



**MENDOCINO COUNTY
BEHAVIORAL HEALTH ADVISORY BOARD**

REGULAR MEETING

AGENDA

**January 26, 2022
10:00 AM – 12:00 PM**

Zoom Meeting:

<https://mendocinocounty.zoom.us/j/98557737710>

Call in:

+1(669) 900-9128 or +1(346) 248-7799

Webinar ID: 985 5773 7710

**Chairperson
Michelle Rich**

**Vice Chair
Flinda Behringer**

**Secretary
Jo Bradley**

**Treasurer
Richard Towle**

**BOS Supervisor
Mo Mulheren**

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|----------------------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| 1ST DISTRICT: DENISE GORNY LOIS LOCKART RICHARD TOWLE | 2ND DISTRICT: MICHELLE RICH SERGIO FUENTES VACANT | 3RD DISTRICT: MILLS MATHESON JEFF SHIPP LARANN HENDERSON | 4TH DISTRICT: JULIA EAGLES VACANT VACANT | 5TH DISTRICT: FLINDA BEHRINGER JO BRADLEY MARTIN MARTINEZ |
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OUR MISSION: *“To be committed to consumers, their families, and the delivery of quality care with the goals of recovery, human dignity, and the opportunity for individuals to meet their full potential.”*

| | Agenda Item / Description | Action |
|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| 1. 3 minutes | Call to Order, Roll Call & Quorum Notice, Approve Agenda: | Board Action: |
| 2. 2 minutes | Approval of Minutes from the November 17, 2021 BHAB Regular Meeting: Review and Possible Board Action. | Board Action: |
| 3. 10 minutes (Maximum) | Public Comments: <i>Members of the public wishing to make comments to the BHAB will be recognized at this time. Any additional comments can be provided through email to bhboard@mendocinocounty.org.</i> | Board Action: |
| 4. 5 minutes | A. Resolution Authorizing Remote Behavioral Health Advisory Board Meetings: Discussion and Possible Board Action. | Board Action: |
| 5. 25 minutes | Mendocino County Report: Jenine Miller, BHRS Director A. Director Report Questions B. Staffing Update C. CalAIM | Board Action: |

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| 6. 10 minutes | Psychiatric Health Facility (PHF) Feasibility Study Update: <i>Jenine Miller, BHRS Director</i> | Board Action: |
| 7. 15 minutes | Mental Health Services Act Quarterly Update – <i>Karen Lovato, BHRS Senior Program Manager</i> | Board Action: |
| 8. 10 minutes | RQMC Report: <i>Camille Schraeder, Redwood Quality Management Company</i> A. Data Dashboard Questions B. Services Update C. Staffing Update | Board Action: |
| 9. 10 minutes | Children’s System of Care: <i>Board Discussion and Possible Action.</i> A. Ad Hoc Committee Formation | Board Action: |
| 10. 15 minutes | 2022 BHAB Ad Hoc Committees: <i>Board Discussion and Possible Action.</i> A. Advocacy and Legislation Committee B. Appreciation Committee C. Contracts Committee D. Data Notebook E. Membership Committee F. Site Visit Committee | Board Action: |
| 11. 15 Minutes | Board & Committee Reports: <i>Discussion and Possible Board Action.</i> A. Chair – <i>Michelle Rich</i> o 2021 BHAB Annual Report o 2022 BHAB Calendar/Meetings B. Vice Chair – <i>Flinda Behringer</i> C. Secretary – <i>Jo Bradley</i> D. Treasurer – <i>Richard Towle</i> E. Advocacy & Legislation Committee – <i>Member Bradley, Chair Rich</i> F. Appreciation Committee – <i>Member Fuentes & Martinez</i> G. Contracts Committee – <i>Member Fuentes, Vice Chair Eagles, Chair Rich</i> H. Membership Committee – <i>Member Behringer, Bradley, Eagles, Gorny, & Chair Rich</i> I. Site Visit Committee - <i>Member Behringer, Fuentes, Martinez, & Towle</i> | Board Action: |
| 12. | Member Comments: | Board Action: |
| 13. | Adjournment | |

AMERICANS WITH DISABILITIES ACT (ADA) COMPLIANCE

The Mendocino County Behavioral Health Advisory Board complies with ADA requirements and upon request will attempt to reasonably accommodate individuals with disabilities by making meeting material available in appropriate alternative formats (pursuant to Government Code Section 54953.2). Anyone requiring reasonable accommodations to participate in the meeting should contact the Mendocino County Behavioral Health Administrative Office by calling (707) 472-2355 at least five days prior to the meeting.

BHAB CONTACT INFORMATION:

PHONE: (707) 472-2355 | FAX: (707) 472-2788

EMAIL THE BOARD: bhboard@mendocinocounty.org | WEBSITE: www.mendocinocounty.org/bhab



**MENDOCINO COUNTY
BEHAVIORAL HEALTH ADVISORY
BOARD**

REGULAR MEETING

MINUTES

**November 17, 2021
10:00 AM – 12:00 PM**

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Webinar ID: 985 5773 7710

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| | Agenda Item / Description | Action |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. 3 minutes | Call to Order, Roll Call & Quorum Notice, Approve Agenda: <ul style="list-style-type: none"> ○ Chair Rich called the meeting to order at 10:12 AM. ○ Board members present: Behringer, Bradley, Lockart, Matheson, Shipp, Towle, and Chair Rich. Excused: Eagles, Fuentes, Gorny. Absent: Member Martinez. ○ Quorum met. ○ Agenda approved as presented. | Board Action: Motion made by Member Behringer, seconded by Member Bradley to approve the agenda as presented. Motion passed unanimously. |
| 2. 2 minutes | Approval of Minutes from the November 4, 2021 BHAB Regular Meeting: Review and Possible Board Action. <ul style="list-style-type: none"> ○ Minutes approved as presented. | Board Action: Motion made by Member Lockart, seconded by Member Bradley to approve the 11/4/2021 BHAB meeting minutes as presented. Motion passed unanimously. |

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| <p>3. 10 minutes (Maximum)</p> | <p>Public Comments: <i>Members of the public wishing to make comments to the BHAB will be recognized at this time. Any additional comments can be provided through email to bhboard@mendocinocounty.org.</i></p> <ul style="list-style-type: none"> ○ Member Lockart commented it would be a great idea to have local community agencies or churches hand out winter gear to the homeless population. BOS Supervisor Mulheren to reach out to Lois regarding places in Ukiah that offer this for the homeless so Member Lockart can refer people. | <p>Board Action: None.</p> |
| <p>4. 10 minutes</p> | <p>A. Resolution Authorizing Remote Behavioral Health Advisory Board Meetings: <i>Discussion and Possible Board Action.</i></p> <ul style="list-style-type: none"> ○ Resolution approved for the next 30 days. <p>B. December BHAB Meeting</p> <ul style="list-style-type: none"> ○ The board agreed to hold December’s BHAB meeting virtually via Zoom. | <p>Board Action: Motion made by member Bradley, seconded by Member Behringer to approve the resolution to hold the December BHAB meeting via Zoom. Motion passed unanimously.</p> |
| <p>5. 5 minutes</p> | <p>Mendocino County Report: <i>Jenine Miller, BHRIS Director</i></p> <p>A. Director Report Questions</p> <ul style="list-style-type: none"> ○ Report included in agenda packet. Board members who wish to have other information added to the Director’s report should contact BHRIS Director Miller. <p>B. Staffing Update</p> <ul style="list-style-type: none"> ○ BHRIS recruitment efforts are continuous although the market is very competitive currently. <p>C. Whitmore Lane Facility Update</p> <ul style="list-style-type: none"> ○ PHF Feasibility study going in front of the BOS in January. ○ The Crisis Residential Treatment (CRT) facility is close to being finalized. A grand opening date has been set for December 16th. BHRIS will be releasing more information about the grand opening as the time nears. BHRIS will be asking CHFFA for an extension due the impacts of COVID on the supply chain. ○ At yesterday’s BOS meeting it was recommended that the BHAB review the NaphCare contract before it goes to the BOS for approval of any increases or changes. BHRIS will provide the contract to the Contracts Committee for review. BHRIS is currently not involved and does not oversee the contract, but the BOS also recommended that BHRIS be the quality assurance of this contract. BHRIS Director Miller will be working with NaphCare and the Sheriff’s office to collect data to present to the BOS. Feedback has also been received from community members on what they would like to see included in the contract. ○ The BHAB would like NaphCare to provide quarterly reports. | <p>Board Action: None.</p> |
| <p>6. 10 minutes</p> | <p>RQMC Report: <i>Camille Schraeder, Redwood Quality Management Company</i></p> <p>A. Data Dashboard Questions</p> | <p>Board Action: None.</p> |

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| | <ul style="list-style-type: none"> ○ Included in agenda packet. <p>B. Services Update</p> <ul style="list-style-type: none"> ○ The children’s mental health system has not had much of a fiscal change over the last 7 years. Camille is grateful the board is taking some time to learn more about the children agencies. <p>C. Staffing Update</p> <ul style="list-style-type: none"> ○ No report. | |
| <p>7. 20 minutes</p> | <p>Mendocino County Youth Project (MCYP) Services and Staffing Update – Cecelia Gillespie, MCYP Executive Director</p> <ul style="list-style-type: none"> ○ Cecelia Gillespie, MCYP Executive Director joined the meeting to provide an update on MCYP. ○ MCYP is one of the three children mental health providers in Mendocino County. MCYP offers counseling services, youth workers that are available at local schools, two TAY shelters, and a supervised visitation program for children who have Medi-Cal. They also have grant funds that allow them to serve non Medi-Cal clients if they qualify. ○ MCYP does not have a drug rehabilitation program, but they do have an AOD counselor who works with clients in need of AOD services. ○ Reports seeing the highest number of referrals ever, and the lowest number of therapists and staff. MCYP is working on recruitment and retention of staff. MCYP offers an internship program that has helped with recruitment. ○ Ms. Gillespie reports that MCYP is able to meet the needs of their current caseload. Problem occurs when they need to give assessments within 10 days, and currently families are waiting much longer than that due to of lack of staffing. They do not have a waitlist, but rather extended appointment times. MCYP does maintain contact with clients while they are waiting for their assessment appointment. Reports MCYP is seeing an increase in crisis referrals due to amount of time clients need to wait for an assessment. ○ Children providers stay in touch regarding referrals and they do refer clients to another agency when possible and to make sure all referrals get covered as best as possible. There is not a warm hand-off when clients are referred to another agency, but it’s a process that can be done. Referrals to local clinics are also an option especially for medication management. ○ Ms. Gillespie will bring back data on the number of clients MCYP is currently serving. | <p>Board Action: None.</p> |
| <p>8. 20 minutes</p> | <p>Tapestry Family Services (TFS) Services and Staffing Update – Natalie Shepard, TFS Executive Director</p> <ul style="list-style-type: none"> ○ Natalie Shepard, TFS Executive Director and Tony Christensen, TFS Clinical Director provided an update on Tapestry Family Services. ○ Tapestry reports they have a lot of referrals and have had extremely long wait lists that have prevented them from meeting timely needs. Meetings with other children agencies to adjust | <p>Board Action: None.</p> |

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| | <p>service needs to be more timely have helped but the referrals continue to be high.</p> <ul style="list-style-type: none"> ○ TFS reports that staffing shortages have really impacted the agency. TFS is currently down 11 positions and have 6 therapists one of whom is part time. Carrying around 20 cases each. BH services are provided by rehab specialists. The 1st quarter of the past 2 fiscal years, TFS' unduplicated services are the highest they've been, and the count per services is high as well. ○ TFS is currently averaging 5-7 assessments per week to try to meet the required deadlines. Once assessment is complete, they inform clients that they cannot provide services they normally would to due impact of staffing. TFS have had to adjust their services and currently provide more behavioral health services with components of family therapy. Historically, they have provided a lot of individual family therapy and some behavioral work but now the emphasis is behavioral work (provided by rehab specialists) as that is the staff they currently have. They have 6 therapists, one of whom is part time. Each therapist has around a 20 client case load currently. ○ TFS has received feedback that it is clinically appropriate to reduce individual therapy; they are reducing that and increasing the rehab services (if appropriate). So far it seems to be working appropriately. ○ TFS has sober groups, groups that take kids out to the community to learn life skills, etc., transitional age groups, coping skills groups, art based groups, and groups to help children with meditation practices. Also provide parent child interaction therapy services, services at schools, and provide direct care to the special education department. ○ TFS also has an internship program for therapists and are hoping to reach out to Northern California colleges to grow the program. ○ TFS is hoping to open a STRTP (Short Term Residential Treatment Program) facility early in January 2022. | |
| <p>9. 20 minutes</p> | <p>Redwood Community Services (RCS) Services and Staffing Update – Victoria Kelly, RCS CEO</p> <ul style="list-style-type: none"> ○ RCS has a number of different providers and programs including outpatient services, STRTPs, foster care, school services, and are available both inland and on the coast. ○ RCS has 11 clinicians for children, 1 in school, 1 in the STRTP, 2 in the coast, 2 in Willits, and 4 inland. Have clinical assessors that focus on getting assessments done in a timely manner to meet standards. They also have 4 crisis clinicians (2 in the coast and 2 inland). ○ Current vacancies: 1 clinician on the coast, 1 rehab specialist in their Ranch Program, a school based clinician, an SUD counselor in their Arbor program, and 3 crisis worker vacancies for both inland and the coast. ○ RCS focuses mainly on how many client service hours providers are providing to clients on a weekly basis. Focus on 28 hours of service for full time staff. | <p>Board Action: None.</p> |

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| | <ul style="list-style-type: none"> ○ RCS is currently seeing 100 more clients than they did last year. Seeing the impacts of COVID now, but services are not slowing down but rather are increasing. ○ Average of 18 new clients per month that get through assessment process and need to be assigned. 10-12 referrals on a weekly basis. Currently have 24 children that are awaiting clinician assignment. They do engage clients with rehab services while they are awaiting clinician assessment. ○ Currently also have 26 referrals awaiting assessment. On average see about 214 outpatients a month (does not include school based services). In adults, they see about 20 average new clients per month. Have 20 adult clients awaiting clinician assignment, and 14 waiting assessment. ○ Approximately 200 monthly crisis line contacts, 180 crisis assessments a month, and about 40 hospitalizations a month. ○ RCS meet on a weekly basis with the ASO and the 2 other children agencies. They all come to the table to brainstorm and talk about specific clients, review referrals, discuss challenges, etc. ○ How can the BHAB help? Victoria would like advocacy around new funding, and how to get people together to talk about the needs and gaps in behavioral health. ○ Camille commented that the problem with Partnership Health Plan and Beacon is that the payment is less than the SMH provider payment. ○ Victoria advised it is best to go through RQMC to get help for children in need. RQMC disseminates referrals to the proper agency. ○ Discussion on possible regular updates from the children providers, every six months at a minimum. | |
| <p>10. 5 minutes</p> | <p>2021-22 California Association of Local Behavioral Health Boards and Commissions (CALBHB/C) Dues Invoice: <i>Discussion and Possible Board Action.</i></p> <ul style="list-style-type: none"> ○ The board approved the CALBHB/C dues invoice for fiscal year 21-22. | <p>Board Action: Motion made by Member Towle, seconded by Member Shipp to approve the CALBHB/C FY 21-22 dues invoice. Motion passed unanimously.</p> |
| <p>11. 15 minutes</p> | <p>Board & Committee Reports: <i>Discussion and Possible Board Action.</i></p> <p>A. Chair – <i>Michelle Rich</i></p> <ul style="list-style-type: none"> ○ 2021 BHAB Annual Report <ul style="list-style-type: none"> - Tabled for December meeting. ○ 2022 BHAB Calendar/Meetings <ul style="list-style-type: none"> - Tabled for December meeting. <p>B. Vice Chair – <i>Julia Eagles</i></p> <ul style="list-style-type: none"> ○ BHAB Meetings and Social Media ○ Recruitment Ad Update <ul style="list-style-type: none"> - Absent. <p>C. Secretary – <i>Jo Bradley</i></p> | <p>Board Action:</p> |

