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BEHAVIORAL HEALTH DIVISION

3255 CAMINO DEL RIO SOUTH, SAN DIEGO, CALIFORNIA 92108 (619) 563-2700 ◆ FAX (619) 563-2705 ALFREDO AGUIRRE, LCSW MENTAL HEALTH SERVICES DIRECTOR

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CLINICAL DIRECTOR

March 1, 2011

NOTICE OF INITIATION OF 30-DAY PUBLIC REVIEW PERIOD MHSA FISCAL YEAR 2010/2011 ANNUAL UPDATE, SUBMISSION #3 CAPITAL FACILITIES PROJECT PROPOSALS

Dear Community Members and Stakeholders:

San Diego County is holding a 30-day public review and comment period for the Mental Health Services Act (MHSA) Fiscal Year 2010/2011 Annual Update, Submission #3 Capital Facilities Project proposals. This review period begins March 1, 2011, and ends March 30, 2011.

This Update contains three Capital Facilities Project proposals.

CF-1 Juvenile Forensic MHS Office Building

CF-2 North Coastal Region Mental Health Facility

CF-3 East Region Mental Health Facility

Please review our MHSA Annual Update Submission #3 Capital Facilities Project proposals and send any comments, suggestions, and/or questions to our MHSA line below.

Mental Health Services Act Comment/Question Line:

Phone: (619) 584-5063 Toll-Free: (888) 977-6763

Email: MHSProp63.HHSA@sdcounty.ca.gov

Submitted by,

ALFREDO AGUIRRE, LCSW Deputy Director Mental Health Services KAREN VENTIMIGLIA MHSA Coordinator Mental Health Services

2010/11 ANNUAL UPDATE COUNTY SUMMARY SHEET EXHIBIT A

This document is intended to be used by the County to provide a summary of the components included within this annual update or update. Additionally, it serves to provide the County with a listing of the exhibits pertaining to each component.

County:	San Diego																					
							Exhibits															
			Α	В	C	C1	D	D1*	E	E1	E2	E3	E4	E5	F**	F1**	F2**	F3**	F4**	F5**	G***	H****
For each annu	ıal update/upda	ite:	V	7	~	V			4													
Component	Previously Approved	New				l	•		l													
css	\$	\$																				
☐ WET	\$	\$																				
✓ CF	\$	\$11,609,411										V			√		7					
☐ TN	\$	\$																				
☐ PEI	\$	\$																				
☐ INN	\$	\$																				
Total	\$	\$		•		•	•	•	•	•	•	•	•			•	•	•	•			•
							ı															
Dates of 30-day public review comment period:				March 1 through March 30, 2011																		
Date of Public Hearing****:				N/A																		
	ission of the A Report to DMH		Reven	ue and	k		TBD															

^{*}Exhibit D1 is only required for program/project elimination.

^{**}Exhibit F - F5 is only required for new programs/projects.

^{***}Exhibit G is only required for assigning funds to the Local Prudent Reserve.

^{****}Exhibit H is only required for assigning funds to the MHSA Housing Program.

^{******}Public Hearings are required for annual updates, but not for updates.

COUNTY CERTIFICATION

County: San Diego	
County Mental Health Director	Project Lead
Name:	Name:
Telephone Number:	Telephone Number:
E-mail:	E-mail:
Mailing Address: San Diego County Behavioral Health Se 3255 Camino del Rio South, MS: P-531 San Diego, CA 92108	
I hereby certify that I am the official responsible services in and for said county and that the Coulaws and statutes for this annual update/update, Education and Training component. Mental Hea compliance with Welfare and Institutions Code's Regulations section 3410, Non-Supplant.	nty has complied with all pertinent regulations, including all requirements for the Workforce lth Services Act funds are and will be used in
This annual update has been developed with the with sections 3300, 3310, subdivision (d), and 33 annual update was circulated for 30 days to stak hearing was held by the local mental health boar considered with adjustments made, as appropria	315, subdivision (a). The draft FY 2010/11 keholders for review and comment and a public rd of commission. All input has been
The County agrees to participate in a local outcoin the PEI component. ¹	ome evaluation for the PEI program(s) identified
The County Mental Health Director approves all (CFTN) projects.	Capital Facilities and Technological Needs
The County has complied with all requirements to component and the Capital Facilities segment of	
The costs of any Capital Facilities renovation proconsistent with what a prudent buyer would incu	·
The information provided for each work plan is to	rue and correct.
All documents in the attached FY 2010/11 annua	al update/update are true and correct.
Alfredo Aguirre, LCSW Mental Health Director/Designee (PRINT)	Signature Date

 $^{^{1}}$ Counties with fewer than 100,000 residents, per Department of Finance demographic data, are exempt $_{2}$ from this requirement and may strike this line from the certification.

COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

County:	San Diego	
Date:	3/01/11	

Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this annual update/update per title 9 of the California Code of Regulations, sections 3300 and 3315.

Counties may elect to attach the Mental Health Board meeting minutes in which the annual update was discussed if it provides additional information that augments the responses to these questions.

Community Program Planning

1. Briefly describe the Community Program Planning (CPP) Process for development of the FY 2010/11 annual update/update. Include the methods used to obtain stakeholder input.

The County of San Diego integrated information from the extensive CSS Planning process, data from the MHSA Gap Analysis, and community input from our stakeholder-led councils (Children's System of Care Council, Adult System of Care Council, Older Adult System of Care Council, and Mental Health Board) in the development of our Fiscal Year 2010/11 Annual Update.

The stakeholder-led councils provide a forum for both Council representatives and the public to stay informed and involved in the planning and implementation of MHSA programs. The members of these councils received draft materials and presentations by Dr. Philip Hanger and Karen Ventimiglia (MHSA Coordinator) on DMH guidelines and the County's proposal for the Update. Council members shared MHSA information with their constituents and other groups involved in mental health services and issues. Additionally, four community forums were held throughout San Diego County to obtain stakeholder input regarding placement and location options for capital facility projects and mental health programs.

San Diego County held a 30-day public review and comment period for the CF/TN Component Proposal from January 6 through February 4, 2009. A public hearing was conducted on March 5, 2009. We received no substantive comments on the Component Proposal during this time. However, we received a number of comments relevant to the independent Capital Facilities and Technological Needs Project Proposals. These comments have been carried over and considered during our planning and development of the Capital Facilities projects.

Public forums were held for Capital Facilities in June 2010 on the 9th, 14th, 23rd, and 29th in the East, Central, South and North Inland regions of San Diego County. Client and family member liaisons - Family Youth Roundtable (FYRT) and Recovery Innovations of California (RICA) - facilitated several of the breakout sessions at the forums. The stakeholder sentiment regarding the Capital Facilities projects is that the facilities should be co-located with non-mental health services near shopping, commercial venues or other places that clients and family members frequently visit. Stakeholders also felt that the space in several clubhouses needed to be expanded to include training and meeting rooms and additional offices.

