



The Contra Costa County Mental Health Commission has a dual mission: 1) To influence the County's Mental Health System to ensure the delivery of quality services which are effective, efficient, culturally relevant and responsive to the needs and desires of the clients it serves with dignity and respect; and 2) to be the advocate with the Board of Supervisors, the Mental Health Division, and the community on behalf of all Contra Costa County residents who are in need of mental health services.

**CONTRA COSTA COUNTY MENTAL HEALTH COMMISSION
PUBLIC HEARING-DRAFT CAPITAL FACILITIES PROJECT PROPOSAL
Monday • April 5, 2010 • 6:30-8:00 p.m.
651 Pine Street • Martinez • Room 101**

The Commission will provide reasonable accommodations for persons with disabilities planning to participate in Commission meetings who contact the Executive Assistant at least 48 hrs. prior to the meeting at 925-957-5140.

AGENDA

Public Comment on items listed on the Agenda will be taken when the item is discussed.

1. 6:30 **CALL TO ORDER / INTRODUCTIONS**
2. 6:35 **OPENING COMMENTS BY MENTAL HEALTH COMMISSION (MHC) CHAIR**
3. 6:45 **MHSA DRAFT - CAPITAL FACILITIES PROJECT PROPOSAL
by MHSA Program Manager Sherry Bradley**
Update available for review at:
http://www.cchealth.org/services/mental_health/prop63/pdf/cfpp_2010_proposal.pdf
4. 7:05 **PUBLIC COMMENT ON PLAN**
The public may comment on any item of public interest within the jurisdiction of the Mental Health Commission. In the interest of time and equal opportunity, speakers are requested to observe a 3-minute maximum time limit (subject to change at the discretion of the Chair). In accordance with the Brown Act, if a member of the public addresses an item not on the posted agenda, no response, discussion, or action on the item may occur. Time will be provided for Public Comment on items on the posted Agenda as they occur during the meeting. Public Comment Cards are available on the table at the back of the room. Please turn them in to the Executive Assistant.
5. 7:20 **CLOSE PUBLIC COMMENT ON PLAN**
6. 7:20 **MHC COMMENT ON THE PLAN**
7. 7:50 **DEVELOP LIST OF SUBSTANTIVE COMMENTS AND
RECOMMENDATIONS TO THE COUNTY MENTAL HEALTH
ADMINISTRATION (MHA) AND TO THE BOARD OF SUPERVISORS (BOS)**
ACTION
NOTE: The MHA does not have to follow the MHC's recommendations. However, the MHA must incorporate MHC recommendations as part of the adopted plan along with appropriate analysis.
10. 8:00 **CLOSE PUBLIC HEARING**

Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the staff to a majority of the members of the Mental Health Commission less than 96 hours prior to that meeting are available for public inspection at 1340 Arnold Drive, 200, Martinez during normal business hours



The Contra Costa County Mental Health Commission is appointed by the Board of Supervisors to advise them on all matters related to the county's mental health system, in accordance with mandates set forth in the California State Welfare & Institutions Code, Sections 5604 (a)(1)-5605.5. Any comments or recommendations made by the Mental Health Commission or its individual members do not represent the official position of the county or any of its officers.



CONTRA COSTA HEALTH SERVICES

Go Beyond!

February 17, 2010

Mental Health Services Act Update



Contra Costa Mental Health Division is seeking public comment on the Mental Health Services Act (MHSa) Capital Facilities Project Proposal

The 30 day public comment period begins on February 17, 2010, and ends on March 19, 2010

The Capital Facilities Project Component Proposal follows. The Executive Summary Project Proposal and the public comment form are available on the CCHS website on the Mental Health Division's MHSa page at: http://www.cchealth.org/services/mental_health/prop63/capital_facilities_it.php

Copies of the Capital Facilities Project Proposal also are available at the CCHS Mental Health Administration Offices, located at 1340 Arnold Dr., Suite 200, Martinez, CA 94553. The public may also request a copy of the proposal sent via mail by calling 925-957-5150.

Comment should be using the MHSa Capital Facilities Project Proposal Public Comment Form, and can be hand delivered or mailed to CCHS Mental Health Administration, MHSa Program Manager, 1340 Arnold Dr., Suite 200, Martinez, CA 94553. The public can also send comments via email to or fax:

MHSa@hsd.cccounty.us

Fax:

(925) 957-5156

The Capital Facilities Project Proposal is a part of the Capital Facilities & Technological Needs Component of MHSa which Contra Costa Mental Health is conducting a community planning process. For questions, please contact:

MHSa Program Manager
(925) 957-5114; mhsa@hsd.cccounty.us

CONTRA COSTA COUNTY – HEALTH SERVICES DEPARTMENT – MENTAL HEALTH

CAPITAL FACILITIES PROJECT PROPOSAL- EXECUTIVE SUMMARY

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

Contra Costa Mental Health has been engaged in a very long-term local community planning process to develop it's MHSA Capital Facilities Project Proposal. Planning for capital facilities needs originated early in the first public planning process for the Community Services and Supports (CSS) component, and continued through subsequent public planning processes Prevention and Early Intervention, Workforce Education and Training, and the Capital Facilities and Technology Needs component planning. Following the State Department of Mental Health's DMH Information Notices Numbered 08-09, 08-02, 08-21, the County's Capital Facility and Technology Need Component Proposal was submitted and approved by State DMH in February 2009. Subsequent the State's approval of the component proposal, the County continued the planning processes for the projects under the component, including both the Capital Facility Project Proposal and the Technology Need Project Proposal.

The county's Mental Health Commission conducted a Public Hearing on the Capital Facility and Technology Need Component Proposal on January 22, 2009. The Public Hearing followed the required 30 day public review and comment period for the component proposal. The State Department of Mental Health approved the County's Capital Facility and Technology Need Component Proposal in February 2009. Since that time, stakeholder input into the development of the Capital Facility Project Proposal has been provided through a variety of forums, including: County Board of Supervisor meetings; County Board of Supervisor Committee meetings; Mental Health Commission Public Hearings and Mental Health Commission Workgroups; Multiple Community Input Forums; Written Surveys for consumers, family members, community; focus groups for consumers and family members; written survey for county staff; multiple MHSA integrated stakeholder meetings, including the MHSA Consolidated Planning Advisory Workgroup (CPAW), CPAW's Capital Facilities and Technology Needs Committee; a joint Mental Health Commission/CPAW Capital Facilities and Technology Needs Committee, and several others. As a result of all of the input, the MHSA-CPAW Capital Facility and Technology Needs Committee recommended to Mental Health, and to the Health Services Department, the construction of new facilities for a Mental Health Assessment and Recovery Center (proposed funding under MHSA Capital Facilities and Technology Needs Component), and they also recommended to the Health Services Department the construction of a 16-bed voluntary Crisis Residential Facility (proposed for other than

MHSA funding sources). Separate from this Capital Facility Project Proposal, a Board Order for the Contra Costa County Board of Supervisors is being prepared to include both recommendations. The County's Board of Supervisors is aware of the recommendation coming forward.

