

Enclosure 2
Exhibit 1

Print Form

Face Sheet

Capital Facilities Project Proposal

MENTAL HEALTH SERVICES ACT (MHSA) THREE-YEAR PROGRAM and EXPENDITURE PLAN CAPITAL FACILITIES PROJECT PROPOSAL

County Name: Lake Date 12-12-2011

Project Name: Peer Support Wellness Center Project

County Mental Health Director

Name: Kristy Kelly

Address: 991 Parallel Drive

City Lakeport State: CA Zip Code 95453

Phone: (707) 263-4338 Fax: (707) 263-1507

Email: kristy.kelly@lakecountyca.gov

Signature:  Date: 12/19/11

Contact Name and Informaton

Name: Jim Isherwood

Phone: (707) 263-4338 Fax: (707) 263-1507

Email: jim.isherwood@lakecountyca.gov

County Certification

I hereby certify that I am the official responsible for the administration of Community Mental Health Services in and for _____ Lake _____ County and that the following are true and correct:

1. The County has applied for Mental Health Services Act (MHSA) Capital Facilities Funds to:

Renovate Purchase and / or Construct a building at:

Bridge Peer Support Center - 14594 Burns Valley Road Clearlake, CA 95422

2. The Intended use of this building is :

The Bridge Peer Support Center provides drop-in access to peer support services for adult consumers, and outreach to homeless adults, including veterans.

3. All necessary outside sources of funding have been secured and the MHSA Capital Facilities Funds requested in this Project Proposal will only be used to purchase, construct and / or renovate those portions of the property that will be used for the provision of MHSA Services.

4. The building will be used to provide MHSA funded services and will expand the County's ability to provide mental health Services.

5. For acquisition/construction _____ Lake _____ County will be the owner of record.

6. For any proposed renovations to privately owned buildings, the building is dedicated and used to provide MHSA services and the costs of renovation are reasonable and consistent with what a prudent buyer would incur.

7. This building will be dedicated to the provision of MHSA services for a minimum of 20 years.

8. Compliance with the procurement procedures pursuant to the California Government and Public Contract Code were followed when Capital Facilities funds were used to renovate buildings owned by private entities.

9. The County will comply with federal, state, and local procedures for procuring property, obtaining consulting services, and awarding contracts for any acquisition, construction, or renovation project using Capital Facilities

10. The building will comply with all relevant federal, state, and local laws and regulations, including, but not limited to zoning, building codes and requirements, fire safety requirements, environmental reports and requirements, hazardous materials requirements, the Americans with Disabilities Act requirements, California Government Code Section 11135 and other applicable requirements.

11. _____ Lake _____ County agrees to maintain and update the building as necessary for a minimum of twenty years without requesting additional State General Fund funds to do so.

12. Mental Health Services Act funds were used in compliance with Title 9 California Code of Regulations (CCR) Section 3410, Non-Supplant.

- 13. The County certifies it has adequate resources to complete its Roadmap for moving toward an Integrated Information Systems Infrastructure through an EHR, as described in the Technological Needs portion of this Component.
- 14. This Project has been developed with the participation of stakeholders, in accordance with CCR Sections 3300, 3310, 3315 (b), the public and our contract service providers.
- 15. All documents in the attached Project Proposal for Capital Facilities funding for the project to purchase, renovate, and/or construct a building at 14594 Burns Valley Road in Clearlake, California are true and correct.

Date 12/19/11 Signature 
Local Mental Health Director

Date _____ Signature _____
Auditor and Controller

Executed at: 991 Parallel Drive, Lakeport, CA 95453

Enclosure 2

Exhibit 2

Project Proposal Narrative

[Print Form](#)

County Name: Lake

Project Name: Peer Support Wellness Center Project

1. Briefly describe stakeholder involvement in identification and development of the proposed Capital Facilities Project and how the requirements of Title 9, CCR Sections 3300 and 3315(b) were met. Submit documentation of the local review process including any substantive recommendations and/or revisions to the proposed Project.

