corrections	SCI-Graterford	Electric Paint Shop 9F	2000	3,690	\$23,072	Closed
Montgomery	Corrections	SCI-Graterford	Grain Storage Silo 13A	2000	908	--	Closed
Montgomery	Corrections	SCI-Graterford	Grain Storage Silo 13B	2000	908	--	Closed
Montgomery	Corrections	SCI-Graterford	SNU Storage Shed	2000	64	--	Closed
Montgomery	Corrections	SCI-Graterford	Steer Shelter 23A	2000	2,816	\$28,889	Closed
Montgomery	Corrections	SCI-Graterford	Steer Shelter Storage	2000	1,120	--	Closed
Montgomery	Corrections	SCI-Graterford	Steer Barn 19	2000	3,223	\$135,429	Closed
Montgomery	Corrections	SCI-Graterford	Steer Barn And Silo 21E	1953	4,258	\$24,226	Closed
Montgomery	Corrections	SCI-Graterford	Maintenance Storage	2000	1,540	--	Closed
Montgomery	Corrections	SCI-Graterford	Wheelchair Storage 26C	1963	1,392	\$4,069	Closed
Montgomery	Corrections	SCI-Graterford	Storage Building 25E	2000	315	\$2,881	Closed
Montgomery	Corrections	SCI-Graterford	M Unit Substation	1975	144	\$40,378	Closed
Montgomery	Corrections	SCI-Graterford	Training Modular	2000	572	--	Closed

Pennsylvania Department of General Services Property Inventory							
County	Department	Property Name	Building Description	Year	Sq. Foot	Content Replacement \$	Content Replacement \$
Montgomery	Corrections	SCI-Graterford	Utility Plant For Heat	2000	45,828	--	Closed
Montgomery	Corrections	SCI-Graterford	Valve Pit Building	2000	145	--	Closed
Montgomery	Corrections	SCI-Graterford	Warehouse Annex 39A	2000	2,200	\$194,360	Closed
Montgomery	Corrections	SCI-Graterford	Warehouse Annex 39B	2000	2,200	--	Closed
Montgomery	Corrections	SCI-Graterford	Warehouse	1988	43,584	\$5,030,098	Closed
Montgomery	Corrections	SCI-Graterford	North Penn Water Hook UP	2000	150	--	Closed
Montgomery	Corrections	SCI-Graterford	Weld Carpentry Shop	2000	64	--	Closed
Montgomery	Corrections	SCI-Graterford	WWTP Head End Equipment Building	2000	700	--	Closed
Montgomery	Corrections	SCI-Graterford	WWTP Storage Shed 40I	2000	128	--	Closed
Montgomery	Corrections	SCI-Graterford	Yard Equipment Storage	2000	116	\$13,607	Closed
Montgomery	Corrections	SCI-Graterford	EDCC Yard Pavilion	2000	360	--	Closed
Montgomery	Corrections	SCI-Graterford	Yard Implement Shed 2C	2000	64	\$20,474	Closed
Montgomery	Human Services	Norristown State Hospital	Ward Building 5	--	65,500	\$19,650,000	Vacant
Montgomery	Human Services	Norristown State Hospital	Ward Building 8	--	77,400	\$23,220,000	Vacant
Montgomery	Human Services	Norristown State Hospital	Ward Building 14	--	62,484	\$18,745,200	Vacant
Montgomery	Human Services	Norristown State Hospital	Admissions	--	40,487	\$360,023	Vacant
Montgomery	Human Services	Norristown State Hospital	Office	--	10,721	\$3,216,300	Vacant