The draft update to the Annual Plan will be posted on the County's Network of Care website and community and stakeholder input was also solicited and received via telephone (local and toll-free lines), internet, and email using the County's MHSA Proposition 63 comment/question line.

2. Identify the stakeholder entities involved in the Community Program Planning (CPP) Process.

Membership within the Children's, Adult, and Older Adult System of Care Councils includes consumers and family members, as well as other key stakeholders in the community such as providers, program managers,

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COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

representatives of consumer and family organizations, advocacy groups, education representatives, and County partners.

The Mental Health Board is comprised of consumers, family members, and individuals from the mental health field representing each of the five County Supervisor districts.

The County's Behavioral Health Services Division is comprised of Mental Health Services and Alcohol and Drug Services (ADS) working together to meet the needs of the community. Throughout MHSA planning activities, ADS providers offered essential input on the needs for specialized mental health assistance for clients currently receiving treatment in ADS-contracted programs. ADS input were received during numerous community forums, as well as through the ADS Providers Association and monthly ADS Provider meetings.

Forums included mental health providers, consumers and family members and other interested individuals.

3. If eliminating a program/project, please include how the stakeholders were involved and had the opportunity to participate in the decision to eliminate the program/project.

N/A

Local Review Process

4. Describe methods used to circulate, for the purpose of public comment, the annual update or update.

This Update to the Fiscal Year 2010-11 Annual Update will be publicly posted with the Clerk of the Board of Supervisors, and distributed in hardcopy or electronically to the Children's, Adult, Older Adult, and Housing Councils, the TAY Work Group members and to our Consumer/Family Liaisons for distribution to the mental health community as well as to the Mental Health Board. The County maintains an extensive email distribution list for MHSA related materials and information. Additionally, the information and documentation was posted on the County's Network of Care website.

5. Include substantive comments received during the stakeholder review and public hearing, responses to those comments, and a description of any substantive changes made to the proposed annual update/update that was circulated. The County should indicate if no substantive comments were received.

TBD

County:	San Diego	
Date:	5/11/2010	

Instructions: Welfare and Institutions Code section 5848 specifies that DMH shall establish requirements for the content of the annual update and updates including reports on the achievement of performance outcomes for services. Provide an update on the overall progress of the County's implementation of the MHSA including CSS, PEI and WET components during FY 2008/09.

CSS, WET and PEI

 Briefly report on how the implementation of the MHSA is progressing: whether implementation activities are generally proceeding as described in the County's approved Plan, any key differences, and any major challenges.

Community Services and Supports (CSS)

Implementation activities of MHSA Community Services and Supports programs are generally proceeding as described in the County's approved plan, plan amendments and subsequently adopted MHSA agreement. All programs identified in the initial CSS plan have begun to provide services. On September 18, 2008, the County was approved for additional plan enhancements to augment and expand services in school and home based services (CY-1), child welfare supportive services and treatment (CY-8); integrated services and supportive housing (TAY-1 and OA-1); enhanced outpatient services (TAY-4 and AOA-1); clubhouse enhancement with employment (A-5), patient advocacy for board and care facilities (A-10); interpreter services (ALL-4), Chaldean services (ALL-7); legal aid to clubhouses (TAOA-1) and the North County Walk-in Assessment Center. Additionally, six new programs were funded:

- Juvenile Justice/Probation Services (CY-9) serving children and youth;
- Case Management (CY-10) serving children and youth;
- Intensive Case Management (TA-1) serving transition age youth and adults:
- Strength Based Care Management (OA-4) serving older adults:
- Peer Telephone Support (TAOA-4) serving transition age youth, adults and older adults; and
- Mental Health Calendar (TAOA-5) serving transition age youth, adults and older adults.

As of June 30, 2009, one program had not been implemented – the Mental Health Calendar. The Mental Health Calendar is a coordinated partnership between County Mental Health Services and the Justice and Probation Departments. The planning for the implementation of this program is progressing as planned.

Workforce Education and Training (WET)

By June 30, 2009, the County's MHSA Workforce Education and Training plan had not been approved. Funds made available for planning and early implementation activities progressed as planned. The Consumer/Family Academy continues to train and support the employment of individuals with mental health client and family member experience to be employed in the public mental health system. The comprehensive, system-wide education and training program initially piloted under the Community Services and Supports component (OT-1) continued to provide quality cultural competence training to all providers and programs in the Adult/Older Adult and Children's systems. Other topics included, but were not limited to, Roadmap to Recovery, co-occurring disorders, and trauma.

Prevention and Early Intervention (PEI)

The County's MHSA Prevention and Early Intervention Plan was approved by the State Mental Health Services Oversight and Accountability Commission (MHSOAC) on January 30, 2009. As of June 30, 2009, implementation was proceeding as described in the County's approved plan. Two programs began providing services in Fiscal Year 2008-09 – DV01 Families as Partners (formerly South Region Point of Engagement) and NA01 Native American Initiative. The challenge in starting up new programs has been the competitive procurement process which takes approximately nine months to obtain executed contracts and start services.

2. Provide a brief narrative description of progress in providing services to unserved and underserved populations, with emphasis on reducing racial/ethnic service disparities.

San Diego County Mental Health Services continues to develop and monitor the provision of linguistically and culturally appropriate services for the diverse populations of our County, focusing special attention on unserved/underserved communities. Below are a number of highlights that represent only part of the contribution our programs have made to address ethnic and racial service disparities and system transformation.

Consumer Services and Supports (CSS)