CCMH's Capital Facility Project Proposal includes new construction for mental health services on the site located at 20 Allen Street, Martinez, a county-owned property. Stakeholders have recommended that there be two new programs located on the site, however, this request is only for MHSA Capital Facilities funds being used for construction related to a 6,000 square foot Mental Health Assessment and Recovery Center (hereinafter "ARC") which will include mixed use, which will be variable upon demand. Business/operations support to the ARC are included in the request (parking space, medical records, dietary, housekeeping, staff lounge, administrative). Services to be provided at the ARC include voluntary urgent mental health care up to 16 hours per day for all ages, and also for discrete involuntary children's mental health care services (no MHSA funding is being sought for this portion of the site). The ARC will include an assessment center for children and youth, encouraging the participation of family members in the assessment process, with a discrete/separate waiting room and entrance for young people and their family member(s). Discrete services will also be provided for adults and older adults. (Funding for the involuntary children's urgent mental health care is not included in this request).

As per State Department of Mental Health requirements, this Capital Facility Project Proposal is being distributed for the required 30 day public review and comment period as an update to the Capital Facility and Technology Needs Component Proposal, which was approved by the State Department of Mental Health in February 2009. The 30 day public review and comment period begins on February 17 and ends on March 19, 2010. Per DMH Notice No. 08-09 and accompanying Capital Facilities Project Proposal guidelines, no public hearing is required for this update. Public comments can be submitted electronically by email to: mhsa@hsd.cccounty.us or they can be submitted by mail, using the attached public comment form. Hard copies of the draft Capital Facility Project Proposal are available by mail by request by calling Mental Health Administration at (925) 957-5150, or by coming by to pick up a copy at the main offices, located at: 1340 Arnold Dr., Suite 200, Martinez, CA, 94553. Copies are available in English, Spanish, and in Vietnamese.

Exhibit 1

CAPITAL FACILITIES PROJECT PROPOSAL FACE SHEET

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

County: Contra Costa County Mental Health Division Date: February 16, 2010

County Mental Health Director:

Donna M. Wigand, LCSW
Printed Name

Signature

Date: _____

Mailing Address: Contra Costa Mental Health Administration
1340 Arnold Dr., Suite 200
Martinez, CA 94553

Phone Number: (925) 957-5111 Fax: (925) 957-5156

E-mail: dwigand@hsd.cccounty.us

Contact Person: Sherry Bradley, MPH, MHSa Program Manager

Phone: (925) 957-5114

Fax: (925) -957-5156

E-mail: sbradley@hsd.cccounty.us

Exhibit 1 continued

County Certification

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

- 1) The County has applied for Mental Health Services Act (MHSAs) Capital Facilities Funds to construct a building at 20 Allen Street, Martinez, CA 94553.
- 2) The intended use of the building is to provide mental health services in a new Mental Health Assessment and Recovery Center, which will include voluntary urgent mental health care up to 16 hours per day for all ages.
- 3) All necessary outside sources of funding have been secured and the MHSAs 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 MHSAs services.
- 4) The building will be used to provide MHSAs funded services and will expand the County's ability to provide mental health services.
- 5) For acquisition/construction Contra Costa County will be the owner of record.
- 6) For any proposed renovations to privately owned buildings, the building is dedicated and used to provide MHSAs 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 MHSAs 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 funds.
- 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) Contra Costa 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.

Exhibit 1 continued

- 13) The County certifies it has adequate resources to complete its Roadmap for moving toward an Integrated Information Systems Infrastructure through an E.H.R., as described in the Technological Needs portion of this Component.
Not applicable for this capital facility project request.
- 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.
The local community planning process has been followed, with involvement of a variety of stakeholders, including mental health consumers, family members, contractors, community members, education, law enforcement, education, etc.
- 15) All documents in the attached Project Proposal for Capital Facilities funding for the project to purchase, renovate, and/or construct a building at the 20 Allen St. location in Martinez, California are true and correct.

Date: _____

Signature: _____

Local Mental Health Director

Date: _____

Signature: _____

Auditor and Controller

Executed at: _____

Exhibit 2

PROJECT PROPOSAL NARRATIVE

- 1) Briefly describe stakeholder involvement in identification and development of the proposed Capital Facilities Project and how the requirement 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.

CCMH's Capital Facility Project Proposal includes new construction for mental health services on the site located at 20 Allen Street, Martinez, a county-owned property. Stakeholders have recommended that there be two new programs located on the site, however, this request for MHSa Capital Facilities funds will be used for construction related to a 6,000 square foot Mental Health Assessment and Recovery Center (hereinafter "ARC") which will include mixed use, variable upon demand. This may be for voluntary urgent care up to 16 hours per day for all ages, and also for discrete involuntary children's mental health care services. The ARC will include an assessment center for children and youth, encouraging the participation of family members in the assessment process, with a discrete/separate waiting room and entrance for young people and their family member(s). Discrete services will also be provided for adults and older adults.

MHSa stakeholders have also recommended to the Health Services Department that the Department construct a 16-bed Crisis Residential Facility (CRF) with discrete dual diagnosis services. However, for the purposes of this project proposal, funding is only being requested for that portion of the construction costs related to that which is required for the Assessment and Recovery Center, to include support functions for same, such as administrative space, dietary, housekeeping, storage, receiving, medical records, and staff lounge areas. Any mental health programs to be located at 20 Allen Street will be part of the broader campus called "**Mental Health Recovery Services**". The 20 Allen Street property became available to the County more than 2 years ago, and is located in the central region of the County, in Martinez, California. Contra Costa County Board of Supervisors recently approved Health Services Department to go forward with purchasing the land located at 20 Allen Street, Martinez. That is why MHSa stakeholders recommended that the Assessment and Recovery Center be located on the property, along with any other programs on the site.

Contra Costa currently doesn't have anything like the Assessment and Recovery Center (and the 16 bed CRF) and support facilities as described in this proposal. The property location, 20 Allen Street, Martinez, is ideal in that it is located adjacent the County's regional medical center, which is located on a frequently used public transportation line. Other than the regional medical center campus, all the other properties bordering the proposed project are multi-family or single family residential housing.

Exhibit 2, continued

Stakeholder Involvement:

There have been multiple stakeholder and community events which have established the need for the proposed (and above described) capital facility project. The new facility is needed to provide new mental health resources in Contra Costa in order to better provide required care to mental health consumers and their family members. The structure of the proposed ARC program will provide opportunities for inter-generational services for families to reduce out-of-home placements for children, as well as for adults, older adults, and transition age youth using the ARC.