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| | <ul style="list-style-type: none"> - No report. D. Treasurer – <i>Richard Towle</i> <ul style="list-style-type: none"> - Reports no expenses to date. E. Advocacy & Legislation Committee – <i>Member Bradley, Chair Rich</i> <ul style="list-style-type: none"> - No report. F. Appreciation Committee – <i>Member Fuentes & Martinez</i> <ul style="list-style-type: none"> - Absent. G. Contracts Committee – <i>Member Fuentes, Vice Chair Eagles, Chair Rich</i> <ul style="list-style-type: none"> - No report. H. Membership Committee – <i>Member Behringer, Bradley, Eagles, Gorny, & Chair Rich</i> <ul style="list-style-type: none"> ○ BHAB Application: Larann Henderson <ul style="list-style-type: none"> - The board voted to endorse Larann Henderson’s application to the BHAB third district vacant position. ○ 2022 Board Officers <ul style="list-style-type: none"> - The 2022 BHAB slate of officers was approved and will be as follows: <ul style="list-style-type: none"> - Chair: Michelle Rich - Vice Chair: Flinda Behringer. Member Eagles asked for a 2-month leave of absence and her request will be honored. - Secretary: Jo Bradley - Treasurer: Richard Towle I. Site Visit Committee - <i>Member Behringer, Fuentes, Martinez, & Towle</i> <ul style="list-style-type: none"> - The Site Visit Committee visited the Mendocino Coast Hospitality Center located in Fort Bragg. The hospitality center has a new Executive Director. The center used to have a lot of people but there has been a tremendous effect on the center due to COVID. Members were also able to speak to the therapists and they really appreciated the BHAB’s interest. They run all 3 facilities in Fort Bragg (the center, the house, and the facility for families). Members reported the facility is also facing staffing shortages as every other facility currently is. | <p>Motion made by Member Behringer, seconded by Member Towle to recommend the appointment of Larann Henderson to the BHAB. Motion passed unanimously.</p> <p>Motion made by Member Matheson, seconded by Member Shipp to accept the slate of officers. Motion passed unanimously.</p> |
| <p>12. 5 Minutes</p> | <p>Member Comments:</p> <ul style="list-style-type: none"> ○ No member comments. | <p>Board Action: None.</p> |
| <p>13.</p> | <p>Adjournment: 12:09 PM</p> <p>Next meeting: December 15, 2021 10:00 AM – 12:00 PM</p> | <p>Motion made by Member Lockart, seconded by Member Matheson to adjourn the meeting. Motion passed unanimously.</p> |

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Behavioral Health Advisory Board

BHRS Director's Report

January 2022



1. Board of Supervisors:

a. **Recently passed items or presentations:**

i. Mental Health:

- Approval of Amendment to Agreement No. BOS 21-080 with Nadham, Inc. DBA Creekside Convalescent Hospital-Behavioral Health to Provide Residential Care to Mendocino County Lanterman-Petris-Short Clients, Effective July 1, 2021 through June 30, 2022.

ii. Measure B: None.

iii. Substance Use Disorders Treatment:

- Ratification of Submission of Grant Application for Funds Available from a Joint Effort of the Department of Health Care Services and Health Management Associates for Part II, Round 2 of Expanding Access to Medication Assisted Treatment of Opioid Addiction in Each Participating County's Jails and Drug Courts in Fiscal Year 2021-22; Approval of Retroactive Agreement with Health Management Associates, Inc. for the California Medication Assisted Treatment Expansion Project 2.0, Round 2 for the Period of July 9, 2021 through August 31, 2022

b. **Future BOS items or presentations:**

i. Mental Health: To be determined.

ii. Substance Use Disorders Treatment: To be determined.

2. Staffing Updates:

a. New Hires:

- i. Mental Health: 1
- ii. Substance Use Disorders Treatment: None

b. Promotions:

- i. Mental Health: 4
- ii. Substance Use Disorders Treatment: 1

c. Transfers

- i. Behavioral Health: 3

d. Departures:

- i. Mental Health: 4
- ii. Substance Use Disorders Treatment: 3

3. Audits/Site Reviews:

a. Completed/Report of Findings:

- i. SUDT Block Grant Audit Completed

- ii. Partnership SUDT site review Completed
- iii. External Quality Review Organization Audit Completed
- b. Upcoming/Scheduled:
 - i. Fort Bragg DMC-ODS Compliance Review is upcoming (TBD by state)
 - ii. BHRS Triennial Audit (April 5&6, 2022)
- c. Site Reviews:
 - i. N/A

4. Grievances/Appeals:

- a. MHP Grievances: 1
- b. SUDT Grievances: 0
- c. MHSA Issue Resolutions: 0
- d. Second Opinions: 0
- e. Change of Provider Requests: 0
- f. Provider Appeals: 0
- g. Consumer Appeals: 0

5. Meetings of Interest:

- a. **MHSA Forum/QIC Meeting:** TBD

6. Grant Opportunities:

- a. CCMU Round 1B
- b. Elevate Youth: Youth SUD Prevention
- c. RCORP (Rural Communities Opioid Response Program)
- d. SAMHSA Harm Reduction grant
- e. Behavioral Health Justice Intervention Grant

7. Significant Projects/Brief Status:

- a. **Assisted Outpatient Treatment (AOT): AB 1421/Laura's Law**
Melinda Driggers, AOT Coordinator, is accepting and triaging referrals:
 - i. Referrals to Date: 121 (duplicated)
 - ii. Total that did not meet AOT criteria: 100
 - o Total Referrals FY 21/22: 14
 - o Client Connected with Provider/Services: 2
 - o Unable to locate/connect with client: 1
 - iii. Currently in Investigation/Screening/Referral: 2
 - iv. Settlement Agreement/Full AOT FY 21/22: 3
 - v. Other (Pending Assessments to file Petition): 1

8. Educational Opportunities:

- a. None.

9. Mental Health Services Act (MHSA):

- a. **MHSA Forum/QIC Meeting:** TBD

10. **Lanterman Petris Short Conservatorships (LPS):**

- a. Number of individuals on LPS Conservatorships: 61

11. **Substance Use Disorders Treatment Services:**

- a. Number of Substance Use Disorders Treatment Clients Served in November **2021:**
 - i. Total number of clients served: 88
 - ii. Total number of services provided: 359
 - iii. Fort Bragg: 18 clients served for a total of 53 services provided
 - iv. Ukiah: 60 clients served for a total of 284 services provided
 - v. Willits: 10 clients served for a total of 22 services provided
- b. Number of Substance Use Disorder Clients Completion Status
 - i. Completed Treatment/Recovery: 8
 - ii. Left Before Completion: 8
 - iii. Referred: 6
 - iv. Total: 16
 - v. Average Length of Service: 136.88 hours

12. **New Contracts:**

- a. None.

13. **Capital Facilities Projects:**

- a. Orchard Project:
 - i. CHFFA Board Meeting 12/5/2019 - Milestone of securing funding met.
 - ii. CHFFA Board Meeting 1/30/2020 – New milestones were provided by CHFFA for completion of the Orchard Project.
 - iii. CHFFA Board Meeting 10/29/2020 – Kudos given for forward momentum on the project.
 - iv. CHFFA Grant extended to early spring due to supply chain impacts of critical construction finalization components. Construction finished with the exception of a few items, most significant fence staining and generator installation. Operator progressing with pre-licensing activities. Grand Opening is on December 16, 2021 2:30 pm - 4:30 pm
- b. Willow Terrace Project:
 - i. Vacancies filled through Coordinated Entry process as they come available.
 - ii. Some turnover in tenancy.



Mendocino County Behavioral Health and Recovery Services
 Behavioral Health Advisory Board General Ledger
 FY 21/22
 1/19/2022

| ORG | OBJ | ACCOUNT DESCRIPTION | YR/PER/JNL | EFF DATE | AMOUNT | INVOICE # | CHECK # | VENDOR NAME | COMMENT |
|-----|--------|----------------------------------------------|----------------|------------|-----------------|----------------------|---------|---------------|----------------------------|
| MHB | 862080 | FOOD | | | | | | | |
| | | FOOD Total | | | \$0.00 | | | | |
| MHB | 862150 | MEMBERSHIPS | 2022/06/000766 | 12/30/2021 | \$600.00 | MCMH12/16/21BHB DUES | 4350806 | CALBHB/C | FY21/22CALBHB/C MEMBERSHIP |
| | | MEMBERSHIPS TOTAL | | | \$600.00 | | | | |
| MHB | 862170 | OFFICE EXPENSE | | | | | | | |
| | | OFFICE EXPENSE Total | | | \$0.00 | | | | |
| | | RNTS & LEASES BLD GRD Total | | | \$0.00 | | | | |
| MHB | 862250 | TRNSPRTATION & TRAVEL | 2022/06/000584 | 12/16/2021 | 84.56 | 110421 | 4350689 | TOWLE RICHARD | LOCAL 7/01-10/18/21 FY21/ |
| | | TRNSPRTATION & TRAVEL Total | | | \$84.56 | | | | |
| | | TRAVEL & TRSP OUT OF COUNTY Total | | | \$0.00 | | | | |
| | | Grand Total | | | \$684.56 | | | | |

Summary of Budget for FY 21/22

| OBJ | ACCOUNT DESCRIPTION | Budget Amount | YTD Exp | Remaining Budget |
|--------|----------------------|-------------------|-----------------|-------------------|
| 862080 | Food | 1,000.00 | 0.00 | 1,000.00 |
| 862150 | Memberships | 600.00 | 600.00 | 0.00 |
| 862170 | Office Expense | 500.00 | 0.00 | 500.00 |
| 862210 | Rents & Leases Bld | 30.00 | 0.00 | 30.00 |
| 862250 | In County Travel | 3,000.00 | 84.56 | 2,915.44 |
| 862253 | Out of County Travel | 2,000.00 | 0.00 | 2,000.00 |
| | Total Budget | \$7,130.00 | \$684.56 | \$6,445.44 |

Behavioral Health Recovery Services
Mental Health FY 2021-2022
Budget Summary
Year to Date as of **January 19,2022**

| | Program | FY 21-22 Approved Budget | EXPENDITURES | | | | | Total Expenditures | REVENUE | | | | Total Revenue | Total Net Cost |
|----|---------------------------------------------|--------------------------------|------------------------|------------------------|------------------|-----------------|------------------------|-----------------------|--------------|--------------|-----------------|-----------|---------------|----------------|
| | | | Salaries & Benefits | Services & Supplies | Other Charges | Fixed Assets | Operating Transfers | | 2011 Realign | 1991 Realign | Medi-Cal FFP | Other | | |
| 1 | Mental Health (Overhead) | (4,024,268) | 50,070 | 64,453 | 6,710,982 | | (51,696) | 6,773,808 | 605,916 | 1,207,640 | 905,275 | 7,965 | 2,726,795 | 4,047,013 |
| 2 | Administration | 737,846 | 464,405 | 175,398 | | | (6,965) | 632,839 | | | | 23,607 | 23,607 | 609,231 |
| 3 | CalWorks | 38,371 | 64,376 | 3,332 | | | | 67,708 | | | | 33,279 | 33,279 | 34,429 |
| 4 | Mobile Outreach Program | (41,083) | 153,424 | 18,490 | | | (3,944) | 167,970 | | | | (23,087) | (23,087) | 191,056 |
| 5 | Adult Services | 240,338 | 92,420 | 23,706 | | | (53,091) | 63,035 | | | | 5,515 | 5,515 | 57,521 |
| 6 | Path Grant | 0 | | 5,713 | | | | 5,713 | 2,089 | | | 0 | 2,089 | 3,624 |
| 7 | SAMHSA Grant | 0 | | 29,711 | | | | 29,711 | (12,360) | | | | (12,360) | 42,071 |
| 8 | Mental Health Board | 7,130 | | 685 | | | | 685 | | | | 17,559 | 17,559 | (16,874) |
| 9 | Business Services | 805,465 | 293,155 | 52,038 | | | | 345,193 | | | | | 0 | 345,193 |
| 11 | AB109 | 1,027 | | 20,919 | | | | 20,919 | 7,198 | | | | 7,198 | 13,722 |
| 12 | Conservatorship | 1,896,328 | 116,523 | 70,746 | 1,220,460 | | | 1,407,729 | | | | 18,247 | 18,247 | 1,389,482 |
| 13 | MH CAL-AIM | | | | | | | 0 | | | | 250,000 | 250,000 | (250,000) |
| 14 | QA/QI | 506,229 | 212,531 | 39,299 | | | (1,128) | 250,703 | | | | 29,309 | 29,309 | 221,394 |
| a | Total YTD Expenditures & Revenue | | 1,446,904 | 504,490 | 7,931,442 | 0 | (116,823) | 9,766,013 | 602,842 | 1,207,640 | 905,275 | 362,394 | 3,078,150 | 6,687,863 |
| b | FY 2021-2022 Adjusted Budget | 167,383 | 3,771,297 | 1,667,615 | 18,769,395 | 0 | (158,340) | 24,049,967 | 6,525,253 | 3,579,855 | 10,604,948 | 3,172,528 | 23,882,584 | 167,383 |
| c | Variance | | 2,324,393 | 1,163,125 | 10,837,953 | 0 | (41,517) | 14,283,954 | 5,922,411 | 2,372,215 | 9,699,673 | 2,810,134 | 20,804,434 | (6,520,480) |

Behavioral Health Recovery Services
Mental Health Services Act (MHSA) FY 2021-2022 Budget Summary
Year to Date as of **January 13,2022**

| Program | FY 21-22 Approved Budget | Salaries & Benefits | Services & Supplies | Other Charges | Fixed Assets | Operating Transfers | Total Expenditures | Revenue Prop 63 | Other- Revenue | Total Net Cost |
|---------------------------------------------|--------------------------------|------------------------|------------------------|---------------|-----------------|------------------------|-----------------------|--------------------|-------------------|-------------------|
| Community Services & Support | 17,946 | 193,676 | 196,178 | 640,756 | | (4,606) | 1,026,005 | | 1,904,686 | (878,681) |
| Prevention & Early Intervention | (52,755) | 133,047 | 136,223 | 843 | | | 270,113 | | 512,725 | (242,611) |
| Innovation | 567,704 | | 24,677 | | | | 24,677 | | 122,286 | (97,609) |
| Workforce Education & Training | - | | (447) | | | | (447) | | | (447) |
| Capital Facilities & Tech Needs | | | 220 | | | | 220 | | | 220 |
| Total YTD Expenditures & Revenue | | 326,723 | 356,851 | 641,600 | - | (4,606) | 1,320,568 | - | 2,539,696 | (1,219,128) |
| FY 2021-2022 Approved Budget | 532,895 | 689,526 | 4,415,118 | 1,532,776 | 0 | (4,131) | 6,633,289 | (6,100,395) | - | 532,894 |
| Variance | | 362,803 | 4,058,267 | 891,176 | - | 475 | 5,312,721 | (6,100,395) | (2,539,696) | 1,752,022 |

Prudent Reserve Balance **1,894,618**

WIC Section 5847 (a)(7) - Establishment & maintenance of a prudent reserve to ensure the county continues to be able to serve during years in which revenues for the Mental Health Services Fund are below recent averages adjusted by changes in the state population and the California Consumer Price Index.

Behavioral Health Recovery Services
SUDT FY 2021-2022 Budget Summary
Year to Date as of **January 13, 2022**

| | Program | FY 21-22 Approved Budget | EXPENDITURES | | | | | Total Expenditures | REVENUE | | | | Total Revenue | Total Net Cost |
|----|---------------------------------------------|--------------------------|---------------------|-----------------------|---------------|--------------|---------------------|--------------------|---------------------------|----------------|----------------|----------------|------------------|------------------|
| | | | Salaries & Benefits | Services and Supplies | Other Charges | Fixed Assets | Operating Transfers | | SAPT Block Grant and FDMC | 2011 Realign | Medi-Cal FFP | Other | | |
| 1 | SUDT Overhead | (2,297,294) | 24,021 | 12,338 | | | (17,544) | 18,815 | 129,009 | 46,850 | | 11,396 | 187,256 | (168,440) |
| 2 | County Wide Services | 1,415,273 | 0 | 290,156 | | | | 290,156 | | | 152,116 | (117,973) | 34,143 | 256,013 |
| 3 | Drug Court Services | - | 58,891 | 8,362 | | | | 67,253 | | 11,541 | | 7,912 | 19,452 | 47,801 |
| 4 | Ukiah Adult Treatment Services | 8,445 | 266,463 | 80,609 | | | (58,777) | 288,296 | | 2,199 | | 97,940 | 100,140 | 188,156 |
| 5 | Women In Need of Drug Free Opportunties | (1) | 62,112 | 22,176 | | | (33,882) | 50,406 | | 8,690 | | | 8,690 | 41,716 |
| 6 | Family Drug Court | - | 115,472 | 24,569 | | | (79,197) | 60,844 | | | | | 0 | 60,844 |
| 8 | Friday Night Live | - | 0 | 535 | | | | 535 | | | | (5,500) | (5,500) | 6,035 |
| 9 | Willits Adult Services | - | 27,565 | 2,965 | | | (4,167) | 26,363 | | | | 70 | 70 | 26,293 |
| 10 | Fort Bragg Adult Services | 206,022 | 146,266 | 9,201 | | | (27,175) | 128,292 | | | | 235 | 235 | 128,057 |
| 11 | Administration | 824,861 | 252,989 | 166,801 | | | (2,774) | 417,017 | | | | 24,678 | 24,678 | 392,340 |
| 12 | Adolescent Services | (68,937) | 8,000 | 3,317 | | | | 11,317 | | | | | 0 | 11,317 |
| 13 | Prevention Services | 0 | 42,889 | 4,345 | | | (3,448) | 43,786 | | | | 1,781 | 1,781 | 42,005 |
| a | Total YTD Expenditures & Revenue | 88,370 | 1,004,667 | 625,376 | 0 | 0 | (226,962) | 1,403,080 | 129,009 | 22,430 | 152,116 | 20,539 | 370,944 | 1,032,136 |
| b | FY 2021-2022 Budget | 88,370 | 2,284,613 | 2,409,905 | 0 | 0 | (1,037,852) | 3,656,666 | 1,675,741 | 736,860 | 440,130 | 715,565 | 3,568,296 | 88,370 |
| c | Variance | 0 | 1,279,946 | 1,784,529 | 0 | 0 | (810,890) | 2,253,586 | 1,546,732 | 714,430 | 288,014 | 695,026 | 3,197,352 | (943,766) |