<b>Pennsylvania Department of General Services Property Inventory</b>							
<b>County</b>	<b>Department</b>	<b>Property Name</b>	<b>Building Description</b>	<b>Year</b>	<b>Sq. Foot</b>	<b>Content Replacement \$</b>	<b>Content Replacement \$</b>
Montgomery	Human Services	Norristown State Hospital	Fire Pump House	--	750	\$1,704	Vacant
Montgomery	Human Services	Norristown State Hospital	Carpenter/Plumbing Shops	--	--	--	Vacant
Montgomery	Human Services	Norristown State Hospital	Cottage 44	--	4,060	\$5,000	Vacant
Montgomery	Human Services	Norristown State Hospital	Cottage 45	--	8,375	\$2,512,500	Vacant
Montgomery	Human Services	Norristown State Hospital	Well House 11	--	--	--	Vacant
Montgomery	Human Services	Norristown State Hospital	Pump House Well 13	--	--	--	Vacant
Montgomery	Human Services	Norristown State Hospital	Well House 3	--	--	--	Vacant
Montgomery	Human Services	Norristown State Hospital	Well House 4	--	--	--	Vacant
Montgomery	Human Services	Norristown State Hospital	Damaged Goods Building	--	3,744	\$7,539	Vacant
Montgomery	Human Services	Vocational Training Center	Centers 2182	--	269,777	--	Vacant
Montgomery	Human Services	Vocational Training Center	Center 2183	--	--	--	Vacant
Montgomery	Human Services	Vocational Training Center	Center 2184	--	--	--	Vacant
Montour	Human Services	Danville State Hospital	Kirkbridge	--	40,000	\$278,915	Vacant
Montour	Human Services	Danville State Hospital	Curwin	--	40,000	\$146,288	Vacant
Montour	Human Services	Danville State Hospital	Hospital	--	66,000	\$430,239	Vacant
Montour	Human Services	Danville State Hospital	Jackson	--	24,600	\$179,706	Vacant

<p align="center"><b>Pennsylvania Department of General Services Property Inventory</b></p>							
<b>County</b>	<b>Department</b>	<b>Property Name</b>	<b>Building Description</b>	<b>Year</b>	<b>Sq. Foot</b>	<b>Content Replacement \$</b>	<b>Content Replacement \$</b>
Montour	Human Services	Danville State Hospital	Oakwood	--	15,750	\$87,218	Vacant
Montour	Human Services	Danville State Hospital	Terrance	--	18,000	\$164,510	Vacant
Montour	Human Services	Danville State Hospital	Edgewood	--	25,000	\$7,500,000	Vacant
Montour	Human Services	Danville State Hospital	Edgehill	--	19,600	\$65,736	Vacant
Montour	Human Services	Danville State Hospital	South Industrial	--	11,640	\$3,492,000	Vacant
Montour	Human Services	Danville State Hospital	Root House	--	9,800	\$2,940,000	Vacant
Montour	Human Services	Danville State Hospital	Edewood Annex	--	15,000	\$4,500,000	Vacant
Philadelphia	Human Services	Judicial Acquisition 2167	Judicial Acquisition 2167	--	--	--	Vacant
Snyder	Human Services	Selinsgrove Center	Closed Building	--	2,050	--	Vacant
Somerset	Corrections	SCI-Laurel Highlands	1335 N Center Ave Residence	1935	3,439	\$300,000	Vacant
Venago	Human Services	Polk Center	Sunnyside	--	120,052	\$506,031	Vacant
Venago	Human Services	Polk Center	Electric Mason Custodian Storeroom	--	11,800	\$3,540,000	Vacant
Venago	Human Services	Polk Center	Machinery Hall Storage	--	4,000	\$1,200,000	Vacant
Venago	Human Services	Polk Center	Bull Barn	--	3,072	\$921,600	Vacant
Venago	Human Services	Polk Center	Staff Residence Drive	--	2,934	\$80,200	Vacant
Venago	Human Services	Polk Center	Staff Residence A	--	947	\$284,100	Vacant
Venago	Human Services	Polk Center	Staff Residence B	--	947	\$284,100	Vacant