- In our efforts to reach out to San Diego County's large Hispanic community, Mental Health Services composes and edits articles for the Salud+Health Info magazine, San Diego's health care English-Spanish magazine. The Salud+Health Info provides knowledge of good and healthy living to the communities within the greater San Diego Region. The published stories bring information about the Mental Health Services Act, mental health care, messages of treatment, stories of recovery and information about stigma and discrimination around mental illness to the community as well as invitations to monthly meetings around the county. The program was completed in Fiscal Year 2009-10.
- The North County Walk-in Assessment Center particularly targets their outreach efforts to Latino, Asian and Pacific Islander transitional age youth (18-25), adults and older adults. The program utilizes telepsychiatry to link consumers with psychiatrists via technology and, thereby, increases access to emergency psychiatric evaluations and reduces unnecessary utilization of emergency and impatient services. In Fiscal Year 2008-09, 884 clients saw a psychiatrist through telepsychiatry. Over 97% of the clients served by telepsychiatry returned to their current residence and did not require emergency room or inpatient services based on their discharge plan.
- Providence Community Services Catalyst implements an Assertive Community Treatment (ACT) program which
 provides full service partnership services to transitional age youth ages 16 to 24 with a serious mental illness who
 are high utilizers of the mental health system and/or transitioning from the foster care system and/or homeless or
 at risk of becoming homeless in our community and/or have criminal justice involvement. In Fiscal Year 2008-09,
 Catalyst had approximately 151 enrolled clients. This recovery-focused program also includes a consumer-run
 clubhouse named Oasis, which is also a CSS Program. Both these programs provide a wide range of services
 designed to help each client lead meaningful, self-sufficient lives, and thereby, enhancing care to the underserved
 transition age youth in our community.
- San Pasqual Academy is a first-in-the-nation residential education campus designed specifically for foster teens
 to provide them with a stable, caring home, a quality, individualized education, and the skills needed for
 independent living. Through MHSA funds, New Alternative provides mental health services and peer-mentorship
 supplementing and enriching clinical services to San Pasqual Academy residents and students with the goals of
 returning youth to their family or family-life setting, deterring youth from placement in a higher level of care and
 stabilizes their current placement. In June 2009, 26 students graduated with a high school diploma with10 of
 those students heading to a 4-year university.
- San Diego Deaf Mental Health Services (SDDMHS) operates a specialized, culturally, linguistically and developmentally appropriate outpatient service for emotionally disturbed children and seriously mentally impaired transitional age youth, adult and older adults in our community who are deaf or hard of hearing, including those who may have a co-occurring substance abuse disorder. SDDMHS provides services and staff who are culturally and linguistically competent to work with deaf and hard of hearing clients by using American Sign Language and other forms of communication to meet the client needs.
- In an effort to increase timely access to services and support to Older Adults and family/caregivers, the Heritage Clinic program provides comprehensive housing and mental health services as a full service partnership program. Heritage Clinic is charged to target unserved Latino, Asian/Pacific Islander older adults with a history of repeated emergency mental health or inpatient services during the year prior to program admission, and/or who are at risk for institutionalization, and/or homeless or at risk for homelessness. A key goal of this program is to reduce the disparity in mental health services available to this vulnerable population, by reducing isolation, improving mental health and allowing Older Adults to remain safely in their homes

The County faced new challenges in reporting race/ethnicity data in Fiscal Year 2008-09. First, the County changed Management Information Systems in October, 2008, resulting in FY 08-09 data being combined from two different systems. Additionally, because the State changed the manner in which CSI Race/Ethnicity statistics were to be recorded, San Diego's statistics for services to Hispanics reflect data gathering problems in FY 08-09. Ten percent of the Adult clients served reported their race as "Other/Unknown", an increase from 8% in FY 07-08 and the number of Hispanic clients served decreased by 3%, which is unlikely given program emphasis on expanding such services. Of the clients reporting on "Hispanic by Race" many marked themselves as "Other/Unknown" when choosing among nationalities, so this data was not usable. Among Children, 7% were reported as "Unknown" ethnicity, an increase of 2% from FY 07-08. Of the clients served, 49% were reported as Hispanic, a decrease of 2% from FY 07-08. This is unlikely since the

increase of Hispanic participants in MHSA children's programs was 27% from FY 07-08 to 08-09. Data reporting for Fiscal Year 2009-10 will be much improved as data report forms are being developed and comparable data to the previous management information system reports may now be gathered using a different methodology.

The total number of clients served by Adult /Older Adult specialty mental health programs has continued to increase, rising approximately 6% from FY 07-08 to FY 08-09 and 15% from FY 06-07 (38,124) to FY 08-09 (43,691). The growth rate for the adult mental health population has been spurred by the creation of MHSA programs between FY 06-07 and FY 08-09, specifically for Transitional Age Youth (TAY) and for Older Adults. Historically, these age groups had been only peripherally involved in adult programming but a lack of available funding greatly limited the mental health providers' ability to tailor programming at their special needs. With the new MHSA programming, the number of TAY served increased from 26% between FY 06-07 and FY 08-09 (10% growth from 07-08 to FY 08-09) and the number of Older Adults increased by 33% (17% between FY 07-08 and FY 08-09). The growth rate for adults-only in specialty mental health programs was 10% from FY 06-07 to FY 08-09, with 4% of that growth between FY 07-08 and 08-09.

The total number of client served by the Children's programs has shown a smaller increase, rising from approximately 1% from FY 07-08 to FY 08-09 with a total increase of 3% in FY 06-07 (17,253) to FY 08-09 (17,779). This may be partially explained by the types of MHSA services provided. The percentage of children served in various age groups has remained largely the same between FY 06-07 to FY 08-09, with new service expansion tailored for the comparatively small population of 0-5 year olds with mental health problems. The bulk of MHSA funding was used to expand existing services to reach out to underserved, including, specific ethnic groups, children without insurance, and children already involved with public services. School-based service expansion constituted approximately a quarter of the MHSA CSS children's funding and included some funding for the unserved population of uninsured children and special language groups. An additional 30%+ of MHSA CSS funding went to create more comprehensive services for under-served children already involved with Child Welfare Services and the Court system. In the children's mental health population, 23% of the clients are involved with Child Welfare Services and 18% receive Probation Services. New MHSA services for CWS and Probation clients include Wraparound Services, Juvenile Justice/ Probation Services, Case Management, Medication Support for Dependents and Wards, Outpatient Court Schools and Outreach. Since youth age out of the Children's system, the capacity of the system to expand may be more limited than the adult system. Approximately 30-37% of the clients, depending on the type of program, have historically been new clients.

Workforce Education and Training (WET)

The Workforce Education and Training (WET) Plan for San Diego County was approved on July 1, 2009. It is focused on increasing the level of linguistically and culturally competent individuals in the public mental health workforce. To address cultural competence issues affecting access to services, an overarching theme that cultural diversity must be incorporated into staff, environment, and service delivery models permeates each training module in the WET Plan. Specifically, the Cultural Competency Academy (CCA) under the Training and Technical Assistance Program would be a large-scale initiative to further the objectives identified by the Cultural Competency Resource Team (CCRT) and will be inclusive of the principles of wellness and recovery for ethnically and diverse populations. The CCA will be skill based trainings that will focus on clinical and recovery interventions applied to a diverse client population. Training would occur as part of a series and at all levels of organizations. Culturally representative trainers would be sought from within the diverse community to develop the menu of modules. Early Childhood and youth specific mental health trainings will be addressed as appropriate by the Children's Mental Health System of Care including skill based training for service providers working with early childhood and youth populations.

The WET Plan also includes multiple programs developed to enhance the public mental health workforce with emphasis on targeting individuals from linguistically and culturally diverse backgrounds. These programs include the Public Mental Health Credential/Certificate Pathway, Consumer/Family Pathways, School-Based Pathways/Academy, Nursing Partnership for Public Mental Health Professions, Community and Child Psychiatry Fellowships and LCSW/MFT Residency/Intern. These programs all include financial incentives that include stipends, scholarship or loan assumptions to assist individuals from culturally underserved, un-served or underrepresented community affiliations to receive training and/or education for a career or career enhancement in public mental health.