QI Work Plan - 8.1

Report - Appeals, Grievances, Change of Provider - November 2021

Provider Appeal (45 days)

| Receipt Date | Provider Name | Reason | Results | Date Completed | Date Letter sent to Provider |
|--------------|---------------|--------|---------|----------------|------------------------------|
| Total | 0 | | | | |

Client Appeal (45 days)

| Receipt Date | Provider Name | Reason | Results | Date Completed | Date Letter sent to Client |
|--------------|---------------|--------|---------|----------------|----------------------------|
| Total | 0 | | | | |

Issue Resolutions (60 Days)

| Receipt Date | Provider Name | Reason | Results | Date Completed | Date Letter sent to Provider |
|--------------|---------------|--------|---------|----------------|------------------------------|
| Total | 0 | | | | |

SUDT Grievance (60 Days)

| Receipt Date | Provider Name | Reason | Results | Date Completed | Date Letter sent to Provider |
|--------------|---------------|--------|---------|----------------|------------------------------|
| Total | 0 | | | | |

Client Grievance (60 Days)

| Receipt Date | Provider | Reason | Results | Date Completed | Date Letter sent to Client |
|--------------|-----------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------|----------------------------|
| 11/29/2021 | Oak House | Beneficiary reported misconduct from staff and issues with living conditions at facility. | Confirmed maintenance at facility is ongoing, and addressed the staff behavior during weekly house meeting. | 1/4/2022 | 1/4/2022 |
| Total | 1 | | | | |

Client Request for Change of Provider (10 Business Days)

| Receipt Date | Provider | Reason | Results | Date Completed | Date Letter sent to Client |
|--------------|----------|--------|---------|----------------|----------------------------|
| Total | 0 | | | | |

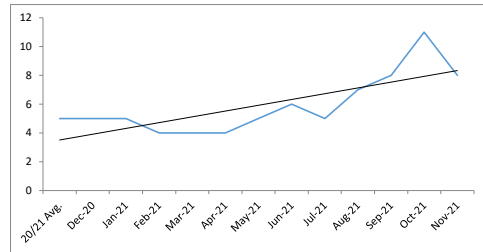
0 Provider Appeals
0 Client Appeals
0 Issue Resolutions (Completed)
0 SUDT Grievances (Completed)
1 Grievance (Completed)
0 Requests for Change of Provider (Completed)

Timeliness Charts and Graphs

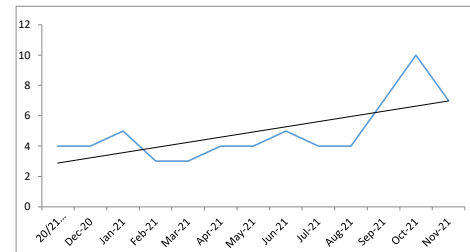
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QI Work Plan 2.1

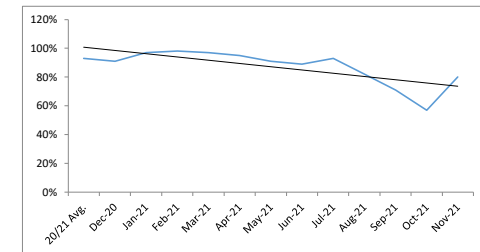
| Length of Time from Initial Request to first offered Appt. - Mean BPSA - MHP Standard or Goal - 10 Business Days - 90% | | | | |
|---------------------------------------------------------------------------------------------------------------------------|--------------|----------------|---------------------|-------------|
| | All Services | Adult Services | Children's Services | Foster Care |
| 20/21 Avg. | 5 | 5 | 5 | 4 |
| Dec-20 | 5 | 5 | 5 | 6 |
| Jan-21 | 5 | 5 | 6 | 7 |
| Feb-21 | 4 | 4 | 4 | 4 |
| Mar-21 | 4 | 4 | 4 | 4 |
| Apr-21 | 4 | 4 | 5 | 4 |
| May-21 | 5 | 5 | 5 | 2 |
| Jun-21 | 6 | 6 | 5 | 5 |
| Jul-21 | 5 | 3 | 6 | 4 |
| Aug-21 | 7 | 8 | 5 | 7 |
| Sep-21 | 8 | 6 | 12 | 8 |
| Oct-21 | 11 | 9 | 14 | n/a |
| Nov-21 | 8 | 7 | 9 | 6 |
| 12 Mo. Avg. | 6 | 6 | 7 | 5 |



| Length of Time from Initial Request to first offered Appt. - Median BPSA - MHP Standard or Goal - 10 Business Days - 90% | | | | |
|-----------------------------------------------------------------------------------------------------------------------------|--------------|----------------|---------------------|-------------|
| | All Services | Adult Services | Children's Services | Foster Care |
| 20/21 Avg. | 4 | 3 | 5 | 4 |
| Dec-20 | 4 | 4 | 5 | 6 |
| Jan-21 | 5 | 3 | 5 | 8 |
| Feb-21 | 3 | 2 | 4 | 2 |
| Mar-21 | 3 | 2 | 3 | 2 |
| Apr-21 | 4 | 1 | 5 | 4 |
| May-21 | 4 | 2 | 5 | 2 |
| Jun-21 | 5 | 5 | 5 | 5 |
| Jul-21 | 4 | 3 | 6 | 2 |
| Aug-21 | 4 | 5 | 4 | 8 |
| Sep-21 | 7 | 5 | 11 | 8 |
| Oct-21 | 10 | 8 | 12 | n/a |
| Nov-21 | 7 | 6 | 9 | 6 |
| 12 Mo. Avg. | 5 | 4 | 6 | 5 |



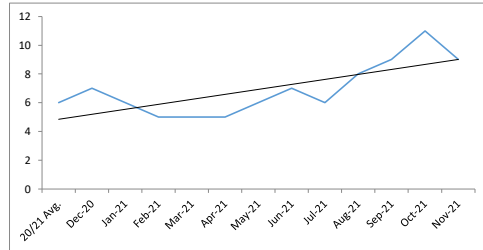
| Length of Time from Initial Request to first offered Appt. BPSA - MHP Standard or Goal - 10 Business Days - 90% | | | | |
|--------------------------------------------------------------------------------------------------------------------|--------------|----------------|---------------------|-------------|
| | All Services | Adult Services | Children's Services | Foster Care |
| 20/21 Avg. | 93% | 90% | 96% | 100% |
| Dec-20 | 91% | 90% | 93% | 100% |
| Jan-21 | 97% | 95% | 100% | 100% |
| Feb-21 | 98% | 95% | 100% | 100% |
| Mar-21 | 97% | 93% | 100% | 100% |
| Apr-21 | 95% | 89% | 100% | 100% |
| May-21 | 91% | 88% | 93% | 100% |
| Jun-21 | 89% | 80% | 98% | 100% |
| Jul-21 | 93% | 97% | 89% | 100% |
| Aug-21 | 82% | 68% | 100% | 83% |
| Sep-21 | 71% | 87% | 49% | 100% |
| Oct-21 | 57% | 70% | 43% | n/a |
| Nov-21 | 80% | 84% | 76% | 100% |
| 12 Mo. Avg. | 87% | 86% | 87% | 98% |



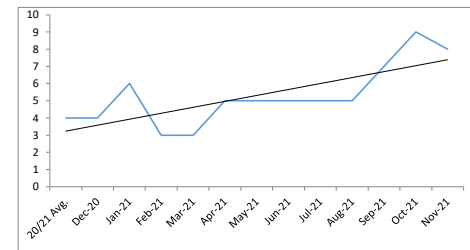
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QI Work Plan 2.2

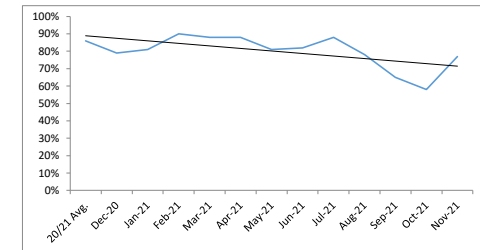
| Length of Time from Initial Request to first kept Appt. - Mean MHP Standard or Goal - 10 Business Days - 90% | | | | |
|-----------------------------------------------------------------------------------------------------------------|--------------|----------------|---------------------|-------------|
| | All Services | Adult Services | Children's Services | Foster Care |
| 20/21 Avg. | 6 | 6 | 6 | 4 |
| Dec-20 | 7 | 7 | 6 | 7 |
| Jan-21 | 6 | 5 | 7 | 7 |
| Feb-21 | 5 | 4 | 5 | 5 |
| Mar-21 | 5 | 4 | 5 | 4 |
| Apr-21 | 5 | 4 | 6 | 4 |
| May-21 | 6 | 6 | 7 | 2 |
| Jun-21 | 7 | 7 | 7 | 5 |
| Jul-21 | 6 | 4 | 8 | 5 |
| Aug-21 | 8 | 9 | 6 | 14 |
| Sep-21 | 9 | 7 | 12 | 8 |
| Oct-21 | 11 | 8 | 13 | n/a |
| Nov-21 | 9 | 7 | 10 | 12 |
| 12 Mo. Avg. | 7 | 6 | 8 | 7 |



| Length of Time from Initial Request to first kept Appt. - Median MHP Standard or Goal - 10 Business Days - 90% | | | | |
|-------------------------------------------------------------------------------------------------------------------|--------------|----------------|---------------------|-------------|
| | All Services | Adult Services | Children's Services | Foster Care |
| 20/21 Avg. | 4 | 4 | 5 | 4 |
| Dec-20 | 4 | 4 | 5 | 7 |
| Jan-21 | 6 | 3 | 8 | 8 |
| Feb-21 | 3 | 2 | 4 | 2 |
| Mar-21 | 3 | 2 | 3 | 2 |
| Apr-21 | 5 | 2 | 5 | 4 |
| May-21 | 5 | 6 | 5 | 2 |
| Jun-21 | 5 | 5 | 2 | 5 |
| Jul-21 | 5 | 3 | 7 | 2 |
| Aug-21 | 5 | 9 | 5 | 14 |
| Sep-21 | 7 | 6 | 11 | 8 |
| Oct-21 | 9 | 8 | 12 | n/a |
| Nov-21 | 8 | 7 | 9 | 12 |
| 12 Mo. Avg. | 5 | 4 | 6 | 6 |



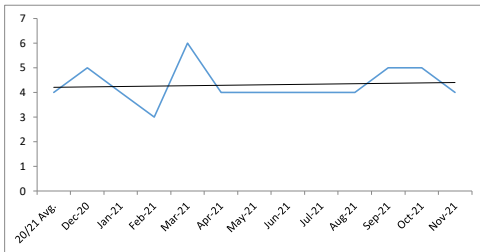
| Length of Time from Initial Request to first kept Appt. - MHP Standard or Goal - 10 Business Days - 90% | | | | |
|------------------------------------------------------------------------------------------------------------|--------------|----------------|---------------------|-------------|
| | All Services | Adult Services | Children's Services | Foster Care |
| 20/21 Avg. | 86% | 84% | 87% | 95% |
| Dec-20 | 79% | 78% | 80% | 50% |
| Jan-21 | 81% | 83% | 79% | 100% |
| Feb-21 | 90% | 89% | 90% | 100% |
| Mar-21 | 88% | 86% | 89% | 100% |
| Apr-21 | 88% | 86% | 89% | 100% |
| May-21 | 81% | 79% | 83% | 100% |
| Jun-21 | 82% | 79% | 84% | 100% |
| Jul-21 | 88% | 97% | 81% | 100% |
| Aug-21 | 78% | 68% | 89% | 50% |
| Sep-21 | 65% | 82% | 46% | 67% |
| Oct-21 | 58% | 73% | 41% | n/a |
| Nov-21 | 77% | 69% | 83% | 50% |
| 12 Mo. Avg. | 80% | 81% | 78% | 83% |



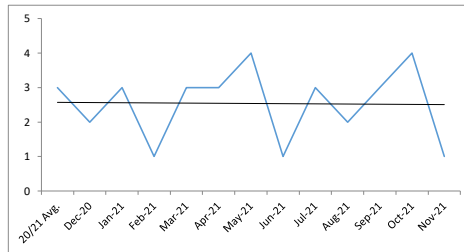
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QI Work Plan 2.3

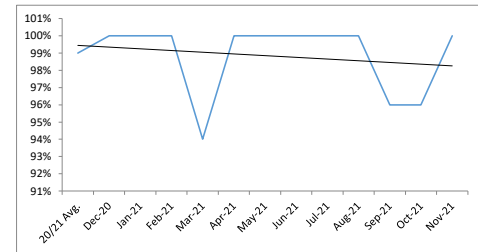
| Length of Time from Initial Request to first offered Psychiatry appt. - Mean MHP Standard or Goal - 15 Business Days - 90% | | | | |
|-------------------------------------------------------------------------------------------------------------------------------|--------------|----------------|---------------------|-------------|
| | All Services | Adult Services | Children's Services | Foster Care |
| 20/21 Avg. | 4 | 4 | 7 | 10 |
| Dec-20 | 5 | 4 | 7 | n/a |
| Jan-21 | 4 | 4 | 5 | n/a |
| Feb-21 | 3 | 3 | 4 | n/a |
| Mar-21 | 6 | 3 | 8 | 23 |
| Apr-21 | 4 | 3 | 7 | 8 |
| May-21 | 4 | 4 | 5 | n/a |
| Jun-21 | 4 | 3 | 9 | 6 |
| Jul-21 | 4 | 4 | 4 | 1 |
| Aug-21 | 4 | 4 | 11 | n/a |
| Sep-21 | 5 | 4 | 6 | 11 |
| Oct-21 | 5 | 4 | 7 | n/a |
| Nov-21 | 4 | 4 | 4 | n/a |
| 12 Mo. Avg. | 4 | 4 | 6 | 10 |



| Length of Time from Initial Request to first offered Psychiatry Appt. - Median MHP Standard or Goal - 15 Business Days - 90% | | | | |
|---------------------------------------------------------------------------------------------------------------------------------|--------------|----------------|---------------------|-------------|
| | All Services | Adult Services | Children's Services | Foster Care |
| 20/21 Avg. | 3 | 2 | 6 | 10 |
| Dec-20 | 2 | 1 | 5 | n/a |
| Jan-21 | 3 | 3 | 4 | n/a |
| Feb-21 | 1 | 1 | 2 | n/a |
| Mar-21 | 3 | 1 | 5 | 23 |
| Apr-21 | 3 | 1 | 8 | 8 |
| May-21 | 4 | 2 | 4 | n/a |
| Jun-21 | 1 | 1 | 10 | 6 |
| Jul-21 | 3 | 3 | 1 | 1 |
| Aug-21 | 2 | 1 | 11 | n/a |
| Sep-21 | 3 | 1 | 4 | 7 |
| Oct-21 | 4 | 4 | 3 | n/a |
| Nov-21 | 1 | 1 | 1 | n/a |
| 12 Mo. Avg. | 3 | 2 | 5 | 9 |



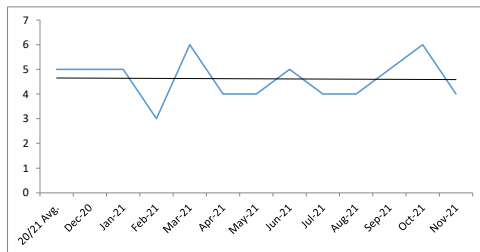
| Length of Time from Initial Request to first offered Psychiatry Appt. - MHP Standard or Goal - 15 Business Days - 90% | | | | |
|--------------------------------------------------------------------------------------------------------------------------|--------------|----------------|---------------------|-------------|
| | All Services | Adult Services | Children's Services | Foster Care |
| 20/21 Avg. | 99% | 99% | 99% | 75% |
| Dec-20 | 100% | 100% | 100% | n/a |
| Jan-21 | 100% | 100% | 100% | n/a |
| Feb-21 | 100% | 100% | 100% | n/a |
| Mar-21 | 94% | 100% | 86% | 0% |
| Apr-21 | 100% | 100% | 100% | 100% |
| May-21 | 100% | 100% | 100% | n/a |
| Jun-21 | 100% | 100% | 100% | 100% |
| Jul-21 | 100% | 100% | 100% | 100% |
| Aug-21 | 100% | 100% | 100% | n/a |
| Sep-21 | 96% | 100% | 93% | 67% |
| Oct-21 | 96% | 100% | 88% | n/a |
| Nov-21 | 100% | 100% | 100% | n/a |
| 12 Mo. Avg. | 99% | 100% | 97% | 73% |