<p align="center"><b>Pennsylvania Department of General Services Property Inventory</b></p>							
<b>County</b>	<b>Department</b>	<b>Property Name</b>	<b>Building Description</b>	<b>Year</b>	<b>Sq. Foot</b>	<b>Content Replacement \$</b>	<b>Content Replacement \$</b>
Venago	Human Services	Polk Center	Staff Residence C	--	947	\$284,100	Vacant
Venago	Human Services	Polk Center	Staff House Garage	--	816	\$244,800	Vacant
Venago	Human Services	Polk Center	Assistance Super Resident	--	5,362	\$1,608,600	Vacant
Venago	Human Services	Polk Center	Oaks Worker Center	--	5,618	\$1,685,400	Vacant
Venago	Human Services	Polk Center	Oaks Work Center Storage	--	576	\$1,728,000	Vacant
Venago	Human Services	Polk Center	Barn Gilliland House	--	5,000	\$1,500,000	Vacant
Venago	Human Services	Polk Center	Lumber Shed 1	--	1,392	\$417,600	Vacant
Venago	Human Services	Polk Center	Lumber Shed 2	--	1,000	\$300,000	Vacant
Venago	Human Services	Polk Center	Maintenance Shop Storage	--	12,334	\$3,700,200	Vacant
Venago	Human Services	Polk Center	Asst Super Res Garage	--	576	\$172,800	Vacant
Warren	Human Services	Warren State Hospital	Greenhouse	--	15	\$4,509,000	Vacant
Washington	Human Services	Judicial Acquisition 2168	--	--	--	--	Vacant
Westmoreland	Human Services	Torrance State Hospital	Diebert Building - Demolished	--	--	--	Vacant
Westmoreland	Human Services	Torrance State Hospital	Reihard Building	--	66,040	\$280,882	Vacant
Westmoreland	Human Services	Torrance State Hospital	Dix Building	--	66,926	\$288,187	Vacant
Westmoreland	Human Services	Torrance State Hospital	Laundry Building	--	29,318	\$78,837	Vacant
Westmoreland	Human Services	Torrance State Hospital	Dept Of Public Welfare	--	5,961	\$35,553	Vacant



The regulations for residential and nonresidential drug and alcohol facilities in Pennsylvania are as follows:<sup>204</sup>

**Subchapter A. RESIDENTIAL FACILITIES**

Sec.

- 705.1. General requirements for residential facilities.
- 705.2. Building exterior and grounds.
- 705.3. Living rooms and lounges.
- 705.4. Counseling areas.
- 705.5. Sleeping accommodations.
- 705.6. Bathrooms.
- 705.7. Food service.
- 705.8. Heating and cooling.
- 705.9. General safety and emergency procedures.
- 705.10. Fire safety.
- 705.11. Child care.

**§ 705.1. General requirements for residential facilities.**

The residential facility shall:

- (1) Hold a license under Chapter 709 (relating to standards for licensure of freestanding treatment facilities) or a certificate under Chapter 711 (relating to standards for certification of treatment activities which are part of a health care facility).
- (2) Have a certificate of occupancy from the Department of Labor and Industry or its local equivalent.
- (3) Comply with applicable Federal, State and local laws and ordinances.

**§ 705.2. Building exterior and grounds.**

The residential facility shall:

- (1) Maintain all structures, fences and playground equipment, when applicable, on the grounds of the facility so as to be free from any danger to health and safety.
- (2) Keep the grounds of the facility clean, safe, sanitary and in good repair at all times for the safety and well-being of residents, employees and visitors. The exterior of the building and the building grounds or yard shall be free of hazards.
- (3) Keep exterior exits, stairs and walkways lighted at night.
- (4) Store all trash, garbage and rubbish in noncombustible, covered containers that prevent the penetration of insects and rodents, and remove it, at least once every week.

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<sup>204</sup> 28 Pa. Code §§ 705.1 - 705.29.

**§ 705.3. Living rooms and lounges.**

The residential facility shall contain at least one living room or lounge for the free and informal use of clients, their families and invited guests. The facility shall maintain furnishings in a state of good repair.

**§ 705.4. Counseling areas.**

The residential facility shall:

- (1) Maintain space for both individual and group counseling sessions.
- (2) Maintain counseling areas with furnishings which are in good repair.
- (3) Ensure privacy so that counseling sessions cannot be seen or heard outside the counseling room. Counseling room walls shall extend from the floor to the ceiling.
- (4) Locate counseling areas so that noise does not disturb or interfere with counseling sessions.

**§ 705.5. Sleeping accommodations.**

(a) In each residential facility bedroom, each resident shall have the following:

- (1) A bed with solid foundation and fire retardant mattress in good repair.
- (2) A pillow and bedding appropriate for the temperature in the facility.
- (3) A storage area for clothing.