Prevention and Early Intervention (PEI)

The County's Prevention and Early Intervention Plan was approved on January 30, 2009. The County's Collaborative Native American Initiative program (NA01) provides culturally competent PEI activities and early intervention services to the large Native American population residing in San Diego County. In the two and one-half months that the program was in operation in Fiscal Year 2008-09, 1,191 Native Americans participated in culturally based prevention activities such as the Elder Navigator program and outreach and prevention education. The program seeks to enhance individual, family

and community wellness by promoting and increasing awareness and access to cultural events that are known to support resilience.

Families as Partners (DV01, formerly South Region Point of Engagement) began providing screening and assessments in May 2009 to a region of San Diego County that is largely Hispanic/Latino. The program focuses on the needs of families and the immediate provision of services and engagement with community resources and supports in order to assist families in maintaining a safe home for their children and reduce the effects of trauma exposure.

Our Breaking Down Barriers Program researched, examined and developed the report "Addressing Barriers to Mental Health Services for Military Populations Participating in the Global War on Terror." The report identified that there were several governmental and non-governmental organizations providing outreach to active and retired populations, and that there is no comprehensive plan at the county level to increase outreach to active duty, reservists, National Guard, retired and discharged individuals and their families. Veterans, active duty military, reservists, National Guard and their families were identified by the County of San Diego as one of our priority focus population areas. During the PEI community program planning process, the County held planning meetings, a community forum, and a workgroup to develop the Veterans and Families Outreach and Education PEI program (VF01). Childcare based parenting services are also offered to military families through our Early Childhood Triple P program (EC01). By June 30, 2009, these services were in the process of being procured.

PEI programs were developed to provide various activities and services to the older adult population in the County. Such activities include multicultural outreach, education, advocacy, peer counseling support and transportation services to Hispanics, African refugees, African American and Filipino seniors (PEI OA01). Hispanic older adults with a diagnosis of diabetes and with depression or at risk of developing depressive symptoms will receive screenings and appropriate services (OA05). By June 30, 2009, these services were in the process of being procured.

3. Provide the following information on the number of individuals served:

	CSS	PEI	WET	
Age Group	# of individuals	# of individuals (for universal prevention, use estimated #)	Funding Category	# of individuals
Child and Youth	2,552	353	Workforce Staff Support	
Transition Age Youth	1,739	195	Training/Technical Assist.	1,870*
Adult	4,776	542	MH Career Pathway	
Older Adult	954	146	Residency & Internship	
Race/Ethnicity			Financial Incentive	
White	4,258	16		
African/American	934	1	[✓] WET not implemented in 0	08/09
Asian	360			
Asian/Pacific Islander	62		Note:	
Pacific Islander	27		The County's PEI plan was ap	
Native	114	1191	30, 2009. There were two PEI	
Hispanic	3,491	29	began serving individuals in Fi	
Multi – included in Other			09. Individuals participating in	
Other	775		services provided by DV01 Fa	
Other Cultural Groups			(formerly South Region Point of	
LGBTQ	Not available		and NA01 Native American Ini	tiative.
Other	Not applicable		*The number of eliente comund	for MET includes
Primary Language			*The number of clients served	
Spanish	1,448	6	only those programs that were early implementation funding.	
Vietnamese	64		WET plan was not implemente	
Cantonese	4		- 2008-09.	tu iii Fistai Tedi
Mandarin	7		2000-09.	
Tagalog	39			
Cambodian	31			
Hmong	1			
Russian	6			
Farsi	20			

Arabic	248	
Other	389	
Other – English	7,764	1,231

PEI

- 4. Please provide the following information for each PEI Project:
 - a) The problems and needs addressed by the Project.
 - b) The type of services provided.
 - c) Any outcomes data, if available. (Optional)
 - d) The type and dollar amount of leveraged resources and/ or in-kind contributions (if applicable).

The County's Prevention and Early Intervention Plan (PEI) was approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) on January 30, 2009. The County is contracting for all of the services, thus, two PEI programs began providing PEI activities in Fiscal Year 2008/09.

<u>DV01 – Families as Partners (formerly South Region Point of Engagement</u> began providing services May 1, 2009. This program is a partnership between families, Child Welfare Services and community service providers that will establish a community safety net to ensure the safety and well being of South Region children and their families. Twenty-eight percent of the South Region's population is age 17 and younger; approximately 46% of households are at or below 200% of the Federal Poverty Level; 74% of the population is non-white. There is a need in the South Region to reduce the incidence of placement into the Child Welfare System. Research indicates that a child's removal from their home is an additional trauma that places them at risk for emotional difficulties. This program provides an assessment of parent/family needs as well as assesses the children who have been exposed to family violence and/or trauma and who may be at risk of entering the child welfare system. Children determined to be at risk for home removal will be diverted from out of home placement and the family will be provided resources to receive early intervention services available in PEI program DV02 South Region Trauma Exposed Services.

<u>NA01 – Native American Initiative</u> began offering prevention and early intervention activities April 2009. San Diego County has the largest number of American Indian reservations and tribal governments in the nation. Reports have shown that there is a great need in the American Indian (AI) community with 10% of urban AI youth attempted suicide in 2004, child abuse rate of 34%, rate of violent crime victimization of youth ages 12 to 17 is 68%, youth offenders is 15%, teen alcohol use is 47%, and the high school graduation rate is the third lowest in the county at 68.9%. The Dreamweaver PEI Native American Consortium provides an Urban Youth Center, Elder Services/Navigator Program and Outreach and Prevention Education with a focus on suicide prevention. The Consortium delivers services through the use of counselors, outreach educators, case workers and elder navigators.

MHSA SUMMARY FUNDING REQUEST

County: San Diego Date: 3/1/2011

			MHSA	Funding		
	css	WET	CFTN	PEI	INN	Local Prudent Reserve
A. FY 2010/11 Planning Estimates			11,609,411			
Published Planning Estimate						
2. Transfers						
Adjusted Planning Estimates	\$0					
B. FY 2010/11 Funding Request						
1. Requested Funding in FY 2010/11			11,609,411			
Requested Funding for CPP						
Net Available Unexpended Funds						
a. Unexpended FY 06/07 Funds						
b. Unexpended FY 2007/08 Funds ^{a/}						
c. Unexpended FY 2008/09 Funds						
d. Adjustment for FY 2009/2010						
	* 0	* 0	* 0	* 0	**	
e. Total Net Available Unexpended Funds	\$0	\$0	\$0	\$0	\$0	
4. Total FY 2010/11 Funding Request	\$0	\$0	\$11,609,411	\$0	\$0	
C. Funds Requested for FY 2010/11						
1. Previously Approved Programs/Projects a. Unapproved FY 06/07 Planning Estimates						
b. Unapproved FY 07/08 Planning Estimates ^{a/}						
c. Unapproved FY 08/09 Planning Estimates						
d. Unapproved FY 09/10 Planning Estimates						
e. Unapproved FY10/11 Planning Estimates						
Sub-total	\$0	\$0		\$0	\$0	
f. Local Prudent Reserve						
2. New Programs/Projects						
a. Unapproved FY 06/07 Planning Estimates						
b. Unapproved FY 07/08 Planning Estimates ^{a/}			\$9,946,230			
c. Unapproved FY 08/09 Planning Estimates			\$1,663,181			
d. Unapproved FY 09/10 Planning Estimates						
e. Unapproved FY10/11 Planning Estimates						
Sub-total Sub-total	\$0	\$0	\$11,609,411	\$0	\$0	
f. Local Prudent Reserve						
3. FY 2010/11 Total Allocation ^{b/}	\$0	\$0	\$11,609,411	\$0	\$0	