To re-state previous background included in Contra Costa County's Capital Facility and Technology Component Proposal (approved by State DMH in February 2009), the MHSAs community planning process has occurred over a period of 5 years, as follows:

1. During the CSS community planning process, CCMH conducted 6 community forums for all residents of the county; facilitated 55 focus groups; received over 300 surveys from interested residents, consumers and providers. A total of over 1,100 individuals participated in the CSS planning process.
2. During the P&EI community planning process, CCMH involved over 900 individuals in the planning process, which included: carrying forward some data from the original CSS planning process; conducting 3 community forums in each of the three regions of the county; conducted 35 focus groups; conducted a brief survey regarding priorities for community needs, target populations, and types of interventions. In addition, 46 Stakeholder Workgroup Members were selected to form two diverse planning bodies (0-25 years of age, and 25+ age group).
3. During the Workforce Education & Training planning process, a Workforce needs assessment survey was distributed to 36 community based organizations as well as organizational network providers, and completed by 32 of them; data from CCMH database on 352 County FTE staff was included; data from Independent Network Provider database on 195 individual providers was compiled; focus groups were conducted with educators, consumers, family members, county staff, including a total of 54 participants; Key informant interviews were conducted with 13 subject matter experts for their specialized knowledge.

Through the CSS planning process, the need for a full range of housing for consumers including emergency, transitional and long-term options with an emphasis on the least restrictive level of care at all times, was considered a top priority. Through CSS, CCMH was able to expand housing services available to consumers in the low or most independent end of the housing continuum. However, CCMH has been unable to address the need for less restrictive voluntary settings in the way it's proposed in the ARC. Stakeholders and the community also identified the need for more recovery-oriented services at the acute end of the spectrum.

One of the most significant messages received during the PEI planning process was that there were not enough early interventions available and that individuals experiencing acute psychiatric episodes, especially those with early onset of psychiatric illness, were left with nothing between outpatient office appointments and inpatient

Exhibit 2, continued:

hospitalization, often involuntarily. Providing voluntary urgent care for all ages (including involuntary urgent care for children) will be available with construction of an ARC, and it addresses this gap in services locally.

Results from the WE&T planning process included stakeholders pointing out the need for availability of information on education, employment activities, etc., not only to existing staff but also to consumers and family members. It was considered possible that some of this information and/or learning might be available as part of a program that might be “co-housed” with other mental health services, thereby creating a more preventive atmosphere. Including these recommendations in an ARC program would meet this need.

At a special Mental Health Commission meeting on April 17, 2008, the Mental Health Commission recommended to the Contra Costa County Board of Supervisors to accept in concept pursuing a proposal to develop and establish a new multi-program psychiatric campus. Through an ongoing planning process, the Board of Supervisors approved Health Services Department purchase the property at 20 Allen Street in Martinez, as a possible location for services within the department, including possible mental health services.

Since Contra Costa’s Capital Facility and Technology Need Component Proposal was approved by State DMH (in February 2009), there has been a lot of additional stakeholder involvement in the planning. There has been a deviation from the originally approved Capital Facilities and Technology Needs Component Proposal (approved by State DMH in February 2009). The deviation is in the way the stakeholders have recommended the funds under the component be distributed between the technology need and the capital facility need. That has impacted the size of the capital facility project by decreasing the amount of funds now being requested for capital facilities. Stakeholders recommended to us that we request \$4.0 million for Capital Facilities. The remainder of the county’s Capital Facilities and Technology Needs allocation would go toward the Technology Needs Project Proposal. Given the changes in the economy, and the dire need for Contra Costa to replace its very outdated behavioral health information system, stakeholders were concerned that the basic information infrastructure for mental health would be inadequate to support those needs. There was also a concern regarding sustaining program operations in a larger-scale facility, and stakeholders believed the scope of the scaled down project proposal would be sustainable.

The county’s Capital Facilities and Technology Needs Component Proposal included a request for a free standing multi-program mental health center with new levels of care (combination of services) that would provide a comprehensive recovery focused setting. The component proposal had requested that \$8.2 million be used to fund Capital Facilities and \$2 million be used to fund Technology needs. The funding request has been modified to request \$4 million to fund Capital Facilities, with the remainder of the allocation of \$6.2 million to fund technology needs as explained earlier. This request for funding to construct an Assessment and Recovery Center will provide a new mental health level of care which currently does not exist. The component proposal requested the funds be split \$8.2 million for capital facilities and \$2.0 million for technology needs. The scope of the capital facility project has been scaled back based upon the following: 1) stakeholders wanted more data and information in order to come up with recommendations around an actual project proposal, i.e., what would be included at 20 Allen Street; 2) stakeholders drove a change in how the funds available would be appropriated between capital facilities and technology needs based upon the updated and revised costs provided to them for

Exhibit 2, Continued:

technology; 3) the economic environment has changed significantly in the past two years, driving costs up for construction, as well as the costs for new large-scale information systems, and as a result, the way the funds were originally appropriated was looked at intensively.

Since Contra Costa's Capital Facility and Technology Need Component Proposal was approved by State DMH (in February 2009), there has been a lot of additional stakeholder involvement in the planning. There have been numerous stakeholder meetings conducted by the Mental Health Commission; ongoing MHSA planning committees; Board of Supervisors subcommittees; capital facility and technology need written surveys; consumer and family member focus groups; public forums and community meetings. (see APPENDIX ONE, a log of the planning activities for capital facilities and technology needs).

Ultimately, the integrated MHSA stakeholder advisory workgroup recommended to the Mental Health Director that (1) \$6.2 million of the MHSA Capital Facility/Technology Needs allocation be used for technology needs, with the provision that the county include a recovery oriented shared decision making tool, and (2) that \$4.0 million of the MHSA Capital Facility/Technology Needs allocation be used for construction of capital facilities for mental health at 20 Allen Street, Martinez, to include up to 16 hr/day urgent care for all ages, and also to include discreet (involuntary) services for children. Stakeholders also recommended that the Health Services Department construct a 16 bed recovery oriented crisis residential facility (CRF), including dual diagnosis, on the same campus. However, the construction of a 16-bed recovery oriented crisis residential facility will be funded through means other than MHSA. Thus, the Mental Health Recovery Services programs have been recommended to Health Services Department to include mental health Assessment and Recovery Services, and also a 16-bed crisis residential facility for the site. This funding request is only for Assessment and Recovery Services, and support services to it.

- 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.

Because MHSA lays out a vision of wellness & recovery, including hope, recovery, partnership, and community, stakeholders and CCMH shared that vision and moved to infuse that model into the delivery of care it proposes to be included in this capital facility project. As such, and as part of the ongoing planning process for capital facilities, an MHSA Consolidated Planning Advisory Workgroup (CPAW) Capital Facility Committee was established. Earlier in the planning process, a Capital Facility Stakeholder Workgroup was established in September 2008, discussing a range of possible mental health services at the 20 Allen Street property, possibly to meet needs for crisis, urgent, residential, and emergency level mental health services to be provided in a setting having clinical programs and interventions consistent with the principles of wellness and recovery and in the least restrictive environments. The MHSA stakeholder recommendation to include an Assessment and Recovery Center to provide voluntary urgent care for all ages up to 16 hours per day are consistent with the principles of wellness and recovery and least restrictive environments. Through Title 9, mental health services can be

Exhibit 2, continued:

provided in a more flexible and supportive environment of wellness and recovery approaches to mental health services, again the centerpiece of the MHSA.