(b) Each shared bedroom shall have at least 60 square feet of floor space per resident measured wall to wall, including space occupied by furniture. When bunk beds are used, each bedroom shall have at least 50 square feet of floor space per resident measured wall to wall. Bunk beds shall afford enough space in between each bed and the ceiling to allow a resident to sit up in bed. Bunk beds shall be equipped with a securely attached ladder capable of supporting a resident. Bunk beds shall be equipped with securely attached railings on each open side and open end of the bunk. The use of bunk beds shall be prohibited in detoxification programs. Each single bedroom shall have at least 70 square feet of floor space per resident measured wall to wall, including space occupied by furniture.

(c) No more than four residents may share a bedroom.

(d) When calculating the square feet of bedroom floor space under subsection (b) or the number of residents per bedroom under subsection (c), children occupying a bedroom with an adult family member or guardian may not be included as residents.

(e) Each bedroom shall have direct access to a corridor or external exit.

(f) A bedroom may not be used as a means of egress from or access to another part of the facility.

(g) Sole entrances to stairways or basements may not be located in a resident's bedroom.

(h) Each bedroom shall be ventilated by operable windows or have mechanical ventilation.

(i) Each bedroom shall have a window with a source of natural light.

(j) A residential facility shall prohibit smoking and use of candles in bedrooms.

(k) Bedrooms located in a basement shall meet the following requirements:

(1) The bedroom shall have wall, floor and ceiling coverings such as tile, linoleum, paneling or dry wall.

(2) The bedroom shall have a protective fire wall between the residents and any furnace.

(l) A residential facility shall be exempt from subsections (b), (c), (e), (f) and (i) for rooms that had been used as bedrooms in facilities licensed as of March 2, 2002. If a facility expands

its capacity or renovates to relocate or add bedrooms, this exemption does not apply to the new bedrooms. If the facility relocates or rebuilds, this exemption does not apply.

**§ 705.6. Bathrooms.**

The residential facility shall:

- (1) Provide bathrooms to accommodate staff, residents and other users of the facility.
- (2) Provide a sink, a wall mirror, an operable soap dispenser, and either individual paper towels or a mechanical dryer in each bathroom.
- (3) Have hot and cold water under pressure. Hot water temperature may not exceed 120°F.
- (4) Provide privacy in toilets by doors, and in showers and bathtubs by partitions, doors or curtains. There shall be slip-resistant surfaces in all bathtubs and showers.
- (5) Ventilate toilet and wash rooms by exhaust fan or window.
- (6) Provide toilet paper at each toilet at all times.
- (7) Maintain each bathroom in a functional, clean and sanitary manner at all times.

**§ 705.7. Food service.**

(a) A residential facility shall provide meals to residents through onsite food preparation areas, a central food preparation area or contractual arrangements with vendors or caterers.

(b) A residential facility may operate a central food preparation area to provide food services to multiple facilities or locations. A residential facility that operates an onsite food preparation area or a central food preparation area shall:

- (1) Have a food preparation area with a refrigerator, a sink, a stove, an oven and cabinet space for storage.
- (2) Clean and disinfect food preparation areas and appliances following each prepared meal.
- (3) Clean all eating, drinking and cooking utensils and all food preparation areas after each usage and store the utensils in a clean enclosed area.
- (4) Ensure that storage areas for foods are free of food particles, dust and dirt.
- (5) Keep cold food at or below 40°F, hot food at or above 140°F, and frozen food at or below 0°F.
- (6) Store all food items off the floor.
- (7) Prohibit pets in the food preparation area.
- (8) Prohibit smoking in food preparation areas.

**§ 705.8. Heating and cooling.**

The residential facility:

- (1) Shall have a heating and cooling ventilation system that is adequate to maintain an indoor temperature of at least 65°F in the winter. When indoor temperatures exceed 90°F, mechanical ventilation such as fans or air conditioning shall be used.
- (2) May not permit in the facility heaters that are not permanently mounted or installed.

**§ 705.9. General safety and emergency procedures.**

The residential facility shall:

- (1) Be free of rodent and insect infestation.
- (2) Require that pets housed in the residential facility are cared for in a safe and sanitary manner.