a/Only applies to CSS augmentation planning estimates released pursuant to DMH Info. Notice 07-21, as the FY 07/08 Planning Estimate for CSS is scheduled for reversion on June 30, 2010.

b/ Must equal line B.4. for each component.

2010/11 ANNUAL UPDATE EXHIBIT E3 CFTN BUDGET SUMMARY

County: San Diego Date: 3/1/2011	County:
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Capital Facilities and Technological Needs Work Plans/Projects			TOTAL FY 10/11	Type of		
No.		New (N) Existing (E)	Required MHSA Funding	Capital Facilities	Technological Needs	
1. CF-1	Juvenile Forensic MHS Office Building	(N)	\$259,000	\$259,000		
2. CF-2	North Coastal Mental Health Facility	(N)	\$4,250,400	\$4,250,400		
3. CF-3	East Region Mental Health Facility	(N)	\$4,668,000	\$4,668,000		
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17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						<u>Percentage</u>
26. Subto	otal: Work Plans/Projects		\$9,177,400	\$9,177,400	\$0	
27. Plus u	up to 15% County Administration		\$1,376,610			15
28. Plus u	up to 10% Operating Reserve		\$1,055,401			10
29. Total I	MHSA Funds Requested		\$11,609,411			

County:	San Diego	Date:	3/1/2011

Program/Project Name and #: CF-1 Juvenile Hall MHS Office Building

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
General System Development Housing				\$0
Personnel Expenditures				\$0
Operating Expenditures				\$0
Estimated Expenditures when service provider is not known				\$0
Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
Personnel Expenditures				\$0
2. Operating Expenditures				\$0
Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Capital Facilities				
Pre-Development Costs				\$0
Building/Land Acquisition				\$0
3. Renovation				\$0
4. Construction	\$259,000			\$259,000
Repair/Replacement Reserve	,,			\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$259,000	\$0	\$0	\$259,000
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0 \$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
			7-1	1.
Prevention and Early Intervention (PEI)		1	ır	
1. Personnel				\$0
Operating Expenditures				\$0
Non-recurring Expenditures				\$0
Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: _	San Diego		-		Date:	3/1/2011
Program/P	roject Name and #:	CF-1 Juvenile Hall MHS Office Building				
			County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation			1	T		***
	sonnel erating Expenditures					\$0 \$0
	n-recurring Expenditures					\$0 \$0
	ining Consultant Con					\$0 \$0
6. Otl		L				\$0
	al Proposed Expen	ditures	\$0	\$0	\$0	\$0
			, .		, ,	•
B. REVEN	IUES					
	w Revenues					
	. Medi-Cal (FFP only					\$0
	. State General Fund	ds				\$0
	. Other Revenue		to.	**	¢o.	\$0
2. 10t	al Revenues		\$0	\$0	\$0	\$0
C. TOTAL	FUNDING REQUES	STED	\$259,000	\$0	\$0	\$259,000
	*F4 4b !4!6!		41	-4		
	Justification:	cation for items that are requested under the "O	ther Expenditures of	ategory.		
	Justilication.					
	Please include y	our budget narrative on a separate page.				
	Prepared by:	Suzanne Evans	_			
	Telephone Number:	(858) 694-2049				
		, ,	-			

FY 2010/11 ANNUAL UPDATE

NEW PROGRAM PROJECT BUDGET NARRATIVE

EXHIBIT F

County: San Diego

Program/Project Name and #: CF-1 Juvenile Hall MHS Office Building

3/1/2011

ITEM 4: CONSTRUCTION: Construction of a 20 x 40 foot office building for use as a staff office and computer space to support existing services to juveniles. The office building will include two single offices, one large open office and a single accessible restroom. The cost of construction shall include a modular or prefab office building, concrete foundation, electrical, plumbing and data infrastructure. Site work shall include clearing and grubbing landscape area, demolition and new site paving, and demolition of existing fencing and construction of new fencing. Construction costs also include County of San Diego project management time, inspections and a standard contingency.

County:	San Diego		_		Date:	3/1/2011
Program/Pr	oject Name and #:	CF-2 North Coastal Mental Health Facility	_			

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
General System Development Housing				\$0
Personnel Expenditures				\$0
Operating Expenditures				\$0
Estimated Expenditures when service provider is not known				\$0
Non-recurring expenditures				\$0
7. Other Expenditures*				\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
1. Personnel Expenditures				\$0
2. Operating Expenditures				\$0
3. Training Expenditures				\$0
4. Training Consultant Contracts				\$0
5. Residency Expenditures				\$0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				\$0
8. Stipend Funds				\$0
9. Scholarship Funds				\$0
10. Loan Repayment Funds				\$0 \$0
11. Non-recurring Expenditures 12. Other Expenditures*				\$0 \$0
13. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Tot Total Troposed Exponentares	Ψ0	Ψ0]	\$ 0	***
Capital Facilities				
Pre-Development Costs	\$425,000			\$425,000
Building/Land Acquisition	, ,,,,,,			\$0
3. Renovation				\$0
4. Construction- Contract -DB-E (Design Build),	\$3,825,400			\$3,825,400
5. Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$4,250,400	\$0	\$0	\$4,250,400
Technological Needs	1	1		
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
4. Contract Services				\$0
5. Other Expenditures*				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0
_ , , , , , , , , , , , , , , , , , , ,				
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
2. Operating Expenditures				\$0
Non-recurring Expenditures				\$0
Subcontracts/Professional Services Other				\$0
5. Other 6. Total Proposed Expenditures	\$0	\$0	\$0	\$0 \$0

County: San Diego		_		Date: _	3/1/2011
Program/Project Name and #:	CF-2 North Coastal Mental Health Facility	_			
		County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)					
1. Personnel					\$0
Operating Expenditures	_				\$0
Non-recurring Expenditure	S				\$0
4. Training Consultant Contra	cts				\$0
5. Work Plan Management					\$0
6. Other					\$0
7. Total Proposed Expenditu	ures	\$0	\$0	\$0	\$0
B. REVENUES					
1. New Revenues					
a. Medi-Cal (FFP only)					\$0
b. State General Funds					\$0
c. Other Revenue 2. Total Revenues		\$0	\$0	\$0	\$0
2. Total Revenues		\$0	\$0	\$0	\$0
C. TOTAL FUNDING REQUESTE	ED	\$4,250,400	\$0	\$0	\$4,250,400
Justification: Please include your Prepared by:	r budget narrative on a separate page. Suzanne Evans, Project Manager CoSD 858-694-2049	Other Expenditures" o	category.		