If the proposed Project deviates from the information presented in the already approved Exhibits 2 and 3 of the Component Proposal, the County must describe stakeholder involvement and support for the deviation.

A Community Planning Meeting was held on May 15, 2009 at the Clearlake Senior Center to discuss the Capital Facilities and Technological Needs Component in conjunction with the FY 2009/10 Annual Plan. Eighteen stakeholders from the community were in attendance. These stakeholders included mental health consumers, family members, and other agency and community representatives.

Stakeholders were presented with PowerPoint materials outlining the tentative Capital Facilities ideas being considered and the proposed Technological Needs project plan. Those present at the meeting were supportive of the proposed component and project plans.

Stakeholders were again assembled on October 21, 2011 to discuss the previous plan to purchase buildings for both clinic space and a Peer Support Wellness Center. It was suggested that due to the limitations of the allocation and the fiscal climate at the time that renovations to the existing Clearlake Clinic, the planned Lucerne location, and Bridge Peer Support Center were indicated. This idea was supported by the thirty-two stakeholders in attendance. These stakeholders included mental health consumers, family members, and other agency and community representatives.

The draft plan was posted for public comment for the period October 29 - November 27, 2011. No substantive comments were received during this period.

The public hearing was held on December 9, 2011. Eight stakeholders were in attendance. These stakeholders included mental health consumers, family members, members of the Mental Health Board, and other agency and community representatives.

One member of the Mental Health Board requested clarification on whether the Peer Support Center was county-owned property (it is not) and whether \$50,000 would cover the proposed work (contractor estimate was \$50,000).

2. Explain how the proposed Capital Facilities Project supports the goals of the MHSA and the provision of programs/services contained in the County's Three-Year Plan including consistency with the County's approved Capital Facilities segment of the Capital Facilities and Technological Needs Component.

Lake County Mental Health's tentative plan was to purchase an office building for the County's mental health offices and/or the consumer drop-in center in Clearlake with the Capital Facilities funds. It is now proposed to use Capital Facilities funding to renovate the South Shore Clinic in Clearlake and make improvements to the Bridge Peer Support Center, also in Clearlake, as well as to the planned Lucerne Clinic.

With the current fiscal environment at the state and local levels, Lake County Mental Health (LCMH) is creatively finding ways to promote collaborative, consumer and family member driven, and culturally competent solutions to providing a more integrated experience in promoting the concepts of wellness, recovery, and resiliency. These projects will be enhanced by the forthcoming Innovation Plan that will involve a diverse, multicultural group of stakeholders to guide the process and enhance access to those community members seeking services in a warm, welcoming, and engaging manner.

**Enclosure 2
Exhibit 3
Project Details**

Print Form

County Name: Lake

Project Name: Peer Support Wellness Center Project

Project Address: 14594 Burns Valley Road Clearlake, CA 95422

Answer the following questions as appropriate to the Project Proposal.

- 1. Describe the type of building(s) and whether the building is being acquired with/without renovation or whether the Project is new construction.

Not applicable.

- > If the proposed building is being acquired and renovated, describe the prior use and ownership.

Not applicable.

- > If the proposed project involves renovation of an existing facility, indicate whether it is County owned or owned by a private entity.

The property is privately owned.

- > Describe the scope of the renovation and the method used to ensure that the costs of the renovation are reasonable and consistent with what a prudent buyer would incur. If privately owned, include a description of the private entity's efforts in determining the cost of renovation.

The scope of the renovation will include additional space for Peer Support services and improvements to bathroom facilities, usable outdoor space, and landscaping. Total funding directed at the project will be limited by the allocation and County protocol requires a competitive, transparent process that drives prudent and reasonable costs.

- > When the renovation is for treatment facilities, describe how the renovation will result in an expansion of the capacity/access to existing services or the provision of new services.

The renovation will result in an expanded capacity to provide existing services with respect to outreach and engagement to homeless adults, including veterans.

-> When the renovation is for administrative services, describe how the administrative offices augment/support the County's ability to provide programs/services, as set forth in the County's Three-Year Plan.