- (3) Limit smoking to designated smoking areas.
- (4) Provide written procedures for staff and residents to follow in case of an emergency which shall include provisions for:
  - (i) The evacuation and transfer of residents and staff to a safe location.
  - (ii) Assignments of staff during emergencies.
  - (iii) The evacuation and transfer of residents impaired by alcohol or other drugs.
- (5) Notify the Department within 48 hours of a fire, other disaster or situation which affects the continuation of services.

**§ 705.10. Fire safety.**

- (a) Exits.
  - (1) The residential facility shall:
    - (i) Ensure that stairways, hallways and exits from rooms and from the residential facility are unobstructed.
    - (ii) Maintain a minimum of two exits on every floor, including the basement, that are separated by a minimum distance of 15 feet.
    - (iii) Maintain each ramp, interior stairway and outside steps exceeding two steps with a well-secured handrail and maintain each porch that has over an 18-inch drop with a well-secured railing.
    - (iv) Clearly indicate exits by the use of signs.
    - (v) Light interior exits and stairs at all times.
  - (2) Portable ladders and rope escapes are not considered exits, but may be used in addition to standard exits.
- (b) Smoke detectors and fire alarms. The residential facility shall:
  - (1) Maintain a minimum of one operable, automatic smoke detector on each floor, including the basement and attic.
  - (2) On floors with resident bedrooms, maintain a smoke detector which shall be located within 15 feet of each bedroom door. On floors with no resident bedrooms, the smoke detection device shall be located in a common area or hallway. All detection devices shall be interconnected.
  - (3) Repair inoperable smoke detectors or fire alarms within 48 hours of the time the detector or alarm is found to be inoperative.
  - (4) Maintain a manual fire alarm system that is audible throughout the facility in a residential facility where four or more residents reside.
  - (5) Maintain automatic smoke detectors and fire alarms of a type approved by the Department of Labor and Industry or by the Underwriters Laboratories.
  - (6) Maintain all smoke detectors and fire alarms so that each person with a hearing impairment will be alerted in the event of a fire, if one or more residents or staff persons are not able to hear the smoke detector or fire alarm system.
- (c) Fire extinguisher. The residential facility shall:
  - (1) Maintain a portable fire extinguisher with a minimum of an ABC rating, which shall be located on each floor. If there is more than 2,000 square feet of floor space on a floor, the residential facility shall maintain an additional fire extinguisher for each 2,000 square feet or fraction thereof.
  - (2) Maintain at least one portable fire extinguisher with a minimum of an ABC rating in each kitchen.



(i) This fire extinguisher shall meet the requirement of one portable fire extinguisher for a 2,000 square foot area.

(ii) The extinguisher shall be located near an exit and away from the cooking area.

(3) Ensure fire extinguishers are inspected and approved annually by the local fire department or fire extinguisher company. The date of the inspection shall be indicated on the extinguisher or inspection tag. If a fire extinguisher is found to be inoperable, it shall be replaced or repaired within 48 hours of the time it was found to be inoperable.

(4) Instruct all staff in the use of the fire extinguishers upon staff employment. This instruction shall be documented by the facility.

(d) Fire drills. The residential facility shall:

(1) Conduct unannounced fire drills at least once a month.

(2) Conduct fire drills during normal staffing conditions.

(3) Ensure that all personnel on all shifts are trained to perform assigned tasks during emergencies.

(4) Maintain a written fire drill record including the date, time, the amount of time it took for evacuation, the exit route used, the number of persons in the facility at the time of the drill, problems encountered and whether the fire alarm or smoke detector was operative.

(5) Conduct a fire drill during sleeping hours at least every 6 months.

(6) Prepare alternate exit routes to be used during fire drills.

(7) Conduct fire drills on different days of the week, at different times of the day and night and on different staffing shifts.

(8) Set off a fire alarm or smoke detector during each fire drill.

(9) Prohibit the use of elevators during a fire drill or a fire.

### **§ 705.11. Child care.**

When a residential facility admits children for services or for custodial care, the following requirements apply:

(1) Building exterior and grounds. The residential facility shall:

(i) Fence off or have natural barriers to protect children from all areas determined to be unsafe including steep grades, cliffs, open pits, swimming pools, high voltage boosters or roads.

(ii) Provide access to outdoor recreational space and recreational equipment.