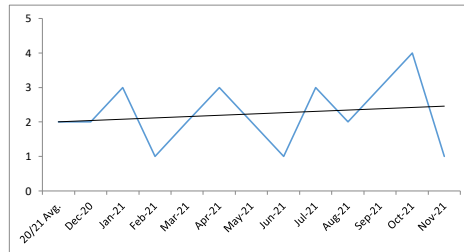
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QI Work Plan 2.4

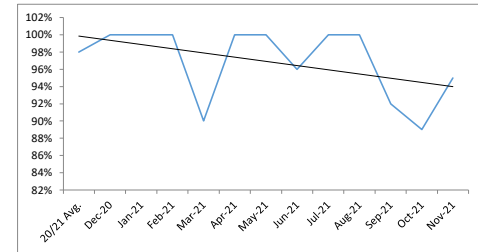
| Length of Time from Initial Request to first kept Psychiatry appt. - Mean MHP Standard or Goal - 15 Business Days - 90% | | | | |
|----------------------------------------------------------------------------------------------------------------------------|--------------|----------------|---------------------|-------------|
| | All Services | Adult Services | Children's Services | Foster Care |
| 20/21 Avg. | 5 | 4 | 7 | 9 |
| Dec-20 | 5 | 4 | 7 | n/a |
| Jan-21 | 5 | 4 | 5 | n/a |
| Feb-21 | 3 | 3 | 4 | n/a |
| Mar-21 | 6 | 5 | 9 | n/a |
| Apr-21 | 4 | 3 | 7 | 8 |
| May-21 | 4 | 4 | 4 | n/a |
| Jun-21 | 5 | 3 | 14 | 19 |
| Jul-21 | 4 | 4 | 4 | 1 |
| Aug-21 | 4 | 4 | 11 | n/a |
| Sep-21 | 5 | 4 | 7 | 13 |
| Oct-21 | 6 | 5 | 9 | n/a |
| Nov-21 | 4 | 4 | 5 | n/a |
| 12 Mo. Avg. | 5 | 4 | 7 | 10 |



| Length of Time from Initial Request to first kept Psychiatry Appt. - Median MHP Standard or Goal - 15 Business Days - 90% | | | | |
|------------------------------------------------------------------------------------------------------------------------------|--------------|----------------|---------------------|-------------|
| | All Services | Adult Services | Children's Services | Foster Care |
| 20/21 Avg. | 2 | 2 | 7 | 9 |
| Dec-20 | 2 | 1 | 7 | n/a |
| Jan-21 | 3 | 3 | 4 | n/a |
| Feb-21 | 1 | 1 | 2 | n/a |
| Mar-21 | 2 | 1 | 6 | n/a |
| Apr-21 | 3 | 1 | 8 | 8 |
| May-21 | 2 | 2 | 4 | n/a |
| Jun-21 | 1 | 1 | 14 | 19 |
| Jul-21 | 3 | 3 | 1 | 1 |
| Aug-21 | 2 | 1 | 11 | n/a |
| Sep-21 | 3 | 1 | 4 | 13 |
| Oct-21 | 4 | 4 | 6 | n/a |
| Nov-21 | 1 | 1 | 1 | n/a |
| 12 Mo. Avg. | 2 | 2 | 6 | 10 |



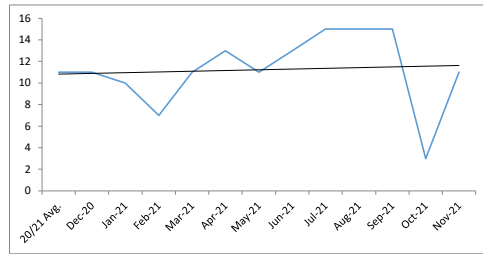
| Length of Time from Initial Request to first kept Psychiatry Appt. - MHP Standard or Goal - 15 Business Days - 90% | | | | |
|-----------------------------------------------------------------------------------------------------------------------|--------------|----------------|---------------------|-------------|
| | All Services | Adult Services | Children's Services | Foster Care |
| 20/21 Avg. | 98% | 98% | 95% | 67% |
| Dec-20 | 100% | 100% | 100% | n/a |
| Jan-21 | 100% | 100% | 100% | n/a |
| Feb-21 | 100% | 100% | 100% | n/a |
| Mar-21 | 90% | 94% | 85% | n/a |
| Apr-21 | 100% | 100% | 100% | 100% |
| May-21 | 100% | 100% | 100% | n/a |
| Jun-21 | 96% | 100% | 75% | 0% |
| Jul-21 | 100% | 100% | 100% | 100% |
| Aug-21 | 100% | 100% | 100% | n/a |
| Sep-21 | 92% | 100% | 85% | 50% |
| Oct-21 | 89% | 95% | 75% | n/a |
| Nov-21 | 95% | 100% | 80% | n/a |
| 12 Mo. Avg. | 97% | 99% | 92% | 63% |



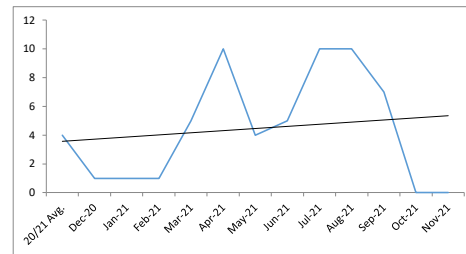
5.

Q1 Work Plan 2.5

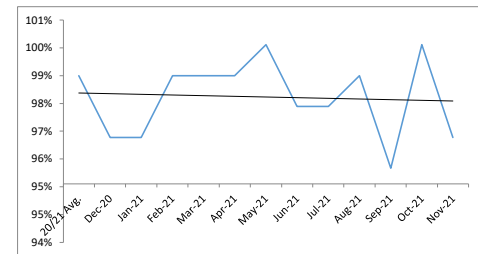
| Length of Time from Service Request for urgent Appt. to Actual Encounter Mean - MHP Standard or Goal - 95% (Minutes) | | | | |
|-------------------------------------------------------------------------------------------------------------------------|--------------|----------------|---------------------|-------------|
| | All Services | Adult Services | Children's Services | Foster Care |
| 20/21 Avg. | 11 | 12 | 9 | 8 |
| Dec-20 | 11 | 11 | 13 | 1 |
| Jan-21 | 10 | 11 | 3 | 4 |
| Feb-21 | 7 | 8 | 4 | 3 |
| Mar-21 | 11 | 12 | 9 | n/a |
| Apr-21 | 13 | 13 | 9 | 12 |
| May-21 | 11 | 12 | 8 | 7 |
| Jun-21 | 13 | 13 | 14 | 13 |
| Jul-21 | 15 | 16 | 11 | 5 |
| Aug-21 | 15 | 14 | 20 | 10 |
| Sep-21 | 15 | 16 | 14 | 33 |
| Oct-21 | 3 | 3 | 3 | 1 |
| Nov-21 | 11 | 12 | 8 | n/a |
| 12 Mo. Avg. | 11 | 12 | 10 | 9 |



| Length of Time from Service Request for urgent Appt. to Actual Encounter Median - MHP Standard or Goal - 95% (Minutes) | | | | |
|---------------------------------------------------------------------------------------------------------------------------|--------------|----------------|---------------------|-------------|
| | All Services | Adult Services | Children's Services | Foster Care |
| 20/21 Avg. | 4 | 4 | 3 | 5 |
| Dec-20 | 1 | 1 | 1 | 1 |
| Jan-21 | 1 | 1 | 1 | 1 |
| Feb-21 | 1 | 1 | 0 | 0 |
| Mar-21 | 5 | 5 | 4 | n/a |
| Apr-21 | 10 | 10 | 6 | 12 |
| May-21 | 4 | 5 | 1 | 1 |
| Jun-21 | 5 | 4 | 6 | 9 |
| Jul-21 | 10 | 10 | 2 | 1 |
| Aug-21 | 10 | 10 | 7 | 6 |
| Sep-21 | 7 | 9 | 3 | 15 |
| Oct-21 | 0 | 0 | 0 | 1 |
| Nov-21 | 0 | 0 | 0 | 0 |
| 12 Mo. Avg. | 5 | 5 | 3 | 4 |



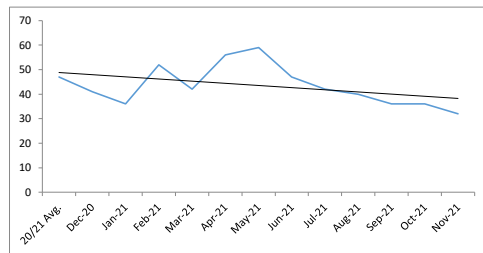
| Length of Time from Service Request for urgent Appt. to Actual Encounter - Mean Percent of Goal that meets this Standard - MHP Standard or Goal - 95% (Minutes) | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------|---------------------|-------------|
| | All Services | Adult Services | Children's Services | Foster Care |
| 20/21 Avg. | 99% | 98% | 99% | 100% |
| Dec-20 | 97% | 98% | 96% | 100% |
| Jan-21 | 97% | 96% | 100% | 100% |
| Feb-21 | 99% | 99% | 100% | 100% |
| Mar-21 | 99% | 99% | 100% | n/a |
| Apr-21 | 99% | 99% | 100% | 100% |
| May-21 | 100% | 100% | 100% | 100% |
| Jun-21 | 98% | 97% | 100% | 100% |
| Jul-21 | 98% | 97% | 100% | 100% |
| Aug-21 | 99% | 99% | 96% | 100% |
| Sep-21 | 96% | 97% | 95% | 80% |
| Oct-21 | 100% | 99% | 100% | 100% |
| Nov-21 | 97% | 97% | 97% | 100% |
| 12 Mo. Avg. | 98% | 98% | 99% | 98% |



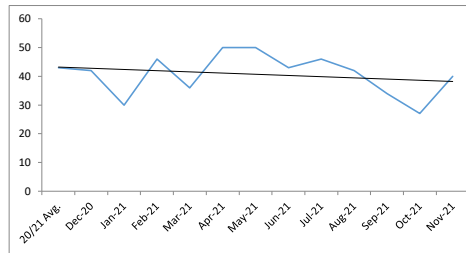
6.

Q1 Work Plan 2.F

| Total Number of Hospital Admissions | | | | |
|-------------------------------------|--------------|----------------|---------------------|-------------|
| | All Services | Adult Services | Children's Services | Foster Care |
| 20/21 Avg. | 47 | 40 | 8 | 1 |
| Dec-20 | 41 | 31 | 10 | 0 |
| Jan-21 | 36 | 33 | 3 | 0 |
| Feb-21 | 52 | 45 | 7 | 1 |
| Mar-21 | 42 | 36 | 6 | 0 |
| Apr-21 | 56 | 49 | 7 | 0 |
| May-21 | 59 | 50 | 9 | 0 |
| Jun-21 | 47 | 41 | 6 | 1 |
| Jul-21 | 42 | 36 | 6 | 0 |
| Aug-21 | 40 | 32 | 8 | 1 |
| Sep-21 | 36 | 30 | 6 | 1 |
| Oct-21 | 36 | 29 | 7 | 0 |
| Nov-21 | 32 | 24 | 8 | 0 |
| 12 Mo. Avg. | 43 | 36 | 7 | 0 |
| Total | 519 | 436 | 83 | 4 |

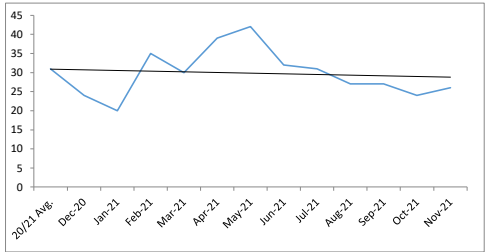


| Total Number of Hospital Discharges | | | | |
|-------------------------------------|--------------|----------------|---------------------|-------------|
| | All Services | Adult Services | Children's Services | Foster Care |
| 20/21 Avg. | 43 | 36 | 7 | 1 |
| Dec-20 | 42 | 33 | 9 | 0 |
| Jan-21 | 30 | 26 | 4 | 0 |
| Feb-21 | 46 | 41 | 5 | 1 |
| Mar-21 | 36 | 28 | 8 | 0 |
| Apr-21 | 50 | 44 | 6 | 0 |
| May-21 | 50 | 42 | 8 | 0 |
| Jun-21 | 43 | 39 | 4 | 1 |
| Jul-21 | 46 | 41 | 5 | 0 |
| Aug-21 | 42 | 31 | 11 | 1 |
| Sep-21 | 34 | 27 | 7 | 1 |
| Oct-21 | 27 | 22 | 5 | 0 |
| Nov-21 | 40 | 30 | 10 | 0 |
| 12 Mo. Avg. | 41 | 34 | 7 | 0 |
| Total | 486 | 404 | 82 | 4 |



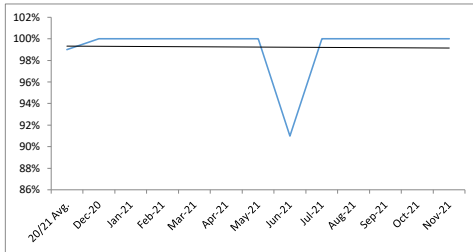
Timeliness of follow-up encounters post psychiatric inpatient discharge
Number of follow-up appts within 7 days

| | All Services | Adult Services | Children's Services | Foster Care |
|--------------------|--------------|----------------|---------------------|-------------|
| 20/21 Avg. | 31 | 27 | 4 | 0 |
| Dec-20 | 24 | 18 | 6 | 0 |
| Jan-21 | 20 | 19 | 1 | 0 |
| Feb-21 | 35 | 31 | 4 | 1 |
| Mar-21 | 30 | 27 | 3 | 0 |
| Apr-21 | 39 | 36 | 3 | 0 |
| May-21 | 42 | 36 | 6 | 0 |
| Jun-21 | 32 | 27 | 5 | 1 |
| Jul-21 | 31 | 26 | 5 | 0 |
| Aug-21 | 27 | 23 | 4 | 0 |
| Sep-21 | 27 | 23 | 4 | 0 |
| Oct-21 | 24 | 18 | 6 | n/a |
| Nov-21 | 26 | 22 | 4 | n/a |
| 12 Mo. Avg. | 30 | 26 | 4 | 0 |
| Total | 331 | 284 | 47 | 2 |



Timeliness of follow-up encounters post psychiatric inpatient discharge
Percent of appointments that met this standard within 7 days - Goal is 95%

| | All Services | Adult Services | Children's Services | Foster Care |
|--------------------|--------------|----------------|---------------------|-------------|
| 20/21 Avg. | 99% | 99% | 98% | 100% |
| Dec-20 | 100% | 100% | 100% | n/a |
| Jan-21 | 100% | 100% | 100% | n/a |
| Feb-21 | 100% | 100% | 100% | 100% |
| Mar-21 | 100% | 100% | 100% | n/a |
| Apr-21 | 100% | 100% | 100% | n/a |
| May-21 | 100% | 100% | 100% | n/a |
| Jun-21 | 91% | 93% | 80% | 100% |
| Jul-21 | 100% | 100% | 100% | n/a |
| Aug-21 | 100% | 100% | 100% | n/a |
| Sep-21 | 100% | 100% | 100% | n/a |
| Oct-21 | 100% | 100% | 100% | n/a |
| Nov-21 | 100% | 100% | 100% | n/a |
| 12 Mo. Avg. | 99% | 99% | 98% | 100% |

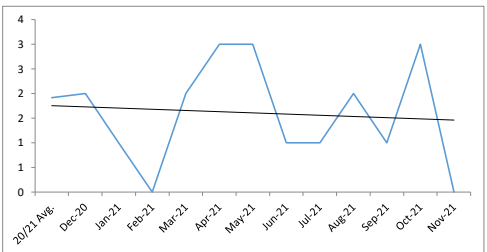


7.0

Q1 Work Plan 2.7

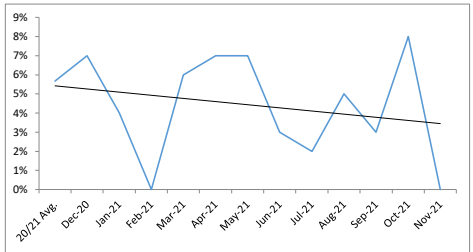
Psychiatric Inpatient Readmission rates within 7 days
Total number with readmission within 7 days

| | All Services | Adult Services | Children's Services | Foster Care |
|--------------------|--------------|----------------|---------------------|-------------|
| 20/21 Avg. | 2 | 2 | 0 | 0 |
| Dec-20 | 2 | 2 | 0 | n/a |
| Jan-21 | 1 | 1 | 0 | n/a |
| Feb-21 | 0 | 0 | 0 | 0 |
| Mar-21 | 2 | 2 | 0 | n/a |
| Apr-21 | 3 | 3 | 0 | n/a |
| May-21 | 3 | 3 | 0 | n/a |
| Jun-21 | 1 | 1 | 0 | n/a |
| Jul-21 | 1 | 1 | 0 | n/a |
| Aug-21 | 2 | 2 | 0 | 0 |
| Sep-21 | 1 | 1 | 0 | 0 |
| Oct-21 | 3 | 3 | 0 | n/a |
| Nov-21 | 0 | 0 | 0 | n/a |
| 12 Mo. Avg. | 2 | 2 | 0 | 0 |
| Total | 19 | 19 | 0 | 0 |