County: San Diego

Program/Project Name and #: CF-2 North Coastal Mental Health Facility

3/1/2011

ITEM 1: PRE-DEVELOPMENT COST: This new construction of the Clubhouse and MHS offices will have three phases included in predevelopment; 1) predesign, 2) procurement and 3) permitting. The predesign phase will include due diligence for the project such as completion of a traffic and parking study, historical analysis, geotechnical report, site survey and California Environmental Quality Act (CEQA) environmental review. This phase will also include review of existing codes and compliance requirements, permit and agency data searches, and the development of an initial program for the facility. The second phase will be for the procurement of the Design Build Entity (DB-E). The scope of work will include preparing the Request for Statement of Qualification (RFSQ), hearing by the County of San Diego Board of Supervisors to authorize issuance of the RFSQ and eventual award of a DB-E contract, review of qualifications and selection of DB-E teams for a short list. The next step will include preparation of the Request for Proposals (RFP), establishment of DB-E stipends, schematic design by the DB-Es, review of the design and budget proposals, and finally the award of a contract to the DB-E with the winning proposal. The third phase cost includes obtaining permits and paying utility fees for the project.

ITEM 3: RENOVATION: This cost includes the major renovation of the existing facilities for up to 7,000 square feet to allow for optimal usage of the site and existing building. The scope of work may include but is not limited to; demolition and installation of new interior non-bearing walls, cabinets, finishes, ceilings, and infrastructure. Cost for construction administration, project management, labor compliance, communications and inspection are also included along with both the project reserve and project closeout cost.

ITEM 4: CONSTRUCTION: This item includes costs for the 10,000 square feet of new construction from foundation to roofing and demolition of 6,000 square feet of the existing slab on grade, concrete masonry one story building. This cost includes upgrades to the site, utilities and landscaping as required. Costs for construction administration, project management, labor compliance, communications and inspection are also included along with both the project reserve and project closeout cost.

County:	San Diego	Date:	3/1/2011

Program/Project Name and #: CF-3 East Region Mental Health Facility

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. EXPENDITURES				
Community Services and Supports				
Client, Family Member and Caregiver Support Expenditures				
a. Individual-based Housing				\$0
b. Other Supports				\$0
2. General System Development Housing				\$0
3. Personnel Expenditures				\$0
4. Operating Expenditures				\$0
Estimated Expenditures when service provider is not known				\$0
6. Non-recurring expenditures				\$0
7. Other Expenditures*	***	***	***	\$0
8. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Workforce Education and Training				
Personnel Expenditures				\$0
Operating Expenditures				\$0 \$0
Training Expenditures				\$0
Training Consultant Contracts				\$0
Residency Expenditures				<u>φ</u> 0
6. Internship Expenditures				\$0
7. Mental Health Career Pathway Expenditures				<u>ψυ</u> \$0
8. Stipend Funds				\$0
9. Scholarship Funds				<u>ψυ</u> \$0
10. Loan Repayment Funds				\$0
11. Non-recurring Expenditures				\$0
12. Other Expenditures*				\$0
13. Total Proposed Expenditures	\$0	\$0	\$0	\$0
Capital Facilities				
Pre-Development Costs	\$303,500			\$303,500
2. Building/Land Acquisition	\$1,770,500			\$1,770,500
3. Renovation	\$2,594,000			\$2,594,000
4. Construction				\$0
Repair/Replacement Reserve				\$0
6. Other Expenditures*				\$0
7. Total Proposed Expenditures	\$4,668,000	\$0	\$0	\$4,668,000
Technological Needs				
1. Personnel				\$0
2. Hardware				\$0
3. Software				\$0
Contract Services Other Expenditures*				\$0 \$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0 \$0
10. Total I Toposeu Experiultures	1 20	1 30	\$ 0	20
Prevention and Early Intervention (PEI)				
1. Personnel				\$0
Operating Expenditures				\$0
Non-recurring Expenditures				\$0
Subcontracts/Professional Services				\$0
5. Other				\$0
6. Total Proposed Expenditures	\$0	\$0	\$0	\$0

County: San Diego	-		Date:	3/1/2011
Program/Project Name and #: CF-3 East Region Mental Health Facility				
	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
Innovation (INN)				
1. Personnel				\$0
Operating Expenditures				\$0
Non-recurring Expenditures				\$0
Training Consultant Contracts				\$0
5. Work Plan Management				\$0
6. Other				\$0
7. Total Proposed Expenditures	\$0	\$0	\$0	\$0
B. REVENUES				
1. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. State General Funds c. Other Revenue				\$0 \$0
2. Total Revenues	\$0	\$0	\$0	\$0 \$0
2. Total Nevertues	40	ΨΟ	***	ΨΟ
C. TOTAL FUNDING REQUESTED	\$4,668,000	\$0	\$0	\$4,668,000
*Enter the justification for items that are requested under the "O	ther Expenditures" o	ategory.		
Justification:				
Please include your budget narrative on a separate page.				
Prepared by: Suzanne Evans	_			

Telephone Number: (858) 694-2049

County: San Diego

Program/Project Name and #: CF-3 East Region Mental Health Facility

3/1/2011

ITEM 1: PRE-DEVELOPMENT COST: This major renovation will have three phases included in predevelopment; 1) pre-design, 2) procurement and 3) permitting. The pre-design phase will include due diligence for the project such as completion of a traffic and parking study, geotechnical report, and site survey. This phase will also include review of existing codes and compliance requirements, permit and agency data searches, and the development of an initial program for the facility. The second phase will be for the procurement of the Design Build Entity (DB-E). The scope of work will include preparing the Request for Statement of Qualification (RFSQ), hearing by the County of San Diego Board of Supervisors to authorize issuance of the RFSQ and eventual award of a DB-E contract, review of qualifications and selection of DB-E teams for a short list. The next step will include preparation of the Request for Proposals (RFP), establishment of DB-E stipends, schematic design by the DB-Es, review of the design and budget proposals, and finally the award of a contract to the DB-E with the winning proposal. The third phase cost includes obtaining permits and paying utility fees for the project.

ITEM 2: BUILDING/LAND ACQUISTION: Purchase price of this 1973 two story building on a 16,000 SF parcel along with the Hazardous Material report, Title Report and Real Estate acquisition cost are included in item 2.

