

**TO: CONSUMERS, COMMUNITY, FAMILY
MEMBERS, AND STAKEHOLDERS**

**Riverside University Health System –
Behavioral Health
Mental Health Services Act (MHSA)**

**DRAFT CAPITAL FACILITIES
PROJECT PROPOSAL - PERRIS**
is provided for your review and comment.

**The Draft Proposal is open for a 30-day Public
Comment period from January 7 – February 8, 2016.**

**PLEASE REVIEW THE PROPOSAL AND
SUBMIT YOUR FEEDBACK FORMS BY
5:00 PM ON FEBRUARY 8, 2016.**

THANK YOU!



January 7, 2016

**Riverside University Health System –
Behavioral Health
Mental Health Services Act (MHSA)**

**DRAFT CAPITAL FACILITIES
PROJECT PROPOSAL - PERRIS**

As counties are allowed to provide updates to new or existing MHSA components and programs, Riverside University Health System – Behavioral Health is updating its Capital Facilities Project and Component Plan. This proposal is for consolidation of Out-Patient Services, Family Room, and Substance Use Programs in the Mid-County Region of Riverside County.

The Department is seeking feedback on this Capital Facilities Proposal from all community stakeholders and interested parties. Please review the attached **New and Existing Project Description – Capital Facilities, Exhibit F5** which describes the consolidation proposal.

This Project Proposal is available for a 30-day Public Comment period from January 7 through February 8, 2016. To provide comments, please complete and return the **Feedback Form** (attached) by 5:00 pm, Monday, February 8, 2016.



**NEW AND EXISTING PROJECT DESCRIPTION
Capital Facilities**

County: Riverside

Project Number/Name: Perris Outpatient Clinic

Select one:

New

Existing

Project Address: 450 East San Jacinto Avenue, Perris, CA 92571

Date: January 7, 2016

Type of Building (Check all that apply)		
<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> Acquired with Renovation	<input type="checkbox"/> Acquired without Renovation
<input type="checkbox"/> Existing Facility	<input type="checkbox"/> 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.

A vacant lot site has been selected for purchase and construction of a new building to house the Perris Outpatient Clinic. Floor plans have been finalized for a 35,000 sq ft. facility to house Outpatient Clinic and Administrative Offices. It is projected to have a Development Agreement negotiated by Spring 2016 with completion of the project within 18 months to 2 years after the Agreement is finalized.

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.

Consolidation of Out-Patient Services, Family Room, and Substance Use Programs: The facility will house the Perris Family Room, Substance Use Services, Older Adults Services, Regional Multi-Dimensional Family Therapy (MDFT) Team, HHOPE Housing Program, and Regional Vocational Services. It will also be outfitted with exam rooms for the potential of integrated care occurring at the facility. Evidence-based WRAP groups and Recovery Management groups will also occur on a regular basis.

Projections of consumer services to be provided:

- Pathways to Success: 185
- Community Service Support: 1,200
- MHSA Perris Adults: 3,439
- MHSA FSP-MDFT: 89
- MHSA Older Adults: 1,219
- Total Projected to be Served: 6,132

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

This location is close to Interstate 215 in Perris with easy access to the freeway on/off ramps. It is also located near the Perris Valley MetroLink line and Perris Transit Center.

**NEW AND EXISTING PROJECT DESCRIPTION
Capital Facilities**

<p>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.)</p>
<p>Occupying 90% of building space will be clinical and administrative staff for MHSA behavioral health Adult and Children’s programs and Administration. This includes all space needed to provide services. The remaining 10% will be used by dedicated Information Technology (IT) staff that will be responsible for managing the technological needs of all MHSA Programs as well as Administration.</p>
<p>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. .</p>
<p>The Department has budgeted ongoing maintenance costs within the individual programs that will be operating within this facility and all maintenance work will be performed by the Riverside County Department of Facilities Management. Clinical services are currently budgeted within the CSS Adult Work and Administrative Plans.</p>
<p>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.</p>
<p align="center">N/A</p>
<p>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.</p>
<p align="center">N/A</p>
<p>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).)</p>
<p align="center">N/A</p>
<p>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.</p>
<p>Stakeholders were fully in support of the original Mid-County Region Plan. The only change is the proposed city location, not the geographic region. This project went before a Public Hearing process during the original Plan’s Community Planning Process. Stakeholders supported a Mid-County project, with the primary location in Hemet, but that was met with community and political opposition. The Perris location is supported and located in the same Mid-County Region. This amendment to the original Component Plan will post for a 30-day Public Comment period from January 7 through February 8, 2016.</p>
<p align="center">EXISTING PROJECTS ONLY</p>
<p>1. Provide a summary of the originally approved CF project.</p>
<p>In 2009, Riverside County Department of Mental Health amended its Component Plan for Capital Facilities/Technology. The Plan included four Capital Facilities projects and a new Behavioral Health Information System with the Technology funds. The four Capital Facilities projects that stemmed from the planning process included a Mid-County Out-Patient Clinic consolidation, a Western Region Adult Out-Patient Clinic consolidation, a Children’s Out-Patient consolidation, and a MHSA Administration/Quality Improvement/Training/Research office.</p> <p>The Children’s consolidation occurred in 2011, and the Western Adult and MHSA Administration consolidation was completed in 2015. The only remaining project is the Mid-County consolidation. Initially this project was to roll out first, but due to community and political opposition, the project was terminated. Since that time, the Department has gained support to once again implement this project in Mid-County Region, in the city of Perris.</p>