This request for funding, however, is only for the capital facility dedicated to the ARC and the supports related to it. No MHSA Capital Facility Funding is being requested for the 16-bed Crisis Residential Facility. The recommendation to construct that facility is being submitted separately to the Health Services Department, and will require the approval of the Contra Costa County Board of Supervisors. If that request is approved by the Board of Supervisors, another level of mental health service will be available on the same campus. (The character of the CRF is intended to be as residential as possible.)

CCMH believes that the proposed capital facility project is a result of staying consistent with the five fundamental concepts inherent in the MHSA, as identified in the CSS component. CCMH has involved the community in collaborating with it through all the MHSA community planning processes. Through each of the community planning processes (for each MHSA component), CCMH has continued to learn more about the cultural community it serves and has conducted outreach and engagement to unserved and underserved cultural communities. With each planning process, including the Capital Facility Stakeholder process, there has been involvement of clients and family members, and the process has been driven by the same. As stated earlier, the evolving capital facility project focuses on wellness, recovery and resiliency of the mental health consumer.

Exhibit 3

PROJECT DETAILS

Answer the following questions as appropriately to the Project Proposal.

Project Title: Mental Health Recovery Services (Assessment and Recovery Center)
Project Address: 20 Allen Street
Martinez, CA 94553

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

The proposed project requires the construction of a new 6000 square foot building, as well as parking, on a 2.2 acre site owned by Contra Costa County. The funding requested will be used to construct an Assessment and Recovery Center, as described earlier, and the supports needed for it (Administration, medical records, receiving, etc.). It is expected that the occupied support areas located in the poured-in-place concrete structure will be enclosed in concrete masonry unit walls with cement plaster finish. The ARC will likely be constructed as a one-story, type-1, steel-framed structure. (It is anticipated that the proposed CRF will be partially below grade due to site topography, so there will be some poured in place concrete walls on uphill sides of the structure.) The interior wall and ceiling finishes will be primarily reinforced gypsum-board with low VOC paint.

- If the proposed building is being acquired and renovated, describe the prior use and ownership.
Not applicable.
- If the proposed project involved renovation of an existing facility.
Not applicable.
- 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.
Not applicable.
- 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
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.
Not applicable.

Exhibit 3 continued

- 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.

Purpose: To provide mental health consumers with an option to move away from institutional level of care to providing them with a recovery oriented setting which is voluntary and will meet urgent mental health care needs, and also linkages to other appropriate services, which may include to the voluntary Crisis Residential Facility, on one new campus, where freestanding mental health sites will be located.

Programs & Services: New Construction for the Assessment and Recovery Center at 20 Allen Street in Martinez, California, and operation of all services at that site. This request is only for those construction costs related to the Assessment and Recovery Center. The programs and services to be provided on the site include:

- Assessment and Recovery Center (ARC), for all ages, voluntary, and for Children (involuntary, non-MHSA funded) – proposed facility to be funded with MHSA Capital Facility funding;
- Support facilities to include administration, dietary, housekeeping, storage, receiving, medical records, and staff lounge area;
- 70 parking stalls for same
- If approved by the Health Services Department and the County Board of Supervisors, a 16-bed Crisis Residential Facility (CRF), voluntary – proposed facility NOT to be funded with MHSA Capital facility funding;

Age Group	Projected Client/Family Capacity
X <input type="checkbox"/> Children	50-100 Per Month in Assessment & Recovery Program (voluntary and involuntary)
X TAY	100 per month in Assessment and Recovery
X Adults	Up to 700 per month in Assessment & Recovery
X Older Adults	Up to 200 per month in Assessment & Recovery

- 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 project will be located in the central region of Contra Costa County, in Martinez, California. The project includes construction of a new facility on a 2.2 acre site located at 20 Allen Street in Martinez. The site directly adjoins undeveloped residentially-zoned land on its west side, is opposite a nursing

Exhibit 3, Continued:

home and a private residence on its north side and is opposite the Contra Costa Regional Medical Center on its south and east sides. The Ambulatory Care Center for the central region of the county is also adjacent the regional medical center.

The proposed site slopes steeply, dropping 100 feet in elevation from the northwest corner to the northeast corner. The lower portion of the site is occupied by two small parking lots and an existing brick and wood building currently used for offices and residences. It is understood that these parking areas and the existing building will be demolished in order to clear the site for the proposed project. The site is accessible from existing roadways on the north, east and south sides. Actual placement of the facilities on the property will be dependent upon completion of architectural and engineering review. Preliminary collection of data during a preliminary geotechnical investigation shows that the site should be suitable from a geotechnical and geological standpoint for support of the proposed facility. Public Transportation is available regularly through scheduled transit services, with a bus stop in front of the campus.

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

XX - MHSA and other services

- 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.

The ARC will be available to all full service partners (children, adults, transition age youth), older adults, and also children involved in MHSA funded wrap-around services. The ARC will also be available to other mental health clients receiving mental health services in other county-operated mental health clinics and program sites. It is expected that approximately 60-70 % of those served will be mental health clients already receiving mental health services through a variety of the many MHSA funded programs/sites in the County (funding through the CSS and PEI components). The remainder of those served will likely be individuals already receiving mental health services in one of the county-operated or contracted clinics/programs. The Assessment and Recovery Center will also include MHSA funded peer support, family, and mental health recovery services, but may also include on-site services by a nurse practitioner (and links to primary care if needed), a housing specialist, vocational rehabilitation specialist, etc.

- 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.)

Exhibit 3, continued:

Mental Health Services to be provided at the ARC will include assessment, medication services, and referral to other services appropriate to the individual. Some of the on-site supports may include peer-to-peer support (for both consumers and families), referral to the three consumer operated Wellness and Recovery Centers (one in each region of the county), care by a nurse practitioner (if needed), referral/services by a housing specialist, vocational services, etc. Not all of these services are funded by MHSA, but are recognized as very important to the recovery of mental health consumers. It is hoped that these types of services can be integrated into the ARC.

- 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.

Because the entire campus will be owned by Contra Costa County, the site will be incorporated into the property maintenance schedule of the County's General Services Department. Contra Costa County General Services Maintenance Division will oversee the maintenance and upkeep of the facility unless and until the County no longer owns the property. It should be noted, however, that historically, Contra Costa County continues ownership of all of the buildings it constructs, which in this case, would be longer than twenty years.

Additional Information:

1. Leasing (Rent) to Own Building

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

Not applicable.

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 accordance with WIC Section 5847 (a)(5))

Not applicable. No MHSA funds are being sought for a restrictive setting.

Exhibit 4

CAPITAL FACILITIES PROJECT PROPOSAL FACT SHEET

Project Location

Name of Project: Mental Health Recovery Services (Assessment and Recovery Center)
Site Address: 20 Allen St., Martinez, CA

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: Assessment and Recovery Services including voluntary urgent care for all ages up to 16 hours/day, and also involuntary care for children, but not MHSa funded.

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

Amount of Capital Facilities funds requested in this Project Proposal \$4.0 million
 CSS Capital Facilities funds requested in this Project Proposal _____
 Total \$4.0 million

Priority Population (please check all that apply)

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

If applicable, projected number of mental health clients, including their families, to be served monthly:
Approximately 1000+ mental health consumers/families (all ages) can be served each month.