Not applicable.

-> When the Project involves renovation of a privately owned building, describe and explain the method used for protecting the County's capital interest in the renovation and use of the property.

The location being renovated has a long term lease (five year recurring) in place. Use and ownership restrictions (first right of refusal/option to purchase) are included in the lease agreement.

2. Describe the intended purpose, including programs/services to be provided and the projected number of clients/individuals and families and the age groups to be served, if applicable. Complete all that apply.

Age Group	Projected Client/Family Capacity
<input type="checkbox"/> Children	_____
<input type="checkbox"/> TAY	_____
<input checked="" type="checkbox"/> Adults	300
<input type="checkbox"/> Older Adults	_____

This facility currently provides peer support services to adults, and outreach and engagement to homeless adults, including veterans. The purpose of the project is to expand its capacity to provide needed services to these populations.

3. Provide a description of the Project location. If providing services to clients, describe the proximity to public transportation and the type of structures and property uses in the surrounding area.

The property is centrally located in the City of Clearlake, adjacent to shopping, a public library, a movie theater, public transportation, and the largest homeless encampment in the County.

4. Describe whether the building(s) will be used exclusively to provide MHSA programs/services and supports or whether it will also be used for other purposes.

- MHSA only MHSA and other services

This location will continue to be used for peer support and wellness promotion programs and services that are funded exclusively through MHSA funding by way of CSS and PEI components.

- > If the building will be used for other purposes, the description should indicate the percentages of space that will be designated for mental health programs/services and supports and for other uses.

Not applicable.

- > Explain the relationship between the mental health programs/services and supports and the other uses, i.e., co-located services.

(Note: Use of MHSA funds for facilities providing integrated services for alcohol and drug programs and mental health is allowed as long as the services are demonstrated to be integrated.)

Not applicable.

- 5. Describe the steps the County will take to ensure the property/facility is maintained and will be used to provide MHSA programs/services and/or supports, for a minimum of twenty years.

The County and the Mental Health Department have put into place lease restrictions that protect the interest in the property for its current use for as long as funding is available.

Additional Information:

1. Leasing (Rent) to Own Building

Provide justification why "leasing (rent) to own" the property is needed in lieu of purchase. Include a detailed description of length and terms of lease prior to transfer of ownership to the County.

The stakeholders who are currently served in this program have strongly supported the plan to improve this location. The current owner is unwilling to sell the property at this time. However, the owner has agreed to a long term lease agreement that includes use and ownership restrictions (first right of refusal/option to purchase).

2. Purchase of Land with No MHSA Funds Budgeted for Building/Construction

For purchase of land with no MHSA funds budgeted for construction/building, explain this choice and provide a timeline with expected sources of income for construction or purchasing of building upon this land and how this serves to increase the County's infrastructure.

Not applicable.

3. Restrictive Settings

Submit specific facts and justifications that demonstrate the need for a building with a restrictive setting, as described on page 4. (Must be in accordance with WIC Section 5847 (a) (5))

Not applicable.

Enclosure 2
Exhibit 4

Print Form

Capital Facilities Project Proposal Fact Sheet

County Name: Lake

Project Name: Peer Support Wellness Center Project

Project Address: 14594 Burns Valley Road Clearlake, CA 95422

Project Information

- New Construction
- Acquisition of an existing structure
- Acquisition and renovation of an existing structure
- Renovation of a County owned structure
- Renovation of a privately owned structure
- Purchase of Land
- Lease(rent) to own

Intended Use: _____

- Mental Health only (Includes facilities for integrated mental health substance abuse treatment)
- Mental Health and other

Amount of Capital Facilities funds requested in this Project Proposal	50,000
CSS Capital Facilities funds requested in this Project Proposal	_____
Total	50,000

Priority Population (please check all that apply)

- Children
- Transition Age Youth
- Adults
- Older Adults
- N/A (Office Space)

If applicable, projected number of mental health clients, including their families, to be served monthly. _____

- Provide new services
- Expand services

Please provide brief description below

Peer support, outreach and engagement services.