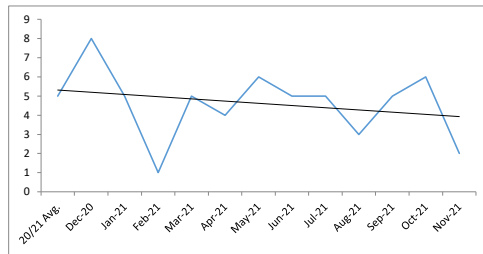


Psychiatric Inpatient Readmission rates within 7 days
Readmission Rate - Goal is 10% within 7 days

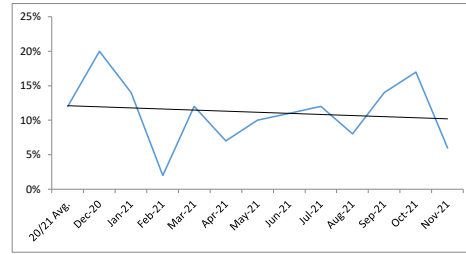
| | All Services | Adult Services | Children's Services | Foster Care |
|--------------------|--------------|----------------|---------------------|-------------|
| 20/21 Avg. | 6% | 6% | 4% | 0% |
| Dec-20 | 7% | 10% | 0% | n/a |
| Jan-21 | 4% | 4% | 0% | n/a |
| Feb-21 | 0% | 0% | 0% | 0% |
| Mar-21 | 6% | 7% | 0% | n/a |
| Apr-21 | 7% | 8% | 0% | n/a |
| May-21 | 7% | 9% | 0% | n/a |
| Jun-21 | 3% | 3% | 0% | n/a |
| Jul-21 | 2% | 3% | 0% | n/a |
| Aug-21 | 5% | 6% | 0% | 0% |
| Sep-21 | 3% | 3% | 0% | 0% |
| Oct-21 | 8% | 10% | 0% | n/a |
| Nov-21 | 0% | 0% | 0% | n/a |
| 12 Mo. Avg. | 4% | 5% | 0% | 0% |



| Psychiatric Inpatient Readmission rates within 30 days | | | | |
|--------------------------------------------------------|--------------|----------------|---------------------|-------------|
| Total number with readmission within 30 days | | | | |
| | All Services | Adult Services | Children's Services | Foster Care |
| 20/21 Avg. | 5 | 4 | 1 | 0 |
| Dec-20 | 8 | 7 | 1 | 0 |
| Jan-21 | 5 | 4 | 1 | 0 |
| Feb-21 | 1 | 1 | 0 | 0 |
| Mar-21 | 5 | 5 | 0 | 0 |
| Apr-21 | 4 | 4 | 0 | 0 |
| May-21 | 6 | 6 | 0 | 0 |
| Jun-21 | 5 | 4 | 1 | 0 |
| Jul-21 | 5 | 3 | 2 | 0 |
| Aug-21 | 3 | 3 | 0 | 0 |
| Sep-21 | 5 | 4 | 1 | 1 |
| Oct-21 | 6 | 5 | 1 | n/a |
| Nov-21 | 2 | 1 | 1 | n/a |
| 12 Mo. Avg. | 5 | 4 | 1 | 0 |
| Total | 5 | 47 | 7 | 1 |



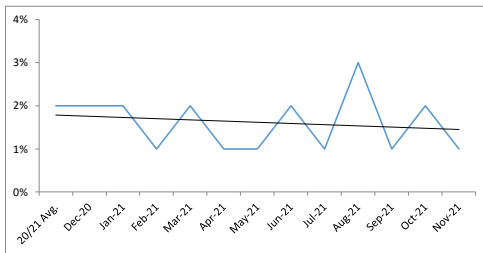
| Psychiatric Inpatient Readmission rates within 30 days | | | | |
|--------------------------------------------------------|--------------|----------------|---------------------|-------------|
| Readmission Rate - Goal is 10% within 30 days | | | | |
| | All Services | Adult Services | Children's Services | Foster Care |
| 20/21 Avg. | 12% | 12% | 18% | n/a |
| Dec-20 | 20% | 23% | 10% | n/a |
| Jan-21 | 14% | 15% | 33% | n/a |
| Feb-21 | 2% | 2% | n/a | n/a |
| Mar-21 | 12% | 14% | n/a | n/a |
| Apr-21 | 7% | 8% | n/a | n/a |
| May-21 | 10% | 12% | n/a | n/a |
| Jun-21 | 11% | 10% | 17% | n/a |
| Jul-21 | 12% | 8% | 33% | n/a |
| Aug-21 | 8% | 9% | 0% | 0% |
| Sep-21 | 14% | 13% | 17% | 100% |
| Oct-21 | 17% | 17% | 14% | n/a |
| Nov-21 | 6% | 4% | 13% | n/a |
| 12 Mo. Avg. | 11% | 11% | 17% | 50% |



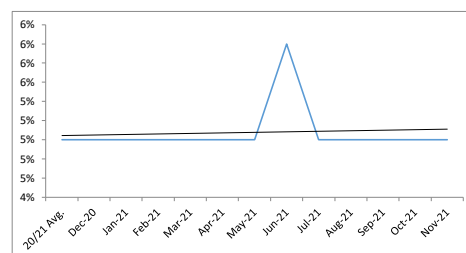
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Q1 Work Plan 3.1

| Average Psychiatric No Show Rates | | | | |
|-----------------------------------------------------|--------------|----------------|---------------------|-------------|
| MHP Standard for Psychiatrists - No Higher than 10% | | | | |
| | All Services | Adult Services | Children's Services | Foster Care |
| 20/21 Avg. | 2% | 2% | 1% | 0% |
| Dec-20 | 2% | 2% | 4% | 0% |
| Jan-21 | 2% | 2% | 1% | 0% |
| Feb-21 | 1% | 1% | 0% | 0% |
| Mar-21 | 2% | 2% | 0% | 0% |
| Apr-21 | 1% | 1% | 0% | 0% |
| May-21 | 1% | 2% | 0% | 0% |
| Jun-21 | 2% | 2% | 0% | 0% |
| Jul-21 | 1% | 1% | 1% | 0% |
| Aug-21 | 3% | 3% | 1% | 0% |
| Sep-21 | 1% | 1% | 2% | 10% |
| Oct-21 | 2% | 2% | 2% | 8% |
| Nov-21 | 1% | 1% | 1% | 0% |
| 12 Mo. Avg. | 2% | 2% | 1% | 2% |



| Average Clinicians other than Psychiatrists No Show Rates | | | | |
|---------------------------------------------------------------------------|--------------|----------------|---------------------|-------------|
| MHP Standard for Clinicians other than Psychiatrists - No Higher than 10% | | | | |
| | All Services | Adult Services | Children's Services | Foster Care |
| 20/21 Avg. | 5% | 5% | 5% | 2% |
| Dec-20 | 5% | 5% | 5% | 3% |
| Jan-21 | 5% | 5% | 6% | 2% |
| Feb-21 | 5% | 4% | 5% | 3% |
| Mar-21 | 5% | 5% | 5% | 3% |
| Apr-21 | 5% | 5% | 6% | 3% |
| May-21 | 5% | 4% | 6% | 2% |
| Jun-21 | 6% | 5% | 8% | 2% |
| Jul-21 | 5% | 5% | 6% | 2% |
| Aug-21 | 5% | 6% | 5% | 1% |
| Sep-21 | 5% | 5% | 5% | 2% |
| Oct-21 | 5% | 4% | 6% | 0% |
| Nov-21 | 5% | 5% | 5% | 1% |
| 12 Mo. Avg. | 5% | 5% | 6% | 2% |





Redwood Quality Management Company (RQMC) is the Administrative Service Organization for Mendocino County-providing management and oversight of specialty mental health, community service and support, and prevention and early intervention services. RQMC and its contracted providers (Manzanita, MCAVHN, Hospitality, MCYP, RCS, and Tapestry) use a single Electronic Health Record (EHR), EXYM to pull the data used in this report. The data is reported by age range, along with a total for the system of care (either youth or adult) as well as the overall RQMC total. This will assist in interpreting how different demographics are accessing service, as well as assist in providing an overall picture of access and service by county contract (youth, young adults, and adults). Our goal is to provide the Behavioral Health Advisory Board with meaningful data that will aid in your decision making and advocacy efforts while still providing a snapshot of the overall systems of care.

AGE OF PERSONS SERVED

| | Children & Youth | | Young Adult | | Adult & Older Adult System | | | RQMC |
|--------------------------------|------------------|-------|-------------|-------|----------------------------|-------|-----|--------------|
| | 0-11 | 12-17 | 18-21 | 22-24 | 25-40 | 41-64 | 65+ | Total |
| Persons Admitted to... | | | | | | | | |
| Outpatient Services Nov | 20 | 27 | 11 | 5 | 15 | 13 | 2 | |
| <i>Total</i> | 47 | | 16 | | 30 | | | 93 |
| Crisis Services Nov | 1 | 24 | 7 | 7 | 38 | 33 | 9 | |
| <i>Total</i> | 25 | | 14 | | 80 | | | 119 |
| Unduplicated Persons... | | | | | | | | |
| Served in Nov | 158 | 273 | 58 | 39 | 280 | 389 | 66 | |
| <i>Total</i> | 431 | | 97 | | 735 | | | 1,263 |
| Unduplicated Persons... | | | | | | | | |
| Served Fiscal Year to Date | 235 | 435 | 96 | 76 | 457 | 562 | 129 | |
| <i>Total</i> | 670 | | 172 | | 1,148 | | | 1,990 |
| Identified As (YTD)... | | | | | | | | |
| Male | 307 | | 73 | | 554 | | | 934 |
| Female | 351 | | 91 | | 588 | | | 1,030 |
| Non-Binary and Transgender | 12 | | 8 | | 6 | | | 26 |
| White | 347 | | 92 | | 809 | | | 1,248 |
| Hispanic | 189 | | 32 | | 88 | | | 309 |
| American Indian | 40 | | 17 | | 57 | | | 114 |
| Asian | 7 | | 1 | | 14 | | | 22 |
| African American | 13 | | 5 | | 28 | | | 46 |
| Other | 6 | | 2 | | 16 | | | 24 |
| Undisclosed | 68 | | 23 | | 136 | | | 227 |

| YTD Persons by location... | |
|----------------------------|------|
| Ukiah Area | 1158 |
| Willits Area | 298 |
| North County | 58 |
| Anderson Valley | 27 |
| North Coast | 360 |
| South Coast | 32 |
| OOC/OOS | 57 |



| Children & Youth | | Young Adult | | Adult & Older Adult System | | | RQMC |
|------------------|-------|-------------|-------|----------------------------|-------|-----|-------|
| 0-11 | 12-17 | 18-21 | 22-24 | 25-40 | 41-64 | 65+ | Total |

Homeless Services

Homeless: Persons Admitted to...

| | | | | | | | | |
|-------------------------|----------|---|----------|---|---|-----------|---|-----------|
| Outpatient Services Nov | 0 | 0 | 1 | 0 | 0 | 6 | 0 | |
| Total | 0 | | 1 | | | 6 | | 7 |
| Crisis Services Nov | 0 | 0 | 1 | 1 | 4 | 12 | 0 | |
| Total | 0 | | 2 | | | 16 | | 18 |

Homeless: Unduplicated Persons Served...

| | | | | | | | | |
|---------------------|----------|---|----------|---|----|------------|----|------------|
| In Nov | 0 | 1 | 1 | 1 | 30 | 69 | 6 | |
| Total | 1 | | 2 | | | 105 | | 108 |
| Fiscal Year to Date | 0 | 1 | 4 | 4 | 61 | 99 | 16 | |
| Total | 1 | | 8 | | | 176 | | 185 |

Homeless: Count of Outpatient Services Provided...

| | | | | |
|---------------------|---|----|-------|-------|
| In Nov | 0 | 0 | 189 | 189 |
| Fiscal Year to Date | 3 | 34 | 1,266 | 1,303 |

Homeless: Count of Crisis Services Provided...

| | | | | |
|---------------------|---|----|-----|-----|
| In Nov | 0 | 5 | 144 | 149 |
| Fiscal Year to Date | 0 | 13 | 704 | 717 |

Homeless: Persons Served in Crisis...

| Homeless Count of: | Crisis Assessments | | Hospitalizations | | Re-Hospitalization within 30 days | |
|---------------------------------------------|--------------------|------------|------------------|-----------|-----------------------------------|-----------|
| | Nov | YTD | Nov | YTD | Nov | YTD |
| Insurance type | | | | | | |
| Mendo Medi-cal | 57 | 183 | 4 | 32 | 0 | 10 |
| Indigent | 1 | 21 | 0 | 3 | 0 | 0 |
| Other Payor | 0 | 4 | 3 | 5 | 0 | 0 |
| Total | 58 | 208 | 7 | 40 | 0 | 10 |
| Number of Hospitalizations: | 1 | 2 | 3 | 4 | 5 | 6+ |
| YTD Count of Unduplicated Homeless Clients: | 22 | 5 | 1 | 1 | 0 | 0 |

WPC has served 28 homeless unduplicated clients in Nov and 38 unduplicated clients Fiscal Year to Date. Wellness Centers provided 310 services to 155 homeless clients during the 1st quarter.

In Addition to the services listed above, RQMC Providers also serve the homeless population through Building Bridges, Full Service Partner, and other MHSA programs.



Children & Youth **Young Adult** **Adult & Older Adult System** **RQMC**

| 0-11 | 12-17 | 18-21 | 22-24 | 25-40 | 41-64 | 65+ | Total |
|------|-------|-------|-------|-------|-------|-----|-------|
|------|-------|-------|-------|-------|-------|-----|-------|

Crisis Services

Total Number of...

| | | | | | | | | |
|--------------------------|-----------|-----------|------------|---|----|----|----|------------|
| Crisis Line Contacts Nov | 3 | 36 | 11 | 9 | 73 | 66 | 23 | |
| Total | 39 | 20 | 162 | | | | | 221 |

*There were 0 logged calls where age was not disclosed. Those have been added to the total.

| | | | | | | | | |
|--------------------------|------------|------------|------------|----|-----|-----|-----|--------------|
| Crisis Line Contacts YTD | 24 | 160 | 69 | 40 | 420 | 298 | 177 | |
| Total | 184 | 109 | 895 | | | | | 1,188 |

| by reason for call YTD... | |
|---------------------------|-----|
| Increase in Symptoms | 616 |
| Phone Support | 88 |
| Information Only | 63 |
| Suicidal ideation/Threat | 287 |
| Self-Injurious Behavior | 15 |
| Access to Services | 75 |
| Aggression towards Others | 22 |
| Resources/Linkages | 22 |

| Call from LEO to Crisis... | | |
|----------------------------|-----------|------------|
| Agency | Nov | YTD |
| MCSO: | 15 | 61 |
| CHP: | 0 | 3 |
| WPD: | 5 | 19 |
| FBPD: | 3 | 19 |
| Jail/JH: | 8 | 31 |
| UPD: | 5 | 48 |
| Total: | 36 | 181 |

| by time of day YTD... | |
|-----------------------|-----|
| 08:00am-05:00pm | 765 |
| 05:00pm-08:00am | 423 |

| Crisis Walk-ins YTD | |
|---------------------|-----|
| Inland | 124 |
| Coastal | 60 |

Total Number of...