- Provide new services
- Expanded services

Please provide a brief description below

New Services to be provided as explained earlier, voluntary urgent care for all ages up to 16 hours per day.

Exhibit 5

SAMPLE BUDGET SUMMARY

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 MHSa Fund for redistribution to all Counties.

**EXHIBIT 5 – SAMPLE BUDGET SUMMARY (in Thousands \$)
For Each Capital Facilities Project Proposal**

County: Contra Costa					
Project Name: Mental Health Recovery Services					
Category	Capital Facilities Funds	CSS Capital Facilities Funds	Future Year Costs	Total ()	Estimated Annual Ongoing Costs*
Project Expenditures					
1. Acquisition of Land (including deposits)	N/A				
2. Acquisition of Existing Structures					
3. Site Survey & Soil Investigation					
4. Appraisal					
5. Cal-EPA					
6. Architectural & Engineering (A&E) Expenditures					
a. Plan Check Fees, Permits, etc.	\$25,000			\$25,000	
b. Contract Architect	\$600,000			\$600,000	
c. Contract Engineer	\$200,000			\$200,000	
d. Other A&E Consultant Fees	\$175,000			\$175,000	
e. A&E Travel Expenditures					
f. Other A&E Expenditures (please describe)					
g. Total A&E Expenditures	\$1,000,000			\$1,000,000	

7. Construction	\$2,500,000			\$2,500,000	
<i>a. Landscaping</i>	\$400,000			\$400,000	
<i>b. Construction Contracts</i>					
<i>c. Insurance</i>					
<i>d. Material Testing</i>	\$100,000			\$100,000	
<i>e. Contingency</i>					
<i>f. Other A&E Expenditures (please describe)</i>					
g. Total A&E Expenditures	\$3,000,000			\$3,000,000	
8. Rehabilitation					
9. Fixed/Movable Equipment					
10. Supervision - Inspector					
11. Title and Recording					
12. Other Fees and Charges					
13. On-Site Management					
14. Project Management/Administration					
15. Other Project Expenditures (please describe)					
16. Other Expenses (Describe)					
17. Total Ongoing Operating Expenses					
18. Total Project Expenditures	\$4,000,000			\$4,000,000	
II. Other Funding Sources (please list)					
1.					
2.					
3.					
4.					
5.					
6. Total other Funding Sources					
Total Costs (A)	\$4,000,000			\$4,000,000	
Total Offsetting Revenues (B)					
MHSA Funding Requirements (A-B)	\$4,000,000			\$4,000,000	
NOTES:					

Exhibit 5 Continued

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

Since the property will be owned by Contra Costa County, maintenance of the property will become part of the regular schedule of maintenance developed by County's General Services Maintenance Division. In addition, County is setting aside up to \$2million per year out of CSS funds to cover the cost of repair, maintenance and upkeep of the facility.

- 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.)”

County's General Services/Architectural Services Division will manage the project, and track usage, costs, maintenance, etc., over time.

Exhibit 6

SAMPLE PROJECT TIMELINE

Project Name: Mental Health Recovery Services

Site Address: 20 Allen St., Martinez Date: February 2010

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	2/17/2010	3/19/2010
	Public hearing, if required	N/A	N/A
Acquire development site or facility (circle one) Through purchase		N/A	N/A
Acquire building permit from building authority		N/A	N/A
Financing closing		N/A	N/A
Construction contract execution		3/1/2011	N/A
Construction/Renovation start up		4/1/2011	N/A
Construction/Renovation completion		N/A	10/1/2012
Acquire Certificate of Occupancy (submit legible copy)		10/15/2012	N/A
Occupancy start up		11/1/2012	N/A
Other			

Exhibit 7

ANNUAL STATUS REPORT

For Each Capital Facilities Project Proposal

PROJECT INFORMATION					
Project Name:				County:	
Report Period:					
Project Status: <input type="checkbox"/> On Schedule <input type="checkbox"/> Within Approved Budget <input type="checkbox"/> Ahead of Schedule <input type="checkbox"/> Over Budget <input type="checkbox"/> Behind Schedule				Project Start Date: Project End Date:	
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					
Acquire development site or facility (circle one) through purchase					
Acquire building permit from building authority					
Financing closing					
Construction contract execution					
Construction/Renovation start up					
Construction/Renovation completion					
Acquire Certificate of Occupancy (submit legible copy)					
Occupancy Start up					
Other					

Exhibit 7 continued

Performance Measurement Category	Cost: Planned to Date	Cost: Actual to Date	Estimate to Complete (ETC)
Project Expenditures			
Architectural & Engineering (A&E) Expenditures			
Construction			
Rehabilitation/Renovation of Existing Structures			
Project Management/Administration	\$500,000		
Other Project Expenditures (please describe) Project Contingency			
Total Ongoing Operating Expenses			
Total Ongoing Operating Expenses			
Total Project Costs			
Notes:			

LOG OF PLANNING ACTIVITIES FOR CAPITAL FACILITIES AND TECHNOLOGY NEEDS

A		B		C	
1	DATE	MEETING	OUTCOME		
2	3/18/2008	State Department of Mental Health Issues DMH Guidelines for Capital Facilities and Technological Needs Component	Funding through MHSA is made available for Capital Facilities and Technology Needs.		
3	4/8/2008	Board of Supervisors Meeting	BOS Requested MH Commission review and make recommendations regarding establishing a separate psychiatric site, and a proposal that health and mental health services at detention facilities be provided by private sector firms. <u>ACTION:</u> To accept in concept the Multi-Program Psychiatric Campus, requesting that the following concerns be addressed in the planning process: Assurance of quality of care standards; people in need have a place to go; children are considered in the process; there be a good partnership in planning with mental health and others; and request that the Mental Health Commission receive updates and at least one commissioner sits on the partnership in planning process. Motion carried 6-1-0		
4	4/17/2008	Special MHC Meeting Minutes			
5	4/22/2008	Letter from MH Commission Interim Co-Chair to the Board of Supervisors	Letter outlined action taken at Special MH Commission Meeting of 4/17/08 regarding recommendations regarding HSD proposal to develop a new multi-program psychiatric campus. <u>ACTION:</u> Approved moving forward with financial feasibility stage of the psychiatric campus project, approval included 1) option to purchase 20 Allen, 2) performing a building evaluation of site, and 3) issuing an RFP for CBO to run the program, 4) closing or down-sizing the inpatient unit at CCRMC.		
6	4/22/2008	Board of Supervisors Meeting			
7	4/24/2008	Mental Health Commission Meeting	MH Director reported that planning group around separate psychiatric unit will be put together for the purpose of crafting a future together.		
8	5/8/2008	Letter to Board of Supervisors from Dr. Walker and Mr. Godley	Letter regarding the acquisition of 20 Allen Street for new psychiatric facility. Prepared for close session on 5/13/2008.		
9	5/13/2008	Board of Supervisors - Closed Session Meeting	Regarding Conference re: 20 Allen Street		
10	7/22/2008	Board of Supervisors Meeting	BOS approves option to purchase agreement for 20 Allen Street		
11	10/17/2008	MH Commission Retreat Minutes	<u>ACTION:</u> Recommended MHC involvement in planning for PHF; Chair to appoint 5-person subcommittee from MH Commission to work on this effort. <u>REPORT:</u> MHSA Program Manager provides update on all MHSA components, including Capital Facilities and Technology Needs Component Proposal, to be posted for public comment within the next several weeks.		
12	10/23/2008	Mental Health Commission Meeting			