ITEM 3: RENOVATION: This cost includes the major renovation of the existing two story facility for up to 9,900 square feet to allow for optimal usage of the site and existing building. The scope of work may include but is not limited to; demolition and installation of new interior non-bearing walls, cabinets, finishes, ceilings, and infrastructure. An elevator will be added for access to the second floor including reconfiguration of stair and entrance lobby. The existing restroom will need to be enlarged to comply with ADA accessibility codes. Site work will include a new concrete masonry wall at the rear yard property, new outside patio area and landscaping. Construction administration, project management, labor compliance, communications and inspection are also included along with both the project reserve and project closeout cost.

2010/11 ANNUAL UPDATE EXHIBIT F2

CAPITAL FACILITIES NEW and EXISTING PROJECT DESCRIPTION

County: San Diego		Select one: ⊠New
Project Number/Name:	CF-1 Juvenile Hall MHS Office Building	☐ Existing

Project Address: 2901 Meadowlark Drive, San Diego, CA

Date: 3/1/2011

Type of Building (Check all that apply)					
New Construction ■	☐ Acquired with Renovation	☐Acquired without Renovation			
☐ Existing Facility	☐County owned	☐Privately owned			
☐ Leasing (Rent) to Own Building	Restrictive Setting	☐Land only			

NEW PROJECTS ONLY

- 1. Describe the type of building(s). Include (as applicable):
 - Prior use and ownership.
 - · Scope of renovation.
 - When proposing to renovate an existing facility, describe how the renovation will result in an expansion of the capacity/access to existing services or the provision of new services.
 - When renovation is for administrative services, describe how the offices augment/support the County's ability to provide programs/services.
 - If facility is privately owned, describe the method used for protecting the County's capital interest in the renovation and use of the property

This project is a permanent, one story 800 square foot new construction modular or pre-fabricated building on a concrete foundation with utilities, located on existing County property.

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

The Stabilization, Treatment, Assessment, Transition (STAT) Team provides services to court ordered adolescents with mental health needs and who are receptive to receiving services. The program staff consists of highly trained Psychiatrists, Psychiatric Nurses, Psychologists, LCSWs and MFTs who work in conjunction with the San Diego County Probation Department's sworn staff. STAT coordinates services and supports the clients' court ordered conditions while they are transitioning back into the community. Services are focused on promoting recovery and resiliency by providing strength based, family focused, culturally-sensitive, community and home-oriented interventions. The STAT Team on average contacts approximately 1,000 adolescents on a monthly basis.

3. Provide a description of project location. Include proximity to public transportation and type of structures and property uses in the surrounding area.

The proposed building will be located on the site of the existing Juvenile Hall campus. The campus complex includes Juvenile Courts and associated offices, Juvenile Hall offices and detention facilities. Public transportation is located 0.2 miles from the site.

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. If being used for other purposes, indicate the percentages of space that will be designated for mental health programs/services and for other uses. Explain the relationship between the mental health program/services and other uses. (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.

The building will be used to provide mental health services funded by MHSA and other revenue sources.
Describe the steps the County will take to ensure the property/facility is maintained and will be used to provide MHSA programs/services for a minimum of twenty (20) years.
The site is County owned and all facilities on site are maintained by the County Department of General Services. Funds for maintenance and operations will be a permanent line item in the budget for this facility and/ or supporting programs.
If proposing Leasing (Rent) to Own Building provide a justification why "leasing (rent) to own" the property is needed in lieu of purchase. Include description of length and terms of lease prior to transfer of ownership to the County.

N/A

7. If proposing a purchase of land with no MHSA funds budgeted for building/construction, 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.

N/A

8. If proposing to develop a restrictive setting, submit specific facts and justifications that demonstrate the need for a building with a restrictive setting. (Must be in accordance with Welf. & Inst. Code §5847, subd. (a)(5).)

N/A

9. If the proposed project deviates from the information presented in the CFTN component approved in the Three-Year Program and Expenditure Plan, describe the stakeholder involvement and support for the deviation.

N/A

EXISTING PROJECTS ONLY

- 1. Provide a summary of the originally approved CF project.
- 2. Explain why the initial funding was insufficient to complete the project.
- 3. Explain how the additional funds will be used.
- 4. Explain how the stakeholders were provided an opportunity to participate in the request for additional funds.

2010/11 ANNUAL UPDATE EXHIBIT F2

CAPITAL FACILITIES NEW and EXISTING PROJECT DESCRIPTION

County: San Diego	Select one: ⊠ New
Project Number/Name: CF-2 North Coastal Mental Health Facility Project Address: 1701 Mission Avenue, Oceanside, CA	☐ Existing

Date: 3/1/2011

	Type of Building (Check all that apply)	
⊠New Construction	☐Acquired with Renovation	☐Acquired without Renovation
☐ Existing Facility	☐County owned	☐Privately owned
Leasing (Rent) to Own Building	Restrictive Setting	☐Land only

NEW PROJECTS ONLY

- 1. Describe the type of building(s). Include (as applicable):
 - Prior use and ownership.
 - Scope of renovation.
 - When proposing to renovate an existing facility, describe how the renovation will result in an expansion of the capacity/access to existing services or the provision of new services.
 - When renovation is for administrative services, describe how the offices augment/support the County's ability to provide programs/services.
 - If facility is privately owned, describe the method used for protecting the County's capital interest in the renovation and use of the property

The Project involves the demolition of 6,000 SF facility of an older facility (built in 1958) located on a County-owned site and replacement with a new 10,000 SF facility. Of the projects total square footage of 10,000 SF, approximately 6,000 SF will be used for a clubhouse. The remaining 4,000 SF will be utilized by other mental health services currently operating out of the existing facility. The clubhouse will also have access to the existing large 1,200 SF community room and 600 SF conference room, bringing the usable clubhouse square footage to 7,800 SF. The new facility will provide a more healthy and appealing atmosphere, as well as improve the operational flow and functional adjacencies of the program activities. The estimated costs are consistent with actual costs incurred on recent County projects of similar work.

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

The project includes space for a North Coastal Region clubhouse program. The clubhouse is a peer run organization and it incorporates best practices from the fields of mental health recovery and co-occurring recovery. It offers its participants a continuum of recovery, rehabilitation, wellness, and social opportunities including skill development, social rehabilitation, symptom management through an array of meaningful peer-led educational support groups and community activities that include illness and symptom management, recovery group, cultural and sports activities, recreational outings, and self-help advocacy groups. The clubhouse will be located on the same campus as San Diego County Public Health Services and County Medical Services (CMS).

The clubhouse also provides employment screening and job placement through onsite and/or offsite volunteer and/or paid vocational opportunities of the members' choosing. The program offers ongoing job supports via activities within a network of supportive relationships of peer staff, members who are employed and others who are seeking employment. Benefits counseling is also provided. The clubhouse provides service to approximately 210 unduplicated clients annually.