| | | | | | | | | |
|----------------------------------|------------|------------|------------|----|-----|-----|----|------------|
| Emergency Crisis Assessments Nov | 3 | 33 | 11 | 9 | 67 | 60 | 20 | |
| Total | 36 | 20 | 147 | | | | | 203 |
| Emergency Crisis Assessments YTD | 24 | 148 | 65 | 38 | 325 | 272 | 95 | |
| Total | 172 | 103 | 692 | | | | | 967 |

| YTD by location... | |
|-----------------------------------|-----|
| Ukiah Valley Medical Center | 413 |
| Crisis Center-Walk Ins | 210 |
| Mendocino Coast District Hospital | 122 |
| Howard Memorial Hospital | 119 |
| Jail | 27 |
| Juvenile Hall | 3 |
| Schools | 1 |
| Community | 70 |
| FQHCs | 2 |

| YTD by insurance... | |
|----------------------|-----|
| Medi-Cal/Partnership | 680 |
| Private | 79 |
| Medi/Medi | 102 |
| Medicare | 38 |
| Indigent | 60 |
| Consolidated | 0 |
| Private/Medi-Cal | 2 |
| VA | 6 |



| | Children & Youth | | Young Adult | | Adult & Older Adult System | | | RQMC |
|--------------------------------|------------------|-------|-------------|-------|----------------------------|-------|-----|------------|
| | 0-11 | 12-17 | 18-21 | 22-24 | 25-40 | 41-64 | 65+ | Total |
| Inpatient Hospitalizations Nov | 0 | 8 | 1 | 1 | 11 | 10 | 2 | |
| <i>Total</i> | 8 | | 2 | | 23 | | | 33 |
| Inpatient Hospitalizations YTD | 0 | 35 | 10 | 10 | 70 | 49 | 13 | |
| <i>Total</i> | 35 | | 20 | | 132 | | | 187 |

| ReHospitalization within 30 days | Youth | Adult | 0-2 days in the Hospital | Admits | % of total Admits |
|----------------------------------|-------|-------|--------------------------|--------|-------------------|
| Nov | 1 | 1 | Nov | 2 | 6.1% |
| YTD | 4 | 18 | YTD | 10 | 5.3% |

| Days in the ER | 0 | 1 | 2 | 3 | 4 | 5+ | Unk |
|----------------|----|----|----|----|---|----|-----|
| Nov | 1 | 12 | 14 | 3 | 2 | 1 | 0 |
| YTD | 17 | 93 | 45 | 16 | 3 | 5 | 8 |

| ... by Hospital for Nov | 0 | 1 | 2 | 3 | 4 | 5+ | |
|-------------------------|---|---|----|---|---|----|--|
| AHUV | 1 | 6 | 10 | 1 | 1 | 0 | |
| Howard | 0 | 4 | 1 | 1 | 1 | 0 | |
| MCDH | 2 | 3 | 0 | 0 | 0 | 1 | |

| At Discharge | Discharged to Mendocino | | Follow up Crisis Appt | | Declined follow up Crisis appt | |
|--------------------------------------------------------------------|-------------------------|-----|-----------------------|-----|--------------------------------|-----|
| | Nov | YTD | Nov | YTD | Nov | YTD |
| Payor | | | | | | |
| Mendo Medi-cal | 19 | 116 | 17 | 105 | 2 | 11 |
| Indigent | 0 | 10 | 0 | 10 | 0 | 0 |
| Other Payor | 2 | 12 | 2 | 12 | 0 | 0 |
| YTD hospitalizations where discharge was out of county or unknown: | | | | | | 40 |
| YTD number who Declined a follow up appt: | | | | | | 11 |

| Number of hospitalizations: | 1 | 2 | 3 | 4 | 5 | 6+ |
|------------------------------------|-----|----|---|---|---|----|
| YTD Count of unduplicated clients: | 139 | 16 | 4 | 1 | 0 | 0 |



| YTD hospitalizations by location.. | |
|-------------------------------------------------------|----|
| Aurora- Santa Rosa** | 16 |
| Restpadd Redding/RedBluff** | 61 |
| St. Helena Napa/ Vallejo** | 72 |
| Sierra Vista Sacramento** | 5 |
| John Muir Walnut Creek | 1 |
| St Francis San Francisco | 7 |
| St Marys San Francisco** | 3 |
| Marin General** | 1 |
| Heritage Oaks Sacramento** | 10 |
| VA: Sacramento / PaloAlto / Fairfield / San Francisco | 1 |
| Other** | 10 |

| YTD hospitalizations by criteria... | |
|-------------------------------------|----|
| Danger to Self | 73 |
| Gravely Disabled | 64 |
| Danger to Others | 1 |
| Combination | 49 |

Total Number of...

Full Service Partners Nov

| | Youth | TAY | Adult | BHC | OA | Outreach | |
|--------------|-------|-----|-------|-----|----|----------|-----------|
| <i>Total</i> | 0 | 15 | 62 | 4 | 12 | 1 | 94 |

Total Number of...

Full Service Partners YTD

| | Youth | TAY | Adult | BHC | OA | Outreach | |
|--------------|-------|-----|-------|-----|----|----------|------------|
| <i>Total</i> | 0 | 24 | 71 | 7 | 17 | 8 | 127 |

| Contract Usage as of 01/12/2022 | Budgeted | YTD |
|----------------------------------------|-----------------|----------------|
| Medi-Cal in County Services (60% FFP) | \$14,200,000.00 | \$5,500,518.00 |
| Medi-Cal RQMC Out of County Contracts | \$1,555,000.00 | \$547,888.00 |
| MHSA | \$1,145,000.00 | \$587,534.00 |
| Indigent RQMC Out of County Contracts | \$646,122.00 | \$341,356.00 |
| Medication Management | \$1,400,000.00 | \$664,665.00 |

| Estimated Expected FFP | Nov | YTD |
|-------------------------------|--------------|----------------|
| Expected FFP | \$701,184.00 | \$3,699,109.80 |



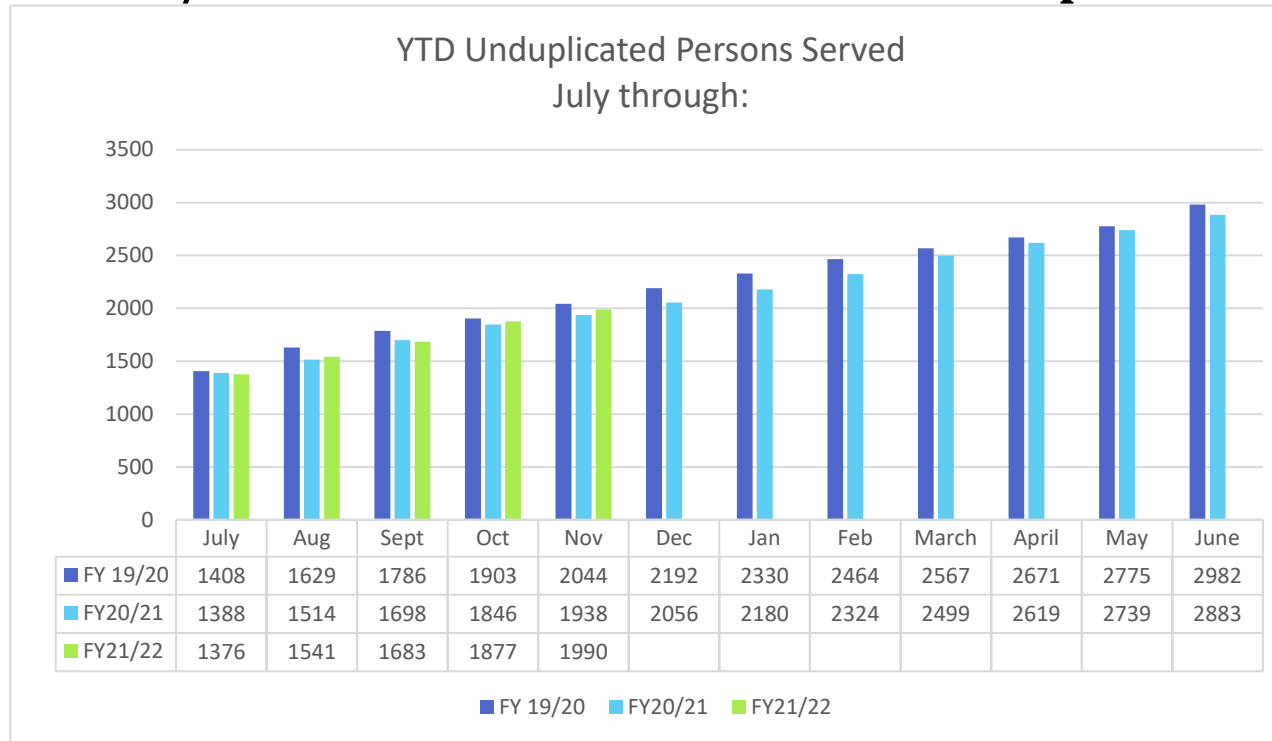
| Services Provided | | | | | | |
|-------------------------------------|----------------|----------------|--------------|----------------|----------------|----------------|
| Whole System of Care | Nov | Nov | Nov | YTD | YTD | YTD |
| Count of Services Provided | Youth | Y Adult | Adults | Youth | Y Adults | Adults |
| *Assessment | 113 | 34 | 136 | 537 | 176 | 708 |
| *Case Management | 205 | 143 | 1094 | 1210 | 868 | 6212 |
| *Collateral | 101 | 1 | 3 | 547 | 10 | 18 |
| *Crisis | 61 | 37 | 264 | 313 | 189 | 1220 |
| *Family Therapy | 86 | 1 | 4 | 430 | 10 | 21 |
| *TFC | 32 | 0 | 0 | 157 | 0 | 0 |
| *Group Therapy | 0 | | 0 | 0 | 0 | 0 |
| *Group Rehab | 183 | 21 | 83 | 790 | 131 | 499 |
| *ICC | 188 | 9 | | 944 | 25 | 0 |
| *Individual Rehab | 212 | 57 | 543 | 1070 | 351 | 2609 |
| *Individual Therapy | 560 | 117 | 368 | 2741 | 582 | 1796 |
| *IHBS | 162 | 15 | | 623 | 42 | 0 |
| *Psychiatric Services | 67 | 27 | 284 | 355 | 176 | 1632 |
| *Plan Development | 71 | 21 | 63 | 396 | 107 | 404 |
| *TBS | 46 | | | 154 | 0 | 0 |
| Total | 2,087 | 483 | 2,842 | 10,267 | 2,667 | 15,119 |
| No Show Rate | 4.0% | | | 4.5% | | |
| Average Cost Per Beneficiary | \$1,052 | \$1,106 | \$822 | \$3,143 | \$3,500 | \$2,677 |

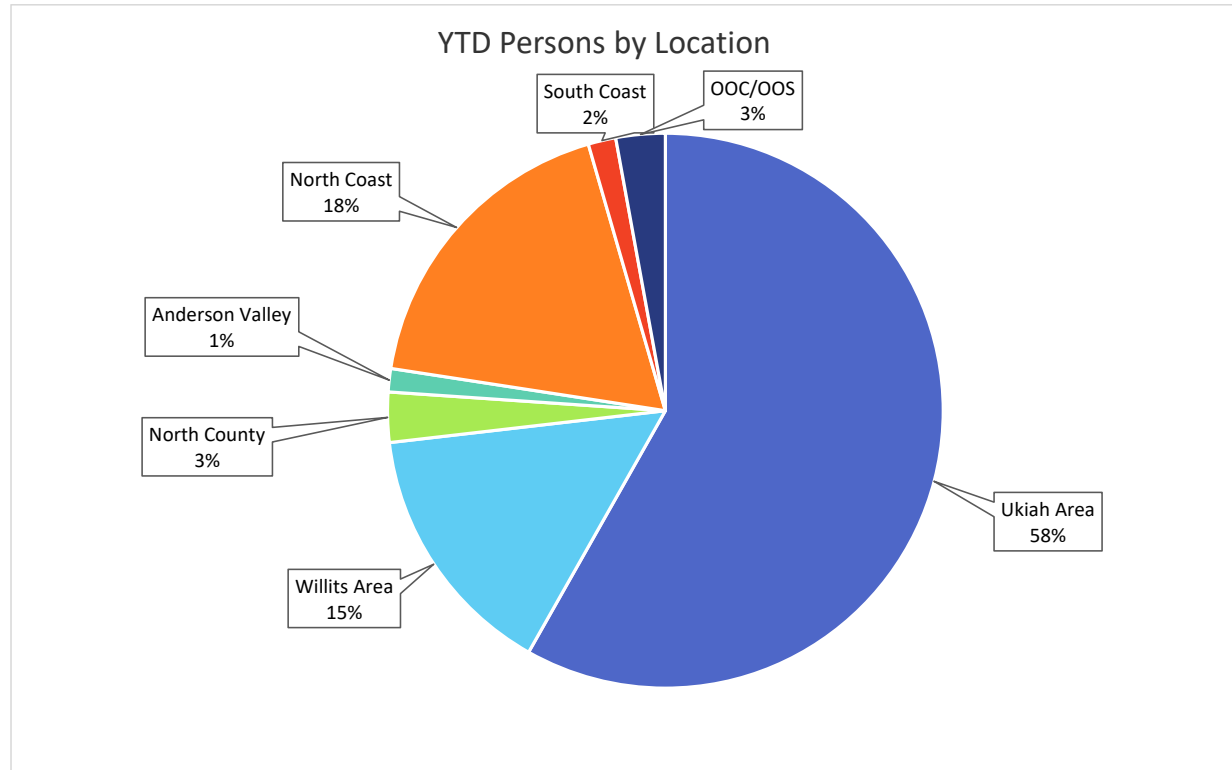
| Count of Services by Area | Nov | Nov | Nov | YTD | YTD | YTD |
|---------------------------|-------|---------|--------|-------|----------|--------|
| | Youth | Y Adult | Adults | Youth | Y Adults | Adults |
| Anderson Valley | 21 | 3 | 3 | 103 | 4 | 55 |
| South Coast | 30 | 0 | 7 | 105 | 5 | 65 |
| North Coast | 218 | 34 | 502 | 894 | 196 | 2,504 |
| North County | 19 | 8 | 33 | 200 | 22 | 188 |
| Ukiah | 1,466 | 383 | 1,870 | 7,501 | 2,142 | 10,485 |
| Willits | 333 | 55 | 427 | 1,464 | 298 | 1,822 |

| Meds Management | Nov | Nov | Nov | YTD | YTD | YTD |
|------------------------------|-------|---------|--------|-------|----------|--------|
| | Youth | Y Adult | Adults | Youth | Y Adults | Adults |
| Inland Unduplicated Clients | 50 | 22 | 202 | 107 | 59 | 444 |
| Coastal Unduplicated Clients | 14 | 6 | 59 | 29 | 15 | 118 |
| Inland Services | 76 | 27 | 295 | 412 | 171 | 1644 |
| Coastal Services | 16 | 9 | 100 | 77 | 68 | 558 |