LOG OF PLANNING ACTIVITIES FOR CAPITAL FACILITIES AND TECHNOLOGY NEEDS

A		B		C
1	DATE	MEETING	OUTCOME	
13	11/7/2008	Report to Board of Supervisors	Report regarding proposed new psychiatric health facility feasibility report.	
14	11/13/2008	MHSA Stakeholder Workgroup Meeting	Stakeholder Workgroup meets to review Capital/Technology Plan, Capital Section (3 MH Commissioners, 2 staff)	
15	11/20/2008	MH Commission Meeting Minutes	<u>REPORT:</u> Jacque McLaughlin reported that the MH Director held one meeting with PHF Workgroup. There were questions about membership of the workgroup from the MH Commission.	
16	11/24/2008	MHSA Stakeholder Workgroup Meeting	Meeting of MHSA Stakeholders to review Capital Facility/Technology Need, Capital Section (2 MH Commissioners, 2 Staff)	
17	12/1/2008	Report to Board of Supervisors	Feasibility Report for Proposed New Mental Health Recovery Services - Final Report	
18	12/15/2008	MHSA Stakeholder Workgroup Meeting	Stakeholder Workgroup meets to review Capital/Technology Plan, Capital Section (4 MH Commissioners, 2 staff)	
19	12/29/2008	MHSA Stakeholder Workgroup Meeting	Stakeholder Workgroup meets to review Capital/Technology Plan, Capital Section (3 MH Commissioners, 1 staff)	
20	12/9/2008 - 1/22/2009	Public Comment Period	Capital Facility and Technology Needs Component Proposal posted for public review and comment period from 12/9/2008 through 1/22/2009. Two comments received, 1 comment for more housing, 1 comment positive.	
21	1/1/2009	Feasibility Study Report to Board of Supervisors	Feasibility Study, Including Building Evaluation of Property, Completed	
22	1/12/2009	MHSA Stakeholder Workgroup Meeting	Stakeholder Workgroup meets to review Capital/Technology Plan, Capital Section (2 MH Commissioners, 2 staff)	
23	1/22/2009	MH Commission Meeting Minutes	<u>REPORT:</u> MHSA Program Manager reported on the process for submitting the Capital Facility and Technology Need Component Proposal.	
24	1/22/2009	MH Commission Special Meeting - Public Hearing	Three draft MHSA component plans were presented for the Public Hearing: Workforce Education & Training; Prevention & Early Intervention; Capital Facility and Technology Need Component Proposal	
25	1/25/09	Memorandum from HSD Director and MH Director to Board of Supervisors - Family and Human Services Committee	Overview/Update to Board of Supervisors Family and Human Services Committee regarding the planning process for 20 Allen Street.	
26	2/5/2009	Letter from State Department of Mental Health	State DMH Approves CCounty Mental Health Capital Facility and Technology Need Component Proposal	

LOG OF PLANNING ACTIVITIES FOR CAPITAL FACILITIES AND TECHNOLOGY NEEDS

A		B		C
1	DATE	MEETING	OUTCOME	
27	2/12/2009	MHSA Stakeholder Workgroup Meeting	Meeting of MHSA Stakeholders to review Capital Facility/Technology Need, Capital Section (4 MH Commissioners, 2 Staff)	
28	2/25/2009	MHSA Stakeholder Workgroup Meeting	Meeting of MHSA Stakeholders to review Capital Facility/Technology Need, Capital Section (4 MH Commissioners, 1 Staff)	
29	2/26/2009	MH Commission Meeting Minutes	<u>REPORT:</u> The PHF Workgroup requested information from the MH Director on PHF assessment. <u>ACTION:</u> Motion approved to send letter to MH Director requesting information.	
30	3/3/2009	Report	Campus Master Plan Update for CCRM to Address 20 Allen Street Parking Issues	
31	3/20/2009	RFP Issued by CCHS	RFP Issued by CCHS for Free-Standing Psychiatric Campus, Facility and Services	
32	3/26/2009	MH Commission Meeting Minutes	<u>REPORT:</u> The PHF Workgroup reported that received response to their request for information on PHF assessment from MH Director. The letter was sent from MH Commission to Mr. Godley. MH Director reported that MHSA funds cannot be used for a PHF.	
33	4/1/2009	Board of Supervisors Finance Committee Meeting	<u>REPORT:</u> Report from HSD re: Feasibility Study Status Report	
34	4/6/2009	Bidder Conference	Mandatory Bidder's Conference for Freestanding Psychiatric Campus	
35	4/23/2009	MH Commission Meeting Minutes	<u>REPORT:</u> The Capital Facilities and Projects Workgroup reported with a timeline regarding PHF requests for information. <u>ACTION:</u> Draft a letter to BOS requesting a decision to hold off on any further action until stakeholder process is basically restarted. A second letter will be drafted expressing MH Commission concerns. <u>REPORT FROM MH DIRECTOR:</u> Circulated information provided to the BOS Finance Committee on 4/1/2009.	
36	4/27/2009	Letter to Supervisor Bonilla, from MH Commission Chair	MH Commission requested stop further progress on Capital Projects portion of MHSA, and require stakeholder process be restarted, and that it reflect input of consumers and families.	
37	4/30/2009	MH Commission Planning Meeting Minutes	Report and discussion of PHF - no action taken.	
38	5/1/2009	RFP Deadline	Vendor Response Deadline	
39	5/6/2009	Letter from MH Director to Supervisor Bonilla, Chair, Board of Supervisors	Response to Peter Mantas Letter from 4/27/2009	

LOG OF PLANNING ACTIVITIES FOR CAPITAL FACILITIES AND TECHNOLOGY NEEDS

A		B		C
1	DATE	MEETING	MEETING	OUTCOME
40	5/28/2009	Capital Facilities Focus Group with Mental Health Consumers - Central County		7 MH Consumers, 1 MH Commissioner, 2 observers - focus group regarding capital facilities.
41	6/2/2009	MHSA Community Input Meeting		Community Input Meeting on all MHSA Components, Bay Point
42	6/4/09	CPAW Regular Meeting		The Draft Information Technology Project Proposal was presented, and reviewed, and ACTION: Recommend Approval of the draft Information Technology Project Proposal. It will be posted for public review and comment for 30 days.
43	6/12/2009	Capital Facilities Focus Group with Mental Health Consumers - West County		8 MH consumers, 1 MH Commissioner, 1 Observer - focus group regarding capital facilities
44	6/17/2009	MHSA Community Input Meeting		MHSA Community Input Meeting in San Pablo, regarding all MHSA Components
45	6/18/2009	Capital Facilities Focus Group with Mental Health Consumers - East County		7 MH consumers, 1 MH commissioner
46	6/20/2009	MHSA Community Input Meeting		MHSA Community Input Meeting in Pleasant Hill, regarding all MHSA components
47	6/22/2009	Capital Facilities Focus Group with Central County Family Members		12 Family Members, including 3 MH Commissioners
48	6/23/2009	Capital Facilities Focus Group with West County Family Members		7 Family Members, including 1 MH Commissioner, 1 Board and Care Operator
49	6/30/2009	Capital Facilities Focus Group with East County Family Members		3 MHCC Staff, 1 MH Consumer, 1 MH Commissioner, 1 Room and Board Operator
50	7/9/09	Commissioner Pereyra Report Re: Family Focus Group of 6/22/2009		REPORT to MH Commission regarding Family Focus Group re: Capital Facilities Input of 6/22/2009.
51	7/9/09	Commissioner Pereyra Report Re: MHSA Community Input Meeting, 6/29/2009		REPORT to MH Commission regarding MHSA Community Input Meeting of 6/29/2009 re: all MHSA Components

