

**CAPITAL FACILITIES NEW and EXISTING PROJECT DESCRIPTION**

County: Alameda

Select one:

- New  
 Existing

Project Number/Name: CF1-Hayward Behavioral Health Support Center

Project Address: 409 Jackson St., Hayward, CA

Date: \_\_\_\_\_

Type of Building (Check all that apply)		
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Acquired with Renovation	<input type="checkbox"/> Acquired without Renovation
<input checked="" type="checkbox"/> Existing Facility	County owned	<input type="checkbox"/> Privately owned
<input type="checkbox"/> Leasing (Rent) to Own Building	<input type="checkbox"/> Restrictive Setting	<input type="checkbox"/> 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

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.

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

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.)

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.

6. 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.

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.

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).)

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.

**EXISTING PROJECTS ONLY**

1. Provide a summary of the originally approved CF project.

The originally approved CF project involved the county acquisition and rehabilitation of an existing privately owned office building located at 409 Jackson St. in Hayward. The facility will house a variety of MHSA-funded programs including the Crisis Response Program, Geriatric Assessment Response Team, Psychiatric Consultation for AOD providers, satellite site of the Family Education Resource Center.

2. Explain why the initial funding was insufficient to complete the project.

Initial cost estimates for the rehabilitation of the property included only partial assessments of the building’s renovation needs. More thorough estimates of the building needs took place after the County acquired the property with CF funds. These assessments indicate that the building will require additional work and system upgrades to meet current standards/codes for a building with this proposed use. Additional funding will be needed to upgrade the Heating, Ventilation, and Air Conditioning (HVAC), roof, access for the disabled including elevator installation and internal changes, seismic upgrades, and fire safety upgrades.

3. Explain how the additional funds will be used.

The proposed additional \$500,000 will be used to cover the costs associated with the above upgrades and changes identified in Question #2. Approval of the additional funding will be required prior to the County moving forward with seeking construction/rehabilitation bids for the property.

4. Explain how the stakeholders were provided an opportunity to participate in the request for additional funds.

Stakeholders were provided an opportunity to participate in this request through a formal 30 day public notification process that involved the distribution of this request via the County website and mailing lists. In addition, the local MHSA Ongoing Planning Council will review and comment on this request.

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
<b>A. FY 2010/11 Planning Estimates</b>						
1. Published Planning Estimate						
2. Transfers						
3. Adjusted Planning Estimates	\$0					
<b>B. FY 2010/11 Funding Request</b>						
1. Requested Funding in FY 2010/11			\$3,416,125			
2. Requested Funding for CPP						
3. Net Available Unexpended Funds						
a. Unexpended FY 06/07 Funds						
b. Unexpended FY 2007/08 Funds <sup>a/</sup>						
c. Unexpended FY 2008/09 Funds						
d. Adjustment for FY 2009/2010						
e. Total Net Available Unexpended Funds	\$0	\$0	\$0	\$0	\$0	
<b>4. Total FY 2010/11 Funding Request</b>	<b>\$0</b>	<b>\$0</b>	<b>\$3,416,125</b>	<b>\$0</b>	<b>\$0</b>	
<b>C. Funds Requested for FY 2010/11</b>						
<b>1. Previously Approved Programs/Projects</b>						
a. Unapproved FY 06/07 Planning Estimates						
b. Unapproved FY 07/08 Planning Estimates <sup>a/</sup>						
c. Unapproved FY 08/09 Planning Estimates						
d. Unapproved FY 09/10 Planning Estimates						
e. Unapproved FY10/11 Planning Estimates						
<b>Sub-total</b>	<b>\$0</b>	<b>\$0</b>		<b>\$0</b>	<b>\$0</b>	
f. Local Prudent Reserve						
<b>2. New Programs/Projects</b>						
a. Unapproved FY 06/07 Planning Estimates						
b. Unapproved FY 07/08 Planning Estimates <sup>a/</sup>			\$3,416,125			
c. Unapproved FY 08/09 Planning Estimates						
d. Unapproved FY 09/10 Planning Estimates						
e. Unapproved FY10/11 Planning Estimates						
<b>Sub-total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$3,416,125</b>	<b>\$0</b>	<b>\$0</b>	
f. Local Prudent Reserve						
<b>3. FY 2010/11 Total Allocation<sup>b/</sup></b>	<b>\$0</b>	<b>\$0</b>	<b>\$3,416,125</b>	<b>\$0</b>	<b>\$0</b>	

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.

County: Alameda

Date: 2/18/11

Capital Facilities and Technological Needs Work Plans/Projects				TOTAL FY 10/11 Required MHPA Funding	Type of Project	
No.	Name	New (N) Existing (E)	Capital Facilities		Technological Needs	
1.	CF1	Hayward Behavioral Health Support Center	E	\$3,416,125	\$3,416,125	
2.						
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25.						
26.	Subtotal: Work Plans/Projects			\$3,416,125	\$3,416,125	\$0
27.	Plus up to 15% County Administration					
28.	Plus up to 10% Operating Reserve					
29.	Total MHPA Funds Requested			\$3,416,125		

Percentage  
#VALUE!  
#VALUE!