

EXHIBIT F3(a)

**Capital Facilities New Work Plan Narrative
FY 2009/10 Annual Update
Mental Health Services Act**

County

Instructions: Utilizing the following format please provide a brief description of each **New Work Plan** being proposed for FY 2009/10. Existing Work Plans that have been previously approved do not need to be included here. List a Work Plan Number, Title, and MHSA Funding Required. In addition, provide a brief narrative addressing the issues listed below.

Work Plan Number: _____ **Title:** _____

Brief description of Work Plan, including the intended purpose and address of the Capital Facility, if known, and whether it is a purchase, construction, or renovation.

If the facility will not be exclusively used for public mental health services, please describe the proportion assigned to other users and the methodology for distributing the costs.

- b) Consistent with Welfare and Institutions Code (WIC) Section 5847(a)(5), a description of how the proposed Work Plan is needed to provide services under Community Services and Supports and/or Prevention and Early Intervention components. Also address the following if applicable.**
- (i) If the Work Plan proposes to purchase land without any plans to build, provide an explanation of the rationale for the purchase of the land and plans for the future to support services.**
 - (ii) If the Work Plan proposes "lease/rent to own," provide explanation of situation and assurance that terms of lease include a clause indicating that at conclusion of the payments, the county owns the building.**

- (iii) If Work Plan proposes a project with a restrictive setting, the following issues need to be addressed:**
 - a) unmet need within County for restrictive facility to adequately serve clients with serious mental illness and/or emotional disorder,**
 - b) specific reasons the county cannot meet the needs in a less restrictive setting,**
 - c) why it is not feasible to build the needed facility using non-MHSA funds,**
 - d) description of other funds that County has pursued and has been unable to obtain funding,**
 - e) description of the Community Program Planning Process that was involved in the development of the proposed Work Plan.**

- c) Owner of facility. If privately owned, County must describe the method for protecting its capital interest for required length of time, if allowed by statute.**

- d) Certify that the facility will be used to support the public mental health system for 20 years.**

- e) Projected timeline until occupancy.**