3. Provide a description of project location. Include proximity to public transportation and type of structures and property uses in the surrounding area.

The site is located in a mixed residential (single family homes and small apartment complexes) and commercial area along a main thoroughfare. The site has public transportation access along Mission Avenue which includes bike lanes. Many beneficial amenities to the clubhouse are within the immediate area. Located at the County owned property immediately south of the site is the County's mental health clinic. Next door on the adjacent property is Mira Costa College, a community college. The YMCA is approximately one block away. Across the street is a large shopping center, including a laundry mat, grocery store and open shopping bazaar. A Recreation Center with a Boys and Girls Club is

located down the street. Most of these facilities and services are easily accessible by pedestrians. The site is also located within 2 miles of downtown Oceanside the beach and the Oceanside transit center for buses and commuter trains. A bus stop is located directly in front of the property.

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. If being used for other purposes, indicate the percentages of space that will be designated for mental health programs/services and for other uses. Explain the relationship between the mental health program/services and other uses. (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.)

The building will be used to provide to provide mental health services funded by MHSA and other revenue sources.

5. Describe the steps the County will take to ensure the property/facility is maintained and will be used to provide MHSA programs/services for a minimum of twenty (20) years.

Maintenance and operations of the existing building is supported by the Department of General Services, and the new area will be added to the service responsibilities. Funds for maintenance and operations will be a permanent line item in the budget for this facility and/ or supporting programs.

If proposing Leasing (Rent) to Own Building provide a justification why "leasing (rent) to own" the property is needed in lieu of purchase. Include description of length and terms of lease prior to transfer of ownership to the County.

N/A

7. If proposing a purchase of land with no MHSA funds budgeted for building/construction, 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.

N/A

8. If proposing to develop a restrictive setting, submit specific facts and justifications that demonstrate the need for a building with a restrictive setting. (Must be in accordance with Welf. & Inst. Code §5847, subd. (a)(5).)

N/A

If the proposed project deviates from the information presented in the CFTN component approved in the Three-Year Program and Expenditure Plan, describe the stakeholder involvement and support for the deviation.

N/A

EXISTING PROJECTS ONLY

- 1. Provide a summary of the originally approved CF project.
- 2. Explain why the initial funding was insufficient to complete the project.
- 3. Explain how the additional funds will be used.
- 4. Explain how the stakeholders were provided an opportunity to participate in the request for additional funds.

2010/11 ANNUAL UPDATE EXHIBIT F2

CAPITAL FACILITIES NEW and EXISTING PROJECT DESCRIPTION

County: San Diego	Select one: ⊠ New
Project Number/Name: CF-3 East Region MH Facility Project Address: 7317 El Cajon Boulevard, La Mesa, CA	Existing

Date: 3/1/2011

	Type of Building (Check all that apply)	
■New Construction		☐Acquired without Renovation
	☐County owned	☐Privately owned
Leasing (Rent) to Own Building	Restrictive Setting	☐Land only

NEW PROJECTS ONLY

- 1. Describe the type of building(s). Include (as applicable):
 - Prior use and ownership.
 - Scope of renovation.
 - When proposing to renovate an existing facility, describe how the renovation will result in an expansion of the capacity/access to existing services or the provision of new services.
 - When renovation is for administrative services, describe how the offices augment/support the County's ability to provide programs/services.
 - If facility is privately owned, describe the method used for protecting the County's capital interest in the renovation and use of the property

The Project involves the purchase and major renovation of an existing facility of approximately 9,900 SF constructed in 1973. The Project would include substantive upgrades to meet current code requirements (Uniform Building Code, life safety codes, Americans with Disabilities Act, etc.) and to satisfy program needs. Specific upgrades/ renovations may include but would not be limited to; installation of an ADA elevator and restrooms, potential roofing repairs, Mechanical/Electrical/ Plumbing (MEP) improvements, and basic tenant improvements (new paint and carpet installation, etc.).

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

The project will require the purchase of a centrally located building to house a peer run Clubhouse Program that provides social rehabilitation, skill development and vocational services to the Seriously Mentally III (SMI), Transition Age Youth (TAY) age 16 to 24, including those who may have a co-occurring mental health and substance abuse disorder. This program serves approximately 350 members. The Clubhouse provides vocational, educational, and recreational activities in addition to employment services such as job preparation, job supports and job placement.

The Catalyst Program will be collated with the clubhouse program and serve 171 Transition Age Youth, who have a Serious Emotional Disturbance (SED) or a Serious Mental Illness (SMI) who may have a co-occurring mental illness and substance abuse disorder and have been homeless or are at risk of homelessness, may have been in juvenile institutions or justice system, adult institutions or criminal system, and/or are users of acute inpatient care. The program provides clinical case management services with a rehabilitation and recovery focus to transitional age youth who meet eligibility criteria. This program serves clients countywide.

3. Provide a description of project location. Include proximity to public transportation and type of structures and property uses in the surrounding area.

The proposed site is located in a primarily commercial and office/ professional area along a public transit corridor (El Cajon Boulevard). A trolley stop is located within five blocks of the facility. Surrounding uses include restaurants, banks, medical facilities and religious establishments. Key services in the area also include a library and university within approximately 15 minutes by bus or bicycle. The area is pedestrian friendly and includes sidewalks, a landscaped median and other pedestrian and bicyclist oriented features (i.e., a bicycle path to the university).

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. If being used for other purposes, indicate the percentages of space that will be designated for mental health programs/services and for other uses. Explain the relationship between the mental health program/services and other uses. (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.)

The building will be used exclusively to provide mental health services funded by MHSA and other revenue sources.

5. Describe the steps the County will take to ensure the property/facility is maintained and will be used to provide MHSA programs/services for a minimum of twenty (20) years.

Maintenance and operations of the existing building is supported by the Department of General Services, and the new area will be added to the service responsibilities. Funds for maintenance and operations will be a permanent line item in the budget for this facility and/ or supporting programs.

If proposing Leasing (Rent) to Own Building provide a justification why "leasing (rent) to own" the property is needed in lieu of purchase. Include description of length and terms of lease prior to transfer of ownership to the County.

N/A

7. If proposing a purchase of land with no MHSA funds budgeted for building/construction, 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.

N/A

8. If proposing to develop a restrictive setting, submit specific facts and justifications that demonstrate the need for a building with a restrictive setting. (Must be in accordance with Welf. & Inst. Code §5847, subd. (a)(5).)

N/A

If the proposed project deviates from the information presented in the CFTN component approved in the Three-Year Program and Expenditure Plan, describe the stakeholder involvement and support for the deviation.

N/A

EXISTING PROJECTS ONLY

- Provide a summary of the originally approved CF project.
- 2. Explain why the initial funding was insufficient to complete the project.
- 3. Explain how the additional funds will be used.
- 4. Explain how the stakeholders were provided an opportunity to participate in the request for additional funds.