(2) Interior space. The residential facility shall:

(i) Provide an interior play area which meets the developmental and recreational needs of the children in care.

(ii) Maintain security screens or safety locks for all operable windows.

(iii) Maintain protective caps over each electrical outlet.

(iv) Secure all hazardous and poisonous substances and materials with safety latches or locks.

### **Subchapter B. NONRESIDENTIAL FACILITIES**

Sec.

705.21. General requirements for nonresidential facilities.

705.22. Building exterior and grounds.

705.23. Counseling on activity areas and office space.

705.24. Bathrooms.

- 705.25. Food service.
- 705.26. Heating and cooling.
- 705.27. General safety and emergency procedures.
- 705.28. Fire safety.
- 705.29. Child care.

**§ 705.21. General requirements for nonresidential facilities.**

The nonresidential facility shall:

- (1) Hold a license under Chapter 709 (relating to standards for licensure of freestanding treatment facilities), a certificate under Chapter 711 (relating to standards for certification of treatment activities which are part of a health care facility) or approval under Chapter 713 (reserved).
- (2) Have a certificate of occupancy from the Department of Labor and Industry or its local equivalent.
- (3) Comply with applicable Federal, State and local laws and ordinances.

**§ 705.22. Building exterior and grounds.**

The nonresidential facility shall:

- (1) Maintain all structures, fences and playground equipment, when applicable, on the grounds of the facility so as to be free from any danger to health and safety.
- (2) Keep the grounds of the facility clean, safe, sanitary and in good repair at all times for the safety and well being of clients, employees and visitors. The exterior of the building and the building grounds or yard shall be free of hazards.
- (3) Keep exterior exits, stairs and walkways lighted at night if in use.
- (4) Store all trash, garbage and rubbish in noncombustible, covered containers that prevent the penetration of insects and rodents, and remove it at least once every week.

**§ 705.23. Counseling or activity areas and office space.**

The nonresidential facility shall:

- (1) Maintain space for both individual and group counseling sessions.
- (2) Maintain counseling areas with furnishings which are in good repair.
- (3) Ensure privacy so that counseling sessions cannot be seen or heard outside the counseling room. Counseling room walls shall extend from the floor to the ceiling.
- (4) Locate counseling areas so that noise does not disturb or interfere with counseling sessions.

**§ 705.24. Bathrooms.**

The nonresidential facility shall:

- (1) Provide bathrooms to accommodate staff, clients and other users of the facility.
- (2) Provide a sink, a wall mirror, an operable soap dispenser, and either individual paper towels or a mechanical dryer in each bathroom.
- (3) Have hot and cold water under pressure. Hot water temperature may not exceed 120°F.
- (4) Provide privacy in toilets by doors.
- (5) Ventilate bathrooms by exhaust fan or window.
- (6) Provide toilet paper at each toilet at all times.
- (7) Maintain each bathroom in a functional, clean and sanitary manner at all times.

**§ 705.25. Food service.**

A nonresidential facility may provide meals to clients through onsite food preparation areas, a central food preparation area or contractual arrangements with vendors or caterers. A nonresidential facility which operates an onsite food preparation area or a central food preparation area shall:

- (1) Have a food preparation area with a refrigerator, a sink, a stove, an oven and cabinet space for storage.
- (2) Clean and disinfect food preparation areas and appliances following each prepared meal.
- (3) Clean all eating, drinking and cooking utensils and all food preparation areas after each usage and store the utensils in a clean enclosed area.
- (4) Ensure that storage areas for foods are free of food particles, dust and dirt.
- (5) Keep cold food at or below 40°F, hot food at or above 140°F, and frozen food at or below 0°F.
- (6) Store all food items off the floor.
- (7) Prohibit pets in the food preparation area.
- (8) Prohibit smoking in food preparation areas.

**§ 705.26. Heating and cooling.**

The nonresidential facility:

- (1) Shall have a heating and cooling ventilation system that is adequate to maintain an indoor temperature of at least 65°F in the winter. When indoor temperatures exceed 90°F, mechanical ventilation such as fans or air conditioning shall be used.
- (2) May not permit in the facility heaters that are not permanently mounted or installed.