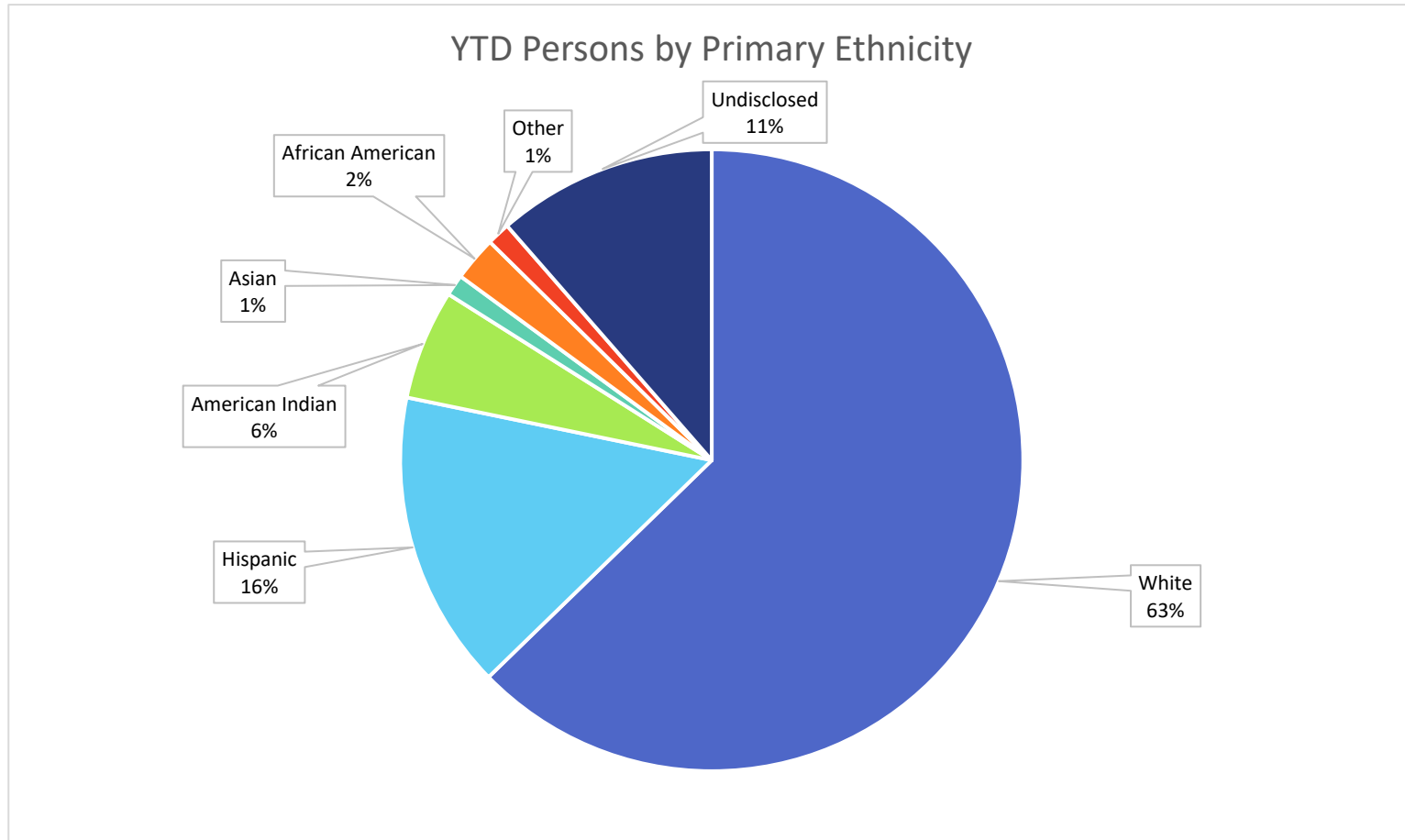


2021/2022 Trends and Year to Year Comparison





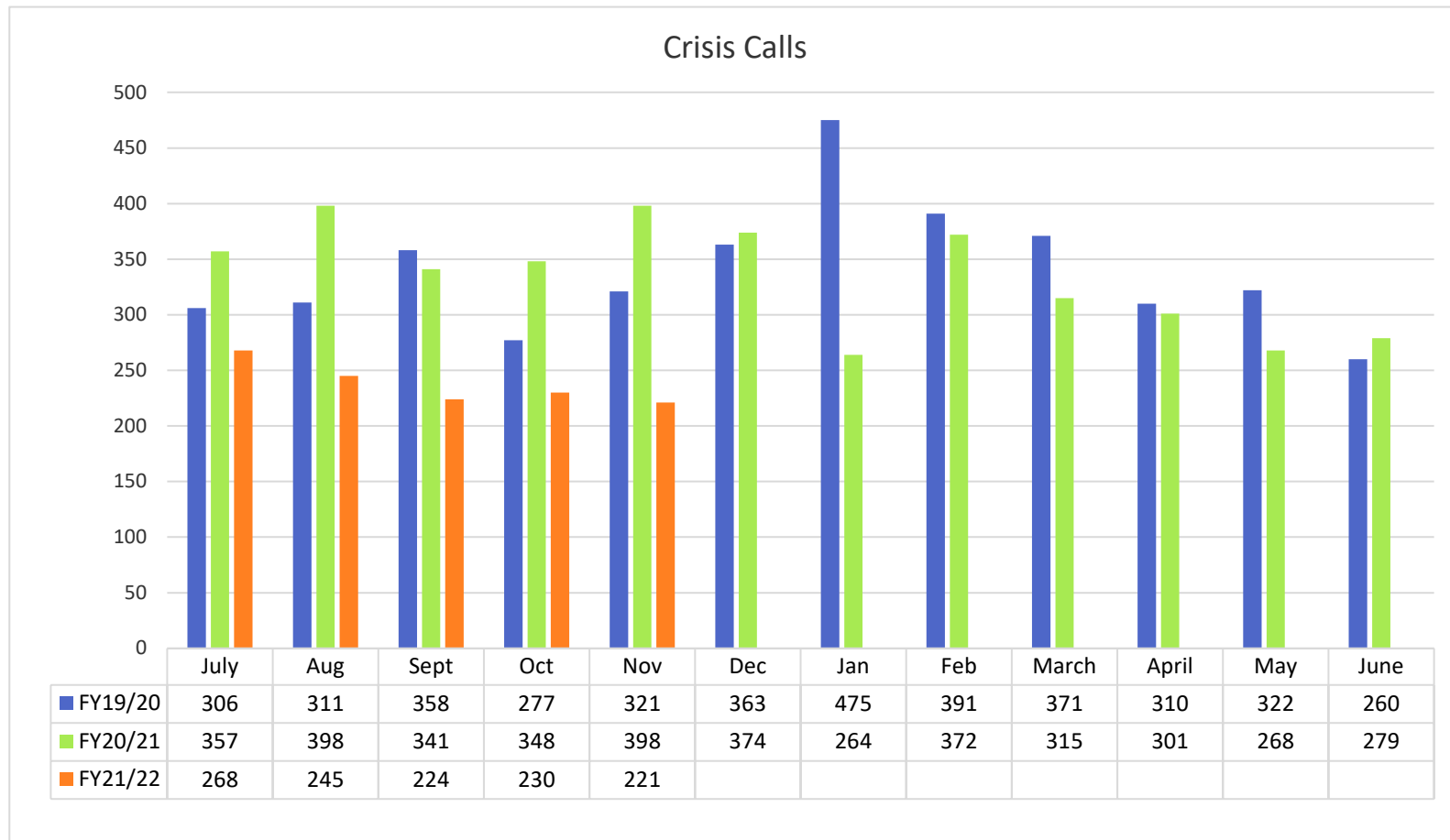
| YTD Persons by location... | Count | % |
|-----------------------------------|-------|-----|
| Ukiah Area | 1158 | 58% |
| Willits Area | 298 | 15% |
| North County | 58 | 3% |
| Anderson Valley | 27 | 1% |
| North Coast | 360 | 18% |
| South Coast | 32 | 2% |
| OOC/OOS | 57 | 3% |