**NEW AND EXISTING PROJECT DESCRIPTION
Capital Facilities**

2. Explain why the initial funding was insufficient to complete the project.
Funding was not a factor in implementation of this project.
3. Explain how the additional funds will be used.
WIC Section 5892(b) permits a county to use up to 20% of the average amount of CSS funds allocated to that County for the previous five years to fund Capital Facilities and Technology needs. Since Riverside County has expended its allotment of Capital Facilities funding, it proposes to shift funds from CSS to Capital Facilities to allow for the Mid-County consolidation project to be implemented.

Provide an estimated annual program budget, utilizing the following line items.

NEW/EXISTING PROJECT BUDGET					
A. EXPENDITURES					
	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1.	Pre-Development Costs	\$500,000			\$500,000
2.	Building/Land Acquisition	\$11,350,000			\$11,350,000
3.	Renovation				
4.	Construction				
5.	Repair/Replacement Reserve				
6.	Other Expenditures	\$150,000			\$150,000
	Total Proposed Expenditures	\$12,000,000			\$12,000,000
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	Total Revenues	\$0			\$0
C. TOTAL FUNDING REQUESTED		\$12,000,000			\$12,000,000

D. Budget Narrative

1. Provide a detailed budget narrative explaining the proposed program expenditures for each line item. Please include a brief description of pre-development costs, building/land acquisition, renovation, construction, repair/replacement reserve, and other expenditures associated with this CF project.
The "Pre-Development Cost" budget includes costs anticipated to occur during the planning phase of the project. It is comprised of architectural and engineering consultant fees, plan fees, and project management fees. The budget for "Building/Land Acquisition" includes the estimated purchase price of the land located at 450 East San Jacinto Avenue, Perris, California 92571 and a new building which will be built to county specifications. "Other Expenditures" consists of any fees and charges that may occur during the implementation of this project.

Riverside University Health System - Behavioral Health Mental Health Services Act (MHSA)

Capital Facilities Project Proposal - Perris

30-Day Public Comment Feedback Form

Please submit your feedback on this form by 5:00 pm, Monday, 2/8/2016.

Forms can be mailed to:

Riverside University Health System - Behavioral Health, MHSA Administration,
PO Box 5390, MS #3810, Riverside, CA 92517;

or via e-mail to: MHSA@rcmhd.org ; or by fax to 951-955-7205

What do you feel are the strengths of the proposed project?

Are there any concerns or recommendations you have about the proposed project?

Demographic Information (Optional)

What region do you live in?

- Desert (Banning, Indio, Blythe, etc.)
- Mid-County (Hemet, Lake Elsinore, Perris, Temecula, etc.)
- Western (Corona, Riverside, Moreno Valley, etc.)

What group are you most associated with?

- A consumer of mental health services
- A family member of a consumer
- County Employee
- Law Enforcement
- Education
- Human Services
- General Community
- Other (Please Specify) _____

Demographic Information (Optional)

What is your gender?

- Female
- Male

What is your ethnicity?

- African American/Black
- American Indian/Native American
- Asian/Pacific Islander
- Caucasian/White
- Hispanic/Latino/Chicano
- Other. (Please specify): _____

What is your age?

- 0-17 yrs
- 18-24 yrs
- 25-59 yrs
- 60+ yrs

Overall, how do you feel about the plan?

	Very Satisfied	Somewhat Satisfied	Satisfied	Unsatisfied	Very Unsatisfied
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>