**§ 705.27. General safety and emergency procedures.**

The nonresidential facility shall:

- (1) Be free of rodent and insect infestation.
- (2) Require that pets which are housed in a nonresidential facility be cared for in a safe and sanitary manner.
- (3) Limit smoking to designated smoking areas.
- (4) Provide written procedures for staff and clients to follow in case of an emergency which shall include provisions for:
  - (i) The evacuation and transfer of clients and staff to a safe location.
  - (ii) Assignments of staff during emergencies.
- (5) Notify the Department within 48 hours of a fire, other disaster or situation which affects the continuation of services.

**§ 705.28. Fire safety.**

(a) Exits.

- (1) The nonresidential facility shall:
  - (i) Ensure that stairways, hallways and exits from rooms and from the nonresidential facility are unobstructed.
  - (ii) Maintain a minimum of two exits on every floor, including the basement, that are separated by a minimum distance of 15 feet.

(iii) Maintain each ramp, interior stairway and outside steps exceeding two steps with a well-secured handrail and maintain each porch that has over an 18 inch drop with a well-secured railing.

(iv) Clearly indicate exits by the use of signs.

(v) Light interior exits and stairs at all times.

(2) Portable ladders and rope escapes are not considered exits, but may be used in addition to standard exits.

(b) Smoke detectors and fire alarms. The nonresidential facility shall:

(1) Maintain a minimum of one operable automatic smoke detector on each floor, including the basement and attic.

(2) Place the smoke detector in a common area or hallway. All detection devices shall be interconnected.

(3) Repair inoperable smoke detectors or fire alarms within 48 hours of the time the detector or alarm is found to be inoperative.

(4) Maintain a manual fire alarm system that is audible throughout the facility.

(5) Maintain automatic smoke detectors and fire alarms of a type approved by the Department of Labor and Industry or by the Underwriters Laboratories.

(c) Fire extinguishers. The nonresidential facility shall:

(1) Maintain a portable fire extinguisher with a minimum of an ABC rating which shall be located on each floor. If there is more than 2,000 square feet of floor space on a floor, there shall be an additional fire extinguisher for each 2,000 square feet or fraction thereof.

(2) Maintain at least one portable fire extinguisher with a minimum of an ABC rating in each kitchen.

(i) This fire extinguisher shall meet the requirements of one portable fire extinguisher for a 2,000 square foot area.

(ii) The extinguisher shall be located near an exit and away from the cooking area.

(3) Ensure fire extinguishers are inspected and approved annually by the local fire department or fire extinguisher company. The date of the inspection shall be indicated on the extinguisher or inspection tag. If a fire extinguisher is found to be inoperable, it shall be replaced or repaired within 48 hours of the time it was found to be inoperable.

(4) Instruct staff in the use of the fire extinguisher upon staff employment. This instruction shall be documented by the facility.

(d) Fire drills. The nonresidential facility shall:

(1) Conduct unannounced fire drills at least once a month.

(2) Conduct fire drills during normal staffing conditions.

(3) Ensure that all personnel on all shifts are trained to perform assigned tasks during emergencies.

(4) Maintain a written fire drill record including the date, item, the amount of time it took for evacuation, the exit route used, the number of persons in the facility at the time of the drill, problems encountered and whether the fire alarm or smoke detector was operative.

(5) Prepare alternate exit routes to be used during fire drills.

(6) Conduct fire drills on different days of the week, at different times of the day and on different staffing shifts.

(7) Set off a fire alarm or smoke detector during each fire drill.

(8) Prohibit the use of elevators during a fire drill or a fire.

**§ 705.29. Child care.**

When a nonresidential facility admits children for services or for custodial care, the following requirements apply:

- (1) Building exterior and grounds. The nonresidential facility shall:
  - (i) Fence off or have natural barriers to protect children from all areas determined to be unsafe including steep grades, open pits, swimming pools, high voltage boosters or roads.
  - (ii) Provide access to outdoor recreational space and recreational equipment.
- (2) Interior space. The nonresidential facility shall:
  - (i) Provide an interior play area which meets the developmental and recreational needs of the children in care.
  - (ii) Maintain security screens or safety locks for all operable windows.
  - (iii) Maintain protective caps over each electrical outlet.
  - (iv) Secure all hazardous and poisonous substances and materials with safety latches or locks.