LOG OF PLANNING ACTIVITIES FOR CAPITAL FACILITIES AND TECHNOLOGY NEEDS

A		B		C
1	DATE	MEETING	OUTCOME	
	7/9/09	MHC Vice Chair Pasquini Report Re: Consumer & Family Focus Groups on Proposed Capital Facilities Project at 20 Allen in Martinez, Held on 6/12/2009, 6/22/2009, 6/23/2009	Report to MH Commission Regarding Consumer and Family Focus Groups held on three dates regarding proposed Capital Facilities Project at 20 Allen Street, Martinez. Report contained a series of recommendations to the MH Commission, with a series of questions.	
52	7/9/09	MHC Vice Chair Pasquini Report Re: Consumer & Family Input Forums on Psychiatric Pavilion, 6/18/2009 and 6/30/2009	<u>REPORT</u> to MH Commission Regarding MHCC Consumer and Family Input Forums re: the 20 Allen Street.	
53	7/9/09	MHC Capital Facilities Workgroup Report Re: Information Required of MH Director	<u>REPORT</u> from MH Commission Capital Facilities Workgroup Chair, listing requested information of the MH Director.	
54	7/9/09	Summary of June 18, 2009 Conversation Between Commissioner Honegger and MH Director	<u>REPORT</u> from MH Commission Capital Facilities Workgroup Chair, relaying conversation with MH Director via phone call on 6/18/2009.	
55	7/9/09	Letter from MHC Chair, Peter Mantas to Supervisor Bonilla, Chair	Letter to Supervisor Bonilla Regarding May 6, 2009 Letter	
56	7/9/09	MH Commission Meeting Minutes	<u>REPORT</u> from MH Commission Capital Facilities Workgroup Chair, report from Dr. William Walker, discussion and dialogue regarding the Pavilion. <u>Action:</u> Proposed Meeting in August 2009 regarding PHF to get all information out on the table, with 2-step approach, full presentation to the MH Commission, and then decide to go forward with a Town Hall meeting.	
57	7/20/09	Board of Supervisors - Health and Human Services Committee Meeting	MH Director and HS Chief Financial Officer, Mr. Godley presented a review of programs services to be provided at the Mental Health Pavilion	
58	7/21/2009	Letter	Letter referenced 4/17/2008 Mental Health Commission Meeting Minutes	

LOG OF PLANNING ACTIVITIES FOR CAPITAL FACILITIES AND TECHNOLOGY NEEDS

A		B		C
1	DATE	MEETING	OUTCOME	
60	8/13/09	Commissioner Pereyra Comments for MHC 8/13/2009 Meeting Re: Capital Facilities Workgroup	List of questions posed by MH Commissioner Pereyra to be answered prior to RFP issuance.	
61	8/13/09	Commissioner O'Keefe Comments for MHC 8/13/2009 meeting	List of stipulations posed by MH Commissioner O'Keefe in contracts for PHF>	
62	8/13/09	Commissioner Honegger Comments for MHC 8/13/2009 meeting	List of stipulations posed by MH Commissioner Honegger in contracts for PHF.	
63	8/13/09	Commissioner Pasquini Comments for MHC 8/13/2009 Meeting	Comments from MH Commissioner Pasquini following the BOS Health and Human Services Committee meeting of 7/20/2009	
64	8/13/09	Copy of Email from Commissioner Honegger to HSD Director and MH Director	Requested copies of the five proposals received by the county as a result of the RFP process.	
65	8/13/09	Letter from Commissioner Honegger to all Board of Supervisors	Commissioner acknowledged to Board of Supervisors their acknowledgement of the MH Commission's role in the Capital Facility planning process.	
66	8/13/09	Exchange of E-mails between Commissioner Pasquini and State DMH	Exchange of emails regarding MH Commission's concerns regarding restarting the stakeholder process around Capital Facility planning.	
67	8/13/09	Email from Sr. Deputy County Administrator Sansoe to MH Commission Members	Provided Summary of Board Committee Meetings.	

LOG OF PLANNING ACTIVITIES FOR CAPITAL FACILITIES AND TECHNOLOGY NEEDS

		A	B	C
1	DATE	MEETING	OUTCOME	
68	9/3/09	Mental Health Commission - Special Meeting	ACTION: Designate CPAW and the MHC Capital Facilities Workgroup to analyze the options and alternatives and assist in bringing a list of priority needs back to the full Commission for a final recommendation to the Board of Supervisors. This discussion might be influenced by budget considerations to be announced 9/15/2009 which will require working quickly with Health Services staff to identify possible cuts and how they may impact this proposal and any suggested alternatives. Also concerns voiced at the 9/30/09 Public Forum, if there is one, would be incorporated. Subsequent Action: The public Forum tentatively scheduled for 9/30/09 was tabled until further work completed.	
69	9/24/09	MHC/CPAW Joint Capital Facility Workgroup	Agreed upon the charge for MHC/CPAW Joint Capital Facility - charge: "For MHC Capital Facilities Workgroup members and CPAW members (up to 4) to review options and alternatives (including the 20 Allen Street as one option) for capital facilities and technology needs for mental health services in Contra Costa County with an open mind/no pre-conceived ideas. Those options would be brought back to the full MH Commission for their recommendations to MHA and BOS".	
70	10/5/09	MHC/CPAW Joint Capital Facility Workgroup	Agreed upon report mechanism to MH Commission and CPAW each month, and to draft survey questions for a needs assessment survey.	
71	10/19/09	MHC/CPAW Joint Capital Facility Workgroup	Approved revisions to the draft needs assessment survey, and also agreed to post all materials from the Workgroup to the MESA website for review of public. The Workgroup also approved and agreed upon a timeline for rolling out the needs assessment survey.	
72	10/23/09	Report to Joint MHC/CPAW Capital Facilities/IT Workgroup from GSD	Report of vacant county office space listing as of 10/23/2009. It didn't appear that there were many options available, since the county has been moving many of its offices from leased space into county-owned property, thereby leaving very little space available for other use.	
73	11/2/09	MHC/CPAW Joint Capital Facility Workgroup	Agreed to go back to CPAW and ask about the original charge of the workgroup.	