Enclosure 2

EXHIBIT 5

Print Form

**SAMPLE BUDGET SUMMARY
For Each Capital Facilities Project Proposal**

County Name: Lake

Project Name: Peer Support Wellness Center Project

The sample project budget allows Counties to summarize proposed expenditures for each Project by type of expenditure for each fiscal year. Based upon the Project a County may wish to submit a modified budget summary that more closely reflects the County Capital Facilities Project Proposal.

Expenditures and request for funds. Expenditures for the proposed Project should be easily identified and related to the project description. Total estimated Project expenditures are offset by any estimated other funding sources to compute the net MHSA funding requirements. Complete a separate Project budget for each proposed project. The sum of all Project budgets should not exceed the total Capital Facilities and Technological Needs Planning Estimate identified for the County. MHSA funds dedicated to the Capital Facilities and Technological Needs Component must be used within ten years or they will revert back to the State MHS Fund for redistribution to all Counties.

(in Thousands of \$)

Expenditure Category	(1) Capital Facilities Funds	(2) CSS Capital Facilities Funds	(3) Other Funding Sources	(4) Total (1+2+3)
A. Project Expenditures				
1. Acquisition of Land (including deposits)	0	0	0	0
2. Acquisition of Existing Structures	0	0	0	0
3. Survey & Soil Investigation	0	0	0	0
4. Appraisal	0	0	0	0
5. Cal-EPA	0	0	0	0
6. Architectural & Engineering (A&E) Expenditures				
a. Plan Check Fees, Permits, etc.	1,500	0	0	1,500
b. Contract Architect	0	0	0	0
c. Contract Engineer	0	0	0	0
d. Other A&E Consultant Fees	0	0	0	0
e. A&E Travel Expenditures	0	0	0	0
f. Other A&E Expenditures (please describe)	0	0	0	0
7. Construction				
a. Landscaping	5,000	0	0	5,000
b. Construction Contracts	0	0	0	0
c. Insurance	0	0	0	0
d. Material Testing	0	0	0	0
e. Contingency	0	0	0	0
f. Other Construction Expenditure (please describe)	0	0	0	0

(in Thousands of \$)

Expenditure Category (Continued)	(1)* Capital Facilities Funds	(2)** CSS Capital Facilities Funds	(3)*** Other Funding Sources	(4) Total (1+2+3)
8. Rehabilitation/Renovation of Existing Structures	43,500	0	0	43,500
9. Fixed/Movable Equipment	0	0	0	0
10. Supervision - Inspector	0	0	0	0
11. Title and Recording	0	0	0	0
12. Other Fees and Charges	0	0	0	0
13. On-Site Management	0	0	0	0
14. Project Management/Administration	0	0	0	0
15. Other Project Expenditures (please describe)	0	0	0	0
16. Other Expenses (describe)	0	0	0	0
17. Total Project Expenditures	50,000	0	0	50,000
Total Capital Facilities Funds Requested (col 1+2)	50,000			
* Column 1 are expenditures directly attributed to the Capital Facilities Funds ** Column 2 are expenditures directly attributed to the CSS Capital Facilities Funds *** Column 3 are expenditures directly attributed to the Other Funding Sources				
B. Other Funding Sources*				
1.			0	
2.			0	
3.			0	
4.			0	
5.			0	
Total Other Funding Sources **			0	
* All other funding sources (non-MHSA) should be listed. ** Section B total Should equal Line 17/Column 3				

Notes:

Provide information regarding ability to maintain and update the property/facility for the required time period (Include proposed funding sources, capitalized reserves, etc.)

This property will be used for its current purpose for the foreseeable future. Current funding levels for maintenance and upkeep are included in annual budget proposals funded by MHSA components. The proposed project is not expected to impact these needs at the current funding levels.

Describe what structure is in place to manage the project and track usage, costs, maintenance, etc., over time (e.g. agreement with County Department of General Services, contractor consultant, etc.)