LOG OF PLANNING ACTIVITIES FOR CAPITAL FACILITIES AND TECHNOLOGY NEEDS

A		B		C
1	DATE	MEETING	OUTCOME	
	11/5/09	CPAW Regular Meeting	REPORT from Member Crawford on the 10/17/2009 Joint MHC/CPAW Capital Facility Workgroup. MH Director provided update on 20 Allen proposal as currently configured, with space for specific children and older adult services in the assessment and recovery center. Lengthy discussion about process, and agreement that CPAW members who could, would attend the next joint MHC/CPAW Capital Facility/IT Workgroup for some discussion about continuing to meet jointly.	
74				
	11/16/09	MHC/CPAW Joint Capital Facility Workgroup	No actions taken.	
	12/3/09	CPAW Regular Meeting	MH Director reported on 20 Allen Street Property Negotiations, and CPAW established an ongoing Capital Facilities/IT Committee with the charge of bringing the peer and family perspective to the program design for both components, including increased access to services. The MH Commission representative to CPAW also reported from the MHC/CPAW Joint Capital Facility Workgroup meeting with update on the needs assessment survey/questionnaire.	
76				
	12/17/09	CPAW Capital Facility/IT Committee Meeting		
	12/28/09	Memorandum from HSD Director to Board of Supervisors Finance Committee	Overview/Update to Board of Supervisors Finance Committee Regarding 20 Allen Street Planning Update.	
78				
	1/6/10	Capital Facilities and Information Technology Needs Assessment Survey Results	The Survey Results from the Capital Facilities and Information Technology Needs assessment (completed by county staff, cbo's)	
79				
	1/14/10	MHC/CPAW Joint Workgroup Report to MH Commission	The workgroup received update from MH Director on current status of 20 Allen Street parcel, received update on the needs assessment survey, and received an update from the CPAW meeting of 12/3/2009.	
80				
	1/14/10	MHC Capital Facilities/IT Workgroup Report to MH Commission	Summarized report from MHC Capital Facilities/IT Workgroup Report to Mental Health Commission	
81				



Contra Costa County
Mental Health Division
Mental Health Services Act Administration
1340 Arnold Drive Suite 200
Martinez, Ca 94553

Phone: (925) 957-5150

E-mail: mhsa@hsd.cccounty.us

MHSA Draft Capital Facilities Project Proposal
30 Day Public Comment Form
(Posting 2/17/10 through 3/19/10)

PERSONAL INFORMATION			
Name			
Agency/Organization			
Phone number		E-mail	
Mailing address (street)			
City, State, Zip			
MY ROLE IN THE MENTAL HEALTH SYSTEM			
<input type="checkbox"/>	Person in recovery	<input type="checkbox"/>	Probation
<input type="checkbox"/>	Family member	<input type="checkbox"/>	Education
<input type="checkbox"/>	Service provider	<input type="checkbox"/>	Social Services
<input type="checkbox"/>	Law enforcement/criminal justice	<input type="checkbox"/>	Other (please state)
COMMENTS			
(Please reference the section of the Plan that your comment(s) pertain to)			

FYI - Additional Crisis Intervention Training and Mental Health Consumer and Family Involvement

t areed, ablates49, mmckal, cokeeffedaphne, dk122932,
Nancy Schott o mfoverby, Nancy Schott, pamantas, ssyoshioka, scottnel, 03/08/2010 02:19 PM
: mamap2536, Gayle Uilkema

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Hello Commissioners:

Sherry Bradley forwarded this message from Marti Wilson, Team Leader for Behavioral Health Court , that provides detailed information about the County's Crisis Intervention Training (CIT) and how consumers and family members are involved.

Thank you.

Nancy Schott
Executive Assistant to the Mental Health Commission
1340 Arnold Drive, Ste. 200
Martinez, CA 94553
phone (925) 957-5140, fax (925) 957-5156

----- Forwarded by Nancy Schott/MH/HSD/US on 03/08/2010 02:10 PM -----

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Cc: Martha Wilson/MH/HSD/US@HSD
Date: 03/05/2010 05:56 PM
Subject: Fw: Additional Crisis Intervention Training and Mental Health Consumer and Family Involvement

Hello Everyone - please see the email, below, from Marti Wilson. She wanted to provide you with some additional information regarding Crisis Intevention Training and the involvement of mental health consumers/family members. I hope you find this information helpful!

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"As we progress in our MHSA planning and implementation, there will be a tendency to want to rely on doing things in familiar ways. We want to respect the expertise we have accumulated over the years. We don't want to 'reinvent the wheel'. But if we only do things in familiar ways, we will only generate familiar plans and programs. We will invent only wheels....and we want more than that."
Mark Ragins, M.D.

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----- Forwarded by Sherry Bradley/MH/HSD/US on 03/05/2010 05:54 PM -----

Martha Wilson/MH/HSD/US

03/05/2010 05:42 PM

To Sherry Bradley/MH/HSD/US@HSD

cc

Subject additional CIT consumer information

Hi Sherry-

Hope you are well. I understand that there was some discussion of the CIT training this week at the CPAW meeting and unfortunately no one was there who could speak to it comprehensively. I thought it might be helpful if I provided a bit of information. Let me know if this helps!

CIT (Crisis Intervention Training)

CIT is a 32 hour training that is certified by the state office of police standards and training. CIT is a program developed in Memphis, Tenn a few years back to increase the effectiveness of law enforcement officers when working with consumers and their families.

CIT is a component of the Behavioral Health Court. We based our CIT program on the best CIT programs in California and have retained the best CIT trainers from these programs. We also use our local mental health professionals and consumers in the trainings. The CIT is a collaborative effort between the Sheriff's dept., Local law enforcement agencies, Adult Mental Health (MHSA), Health Services Dept., NAMI, and the BHC. NAMI is represented on our CIT advisory committee. The BHC staff includes consumer case managers, consumer empowerment oriented treatment and has significant involvement with the Spirit program.

Consumers and their families are involved in a couple of ways. First, we have a panel of consumers (usually 5) (all of whom have experience with the criminal justice system) who present to the officers their experiences with police (both positive and negative) especially related to being 5150'd, arrested and stopped on the street. The consumers on this panel allow the officers to ask them questions about what they should do differently. Each consumer provides his/her feedback about what works and what doesn't work. The panel is scheduled so that the consumers and officers can also talk informally after the panel, over lunch.

Secondly, we have a Consumer Family panel sponsored by NAMI. we usually have 4 to 5 families represented. Each panel member presents their experiences with law enforcement relative to their family member being 5150'd arrest, or ID'd on the street. Again, the officers are given the opportunity to ask questions about how things can be done better. Family members give their opinions about what works and doesn't work.

Third, we have a panel of community based organizations. The members of this panel (some of whom are consumers) present about the services available for consumers in the county. They help officers to understand what referrals they can make and to whom. This year we have asked Susan Meddelin to present.

I hope this is helpful. As you can see, there is serious consumer involvement in the CIT. Please call or email me if you have any questions or I can be of further assistance.

take care,
Marti Wilson

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