The renovation project will be managed by the department's operations and fiscal staff with support from the County Public Works Department, Auditor's Office, and Administration. Usage, costs, and maintenance will be tracked over time as required by County protocol.

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Exhibit 6

Print Form

Sample Project Timeline

County Name: Lake Date 08-28-2009

Project Name: Peer Support Wellness Center Project

Project Address: 14594 Burns Valley Road Clearlake, CA 95422

Both columns should be filled in with dates unless they do not apply to your Project. For instance, mark "NA" in the Start Date if the Development Step does not apply to your Project. (i.e., if acquisition: "Acquire building permit from building authority" will be N/A)

Development Step		Start Date (mm/dd/yy)	Completion Date (mm/dd/yy)
Community Program Planning Process	30-day circulation of draft	10-29-2011	11-27-2011
	Public hearing, if required	NA	12-09-2011
Acquire <input type="radio"/> Development site or <input type="radio"/> Facility (select one) through purchase		NA	NA
Acquire building permit from building authority		12-12-2011	
Financing closing		NA	NA
Construction contract execution		NA	12-12-2011
Construction/Renovation start up		12-19-2011	NA
Construction/Renovation completion		NA	02-29-2012
Acquire Certificate of Occupancy (submit a legible copy)		NA	NA
Occupancy start up		NA	NA
Other (specify below)			

Enclosure 2
Exhibit 7

Print Form

Annual Status Report
For Each Capital Facilities Project Proposal

PROJECT INFORMATION

County Name: Lake

Project Name: Peer Support Wellness Center Project

Report Period:

<p>Project Status:</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Schedule:</p> <p><input checked="" type="radio"/> On Schedule</p> <p><input type="radio"/> Ahead of Schedule</p> <p><input type="radio"/> Behind Schedule</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Budget:</p> <p><input checked="" type="radio"/> Within Approved Budget</p> <p><input type="radio"/> Over Budget</p> </td> </tr> </table>	<p>Schedule:</p> <p><input checked="" type="radio"/> On Schedule</p> <p><input type="radio"/> Ahead of Schedule</p> <p><input type="radio"/> Behind Schedule</p>	<p>Budget:</p> <p><input checked="" type="radio"/> Within Approved Budget</p> <p><input type="radio"/> Over Budget</p>	<p>Project Dates:</p> <p>Start Date: <u>12-12-2011</u></p> <p>End Date: <u>02-29-2012</u></p>
<p>Schedule:</p> <p><input checked="" type="radio"/> On Schedule</p> <p><input type="radio"/> Ahead of Schedule</p> <p><input type="radio"/> Behind Schedule</p>	<p>Budget:</p> <p><input checked="" type="radio"/> Within Approved Budget</p> <p><input type="radio"/> Over Budget</p>		

Project Objectives:

MAJOR MILESTONE STATUS

Project Phase	Planned Start	Actual Start	Planned Completion	Actual Completion	Status
Community Program Planning Process and/or Local Review Process	05-15-2009	05-15-2009	12-09-2011	12-09-2011	Complete.
Acquire development site or facility (circle one) through purchase	NA	NA	NA	NA	
Acquire building permit from building authority	12-12-2011		12-16-2011		
Financing closing	NA	NA	NA	NA	

Project Phase	Planned Start	Actual Start	Planned Completion	Actual Completion	Status
Construction contract execution	12-12-2011		12-12-2011		
Construction/ Renovation start up	12-19-2011		NA	NA	
Construction/ Renovation completion	NA	NA	02-29-2012		
Acquire Certificate of Occupancy (submit legible copy)	NA	NA	03-01-2012		
Occupancy start up	03-02-2012		03-02-2012		
Other:					

Performance Measurement Category	Cost: Planned to Date	Cost: Annual to Date	Estimate to Complete (ETC)
Project Expenditures			
Architectural & Engineering (A&E) Expenditures			
Construction			
Rehabilitation/Renovation of Existing Structures			
Project Management/Administration			
Other Project Expenditures (please describe)			
Total Ongoing Operating Expenses			
Total Project Costs			

Notes

Included for posting and public review purposes.