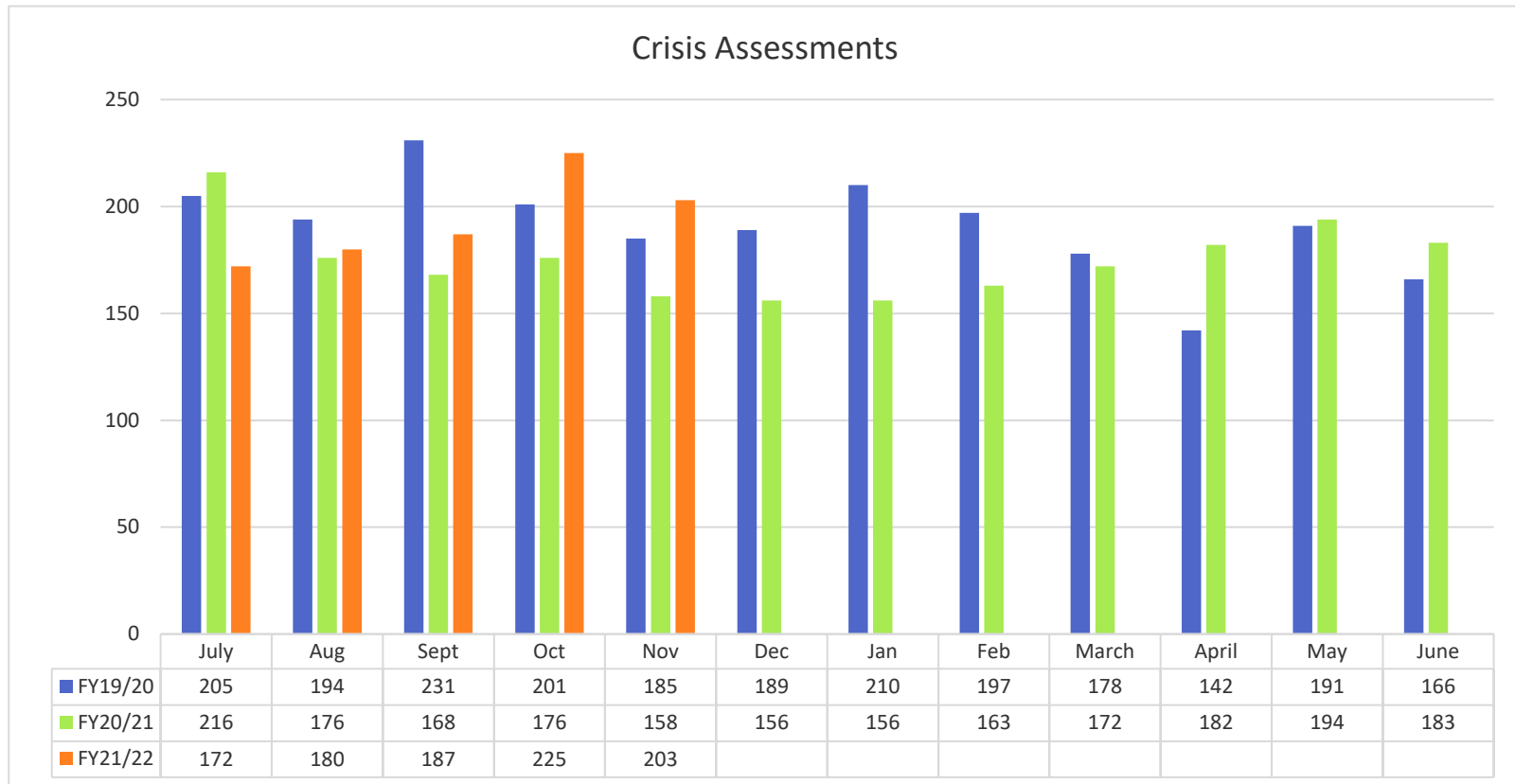


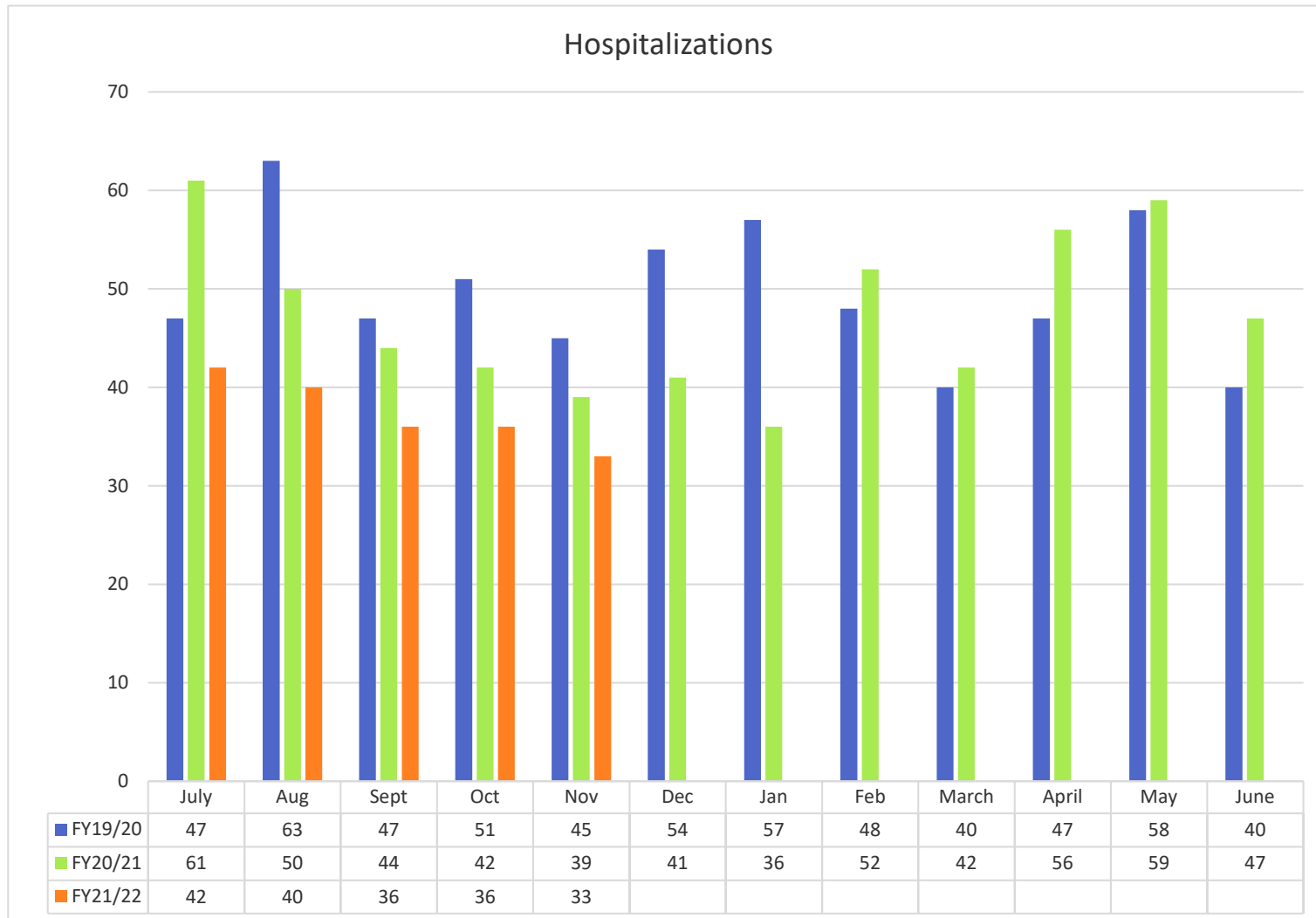


Unduplicated Clients Served



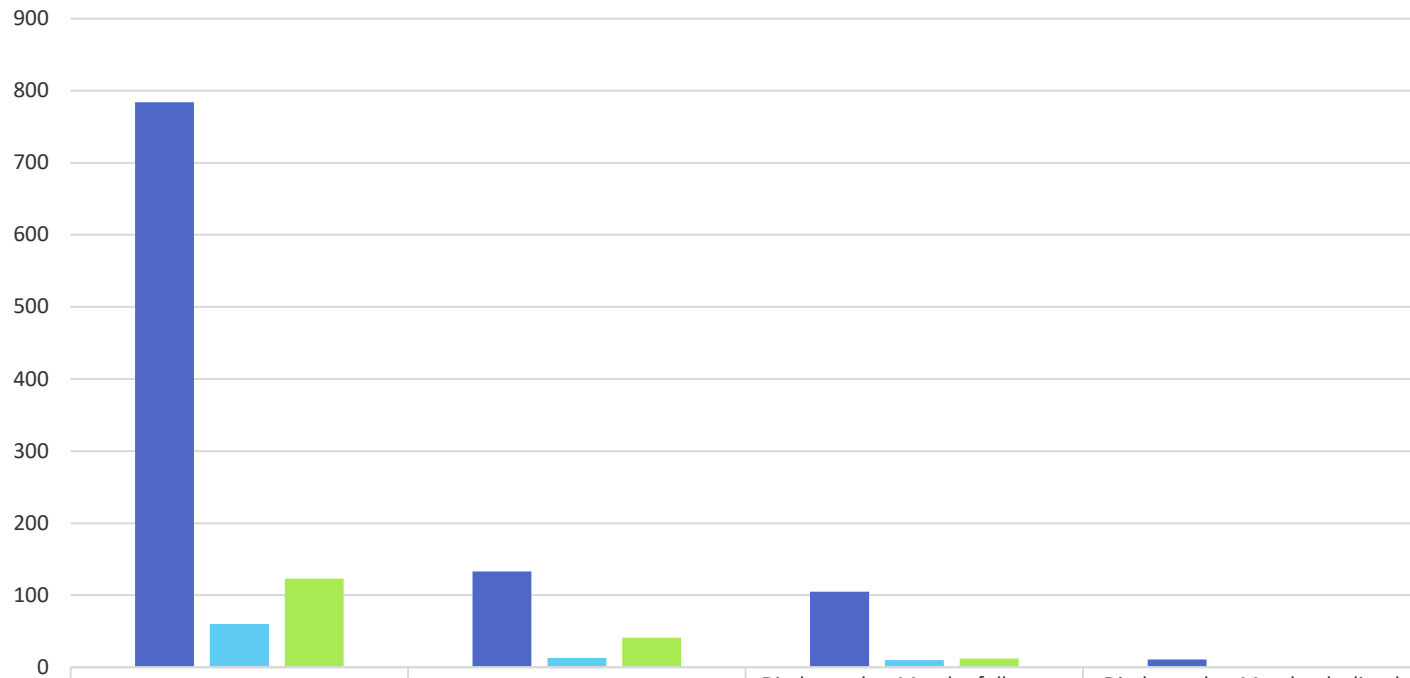




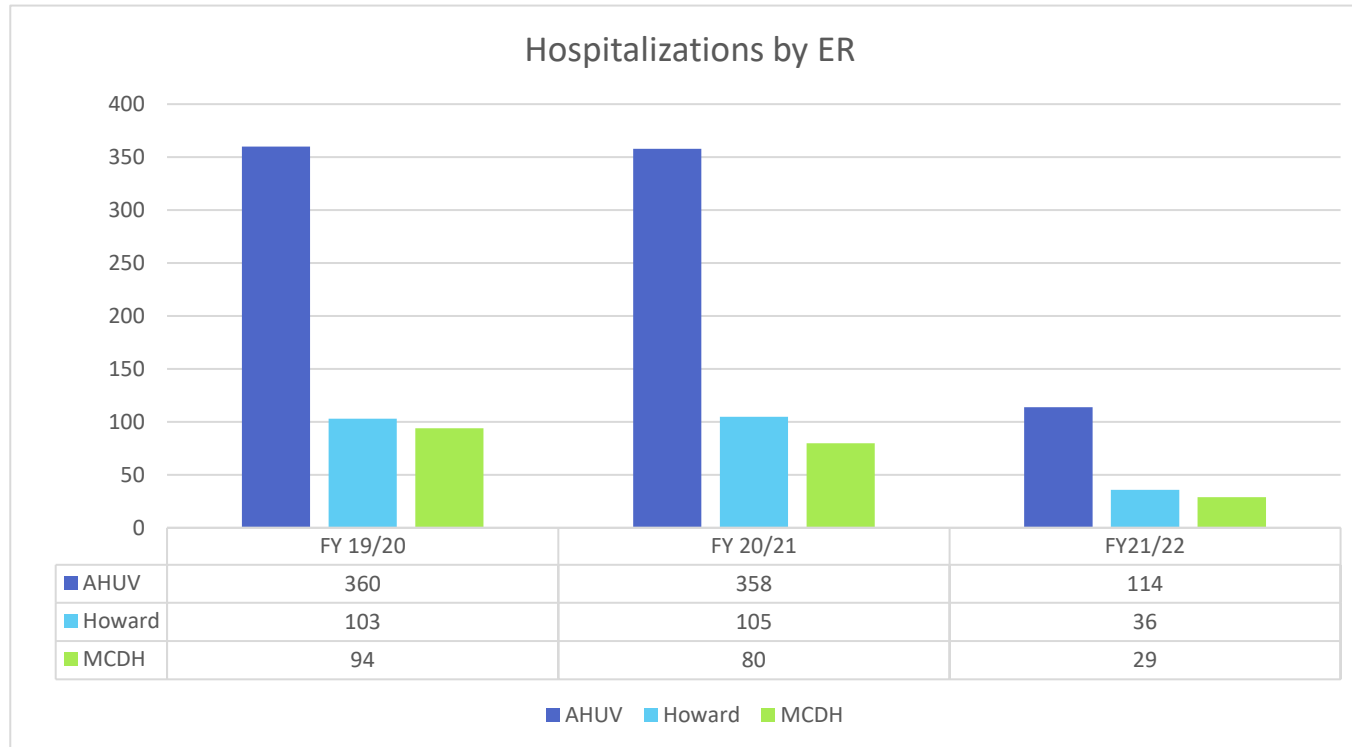




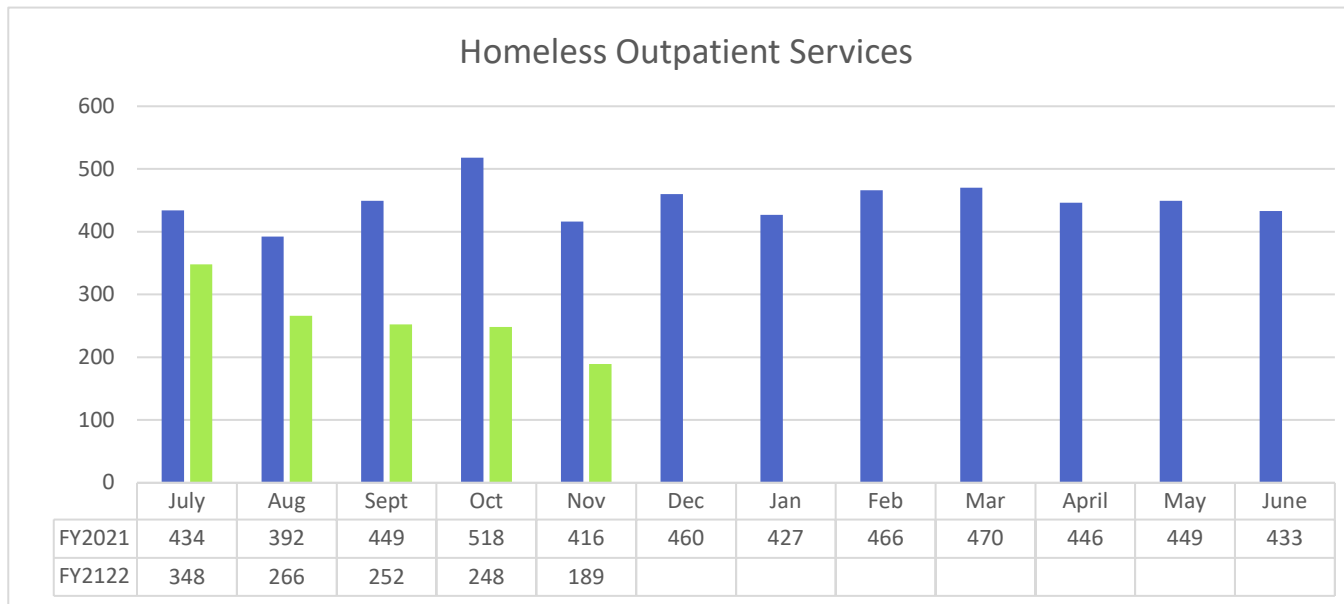
YTD Crisis by Payor



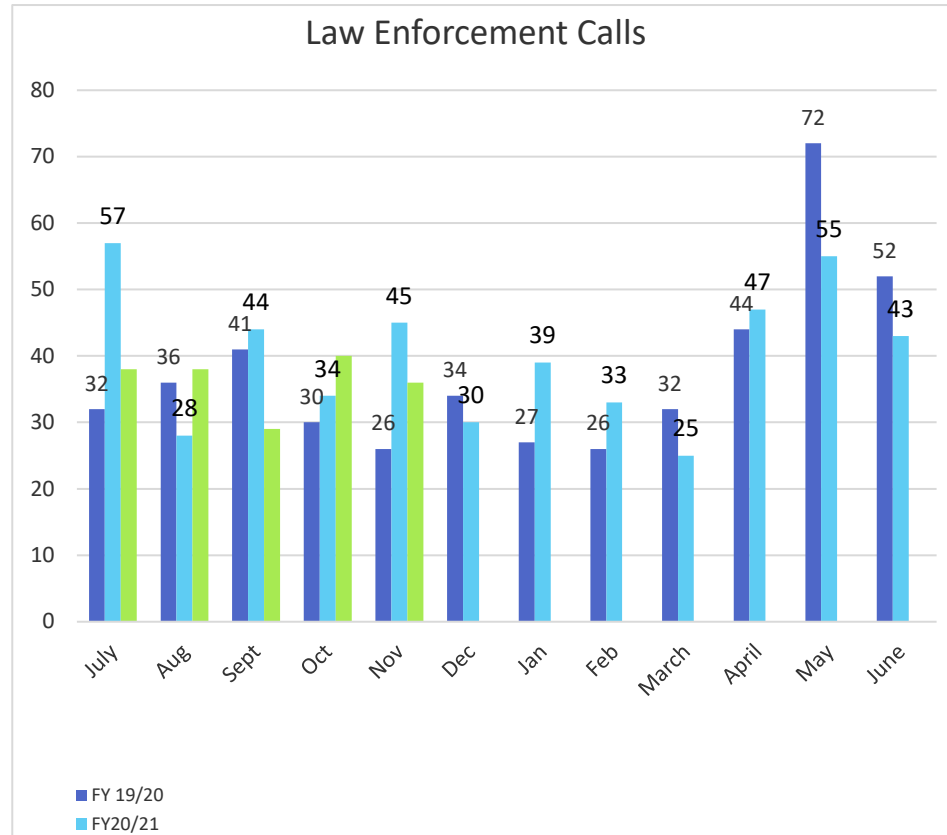
| | Crisis Assessments | Hospitalizations | Discharged to Mendo: follow-up appt | Discharged to Mendo: declined follow up |
|------------------------------|--------------------|------------------|-------------------------------------|-----------------------------------------|
| ■ Mendo Medi-Cal beneficiary | 784 | 133 | 105 | 11 |
| ■ Indigent | 60 | 13 | 10 | 0 |
| ■ All Other Payors | 123 | 41 | 12 | 0 |

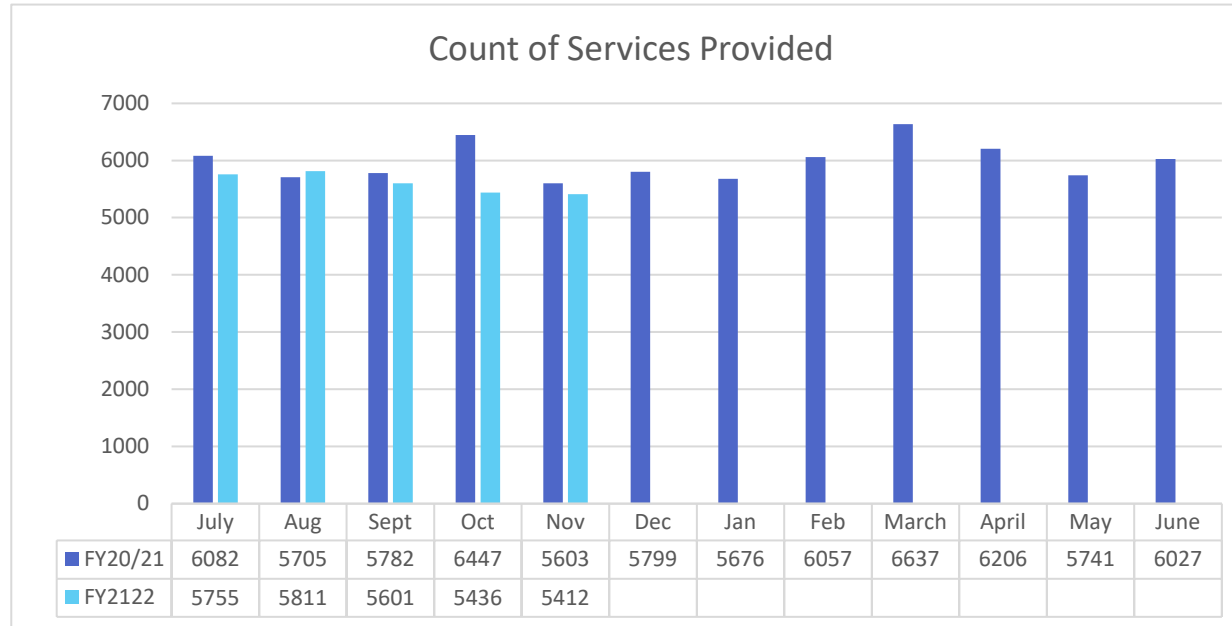






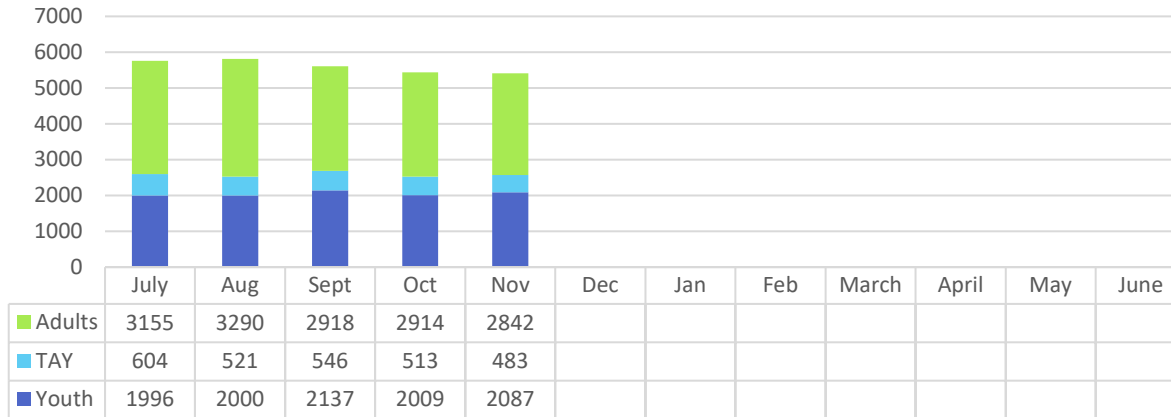








Services Provided by Age Group



■ Youth ■ TAY ■ Adults



Feasibility Study Report

Whitmore Lane Psychiatric Health Facility

Prepared by:

nacht&lewis

January 4, 2021

Final

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Section I - Executive Summary

Introduction

This report, referred to as the "Whitmore Lane Psychiatric Health Facility Feasibility Study," has been prepared to document the study results and the recommendations for the next steps. The County tasked the consultant team with answering the following questions:

1. Is it possible and cost-effective to remodel the existing Skilled Nursing Facility (SNF) to be a functional, safe, and secure 16-bed Psychiatric Health Facility, or is demolition of the existing building and construction of a new building necessary to achieve the required function, safety, and security, cost-effectively?
2. Is it possible to construct a new 16-bed Psychiatric Health Facility on the Whitmore Lane site?
3. What is the cost to construct a new 16-bed Psychiatric Health Facility on a hypothetical greenfield site located elsewhere in Ukiah?
4. If demolition of the existing SNF is necessary, is it possible to retain and remodel portions of the existing facility, such as the kitchen, laundry facilities, and office areas?

The expectation is that the study consists of sufficient depth of analysis to inform subsequent decision-making, with comparative results in enough detail to have confidence in the results and recommendations summarized in this report.

Process

The study was conducted in a collaborative effort between the County's consultant team of Nacht & Lewis, LACO, and AECOM, and stakeholders from Mendocino County Behavioral Health and Recovery Services and County Executive Office and Facilities Fleet Management. Meetings with the consultants and stakeholders were conducted biweekly throughout the study. The sessions were the forum to review and discuss the results of each of the study tasks and formulate recommendations based on the results.

In general, the study tasks consisted of the following:

- Review and observe existing conditions at 131 Whitmore Lane. Although the site observation aims to collect the information needed for the study, it is not intended to be an exhaustive investigation of the existing building and site construction. As no as-built documents were available, the study relies on the consultant's assumptions based on observation.

- Observe and report on the existing foodservice and laundry facilities to determine if it is possible to retain and remodel them.
- Review the County's planning and zoning requirements, including California Environmental Quality Act (CEQA) requirements.
- Conduct a property boundary and easement review.
- Conduct a flood analysis of the site.
- Research building code requirements for Psychiatric Health Facilities and prepare a space list of functional areas required for licensing and staffing. The list of functional areas is the basis for conceptual planning.
- Develop a parking analysis based on staffing requirements for a psychiatric health facility.
- Develop conceptual layouts for remodeling the existing skilled nursing facility and the new construction of a Psychiatric Health Facility. Test fit the layouts for best fit on the current property.
- Prepare a basis of design narrative, describing, in general, the construction requirements for a Psychiatric Health Facility for both remodeling and new construction.
- Prepare cost estimates based on the conceptual planning and construction requirements for the PHF.

The consultant team did not undertake the following tasks as part of this study:

- Hazardous materials investigation of the existing site and structure.
- Investigative condition assessment of the existing building and development of as-built documentation.
- Seismic analysis of the existing building to meet current code requirements.
- Condition assessment of the existing utilities.
- Geotechnical Exploration to determine the suitability of the soils to support a new building foundation.

Summary of Study Findings and Recommendations

Based on the outcome of the study tasks, the consultant team engaged with the project stakeholders to review the findings, evaluate the project options, and determine the recommended next steps.

The following is a summary of the conclusions in response to the study questions:

Response to Question 1:

It is possible to remodel the existing skilled nursing facility as a psychiatric health facility. It was determined. However, the consultants and stakeholders decided that it would not be cost-

effective or the best value for the County to do so. The existing building is not suitable for use as a PHF. It requires significant demolition and remodeling to resolve building code and security and safety concerns—the option to remodel the existing facility results in a less efficient and functional layout than new construction.

Additionally, the existing roof is of concern to County facilities staff. The current structure will not allow ductwork to be concealed and protected within the building envelope, leaving ductwork exposed on the roof with numerous new roof penetrations. Additionally, the existing flat roof structure will allow only marginal improvements to create adequate roof slope and positive roof drainage. These issues will be a long-term maintenance concern for the County.

New construction is more cost-effective. The stakeholders found that a new building will provide the optimal layout for safety and security, cost-effective operations, and long-term value from a maintainability and sustainability perspective. In addition, cost estimates indicate that the cost to rehabilitate and remodel the facility will be substantial, at \$19.1 million, compared to \$19.5 million to demolish the existing building and construct a new facility.

Response to Question 2:

The consultant team finds it feasible to locate and construct a psychiatric health facility at 131 Whitmore Lane. A Psychiatric Health Facility is compatible with the existing use permit recently approved for the skilled nursing facility, allowing for the existing facility to be remodeled or demolished and re-built within the existing footprint for use as a PHF.

Locating the PHF at Whitmore Lane would provide a long-term positive community impact by reducing traffic impacts for the neighborhood. New construction allows all vehicle access to enter from State Street, reducing traffic on Whitmore Lane. In addition, new decorative privacy fencing can create a separation from neighbors and added security.

Response to Question 3:

Conceptual cost estimates indicate that the cost to construct a new 16-bed psychiatric health facility on a hypothetical Greenfield is approximately \$22 million.

Response to Question 4:

It is possible to retain portions of the existing skilled nursing facility, such as the kitchen, but substantial remodeling is required. Based on the cost estimates, the consultants and stakeholders determined that it would not be cost-effective or the best value for the County. Most of the existing kitchen equipment is functional, but testing the equipment is required for

reuse in the facility. The laundry facilities are not needed for a PHF because the operator would utilize a laundry service.

Stakeholder Recommendation

Based on their review of the planning options presented and the estimated construction costs, Stakeholders recommend proceeding with Option 2, which is the demolition of the existing skilled nursing facility and construction of a new Psychiatric Health Facility at 131 Whitmore Lane.

Section II - Study Findings & Results

Background

Constructed in 1965, the building at 131 Whitmore Lane, under previous ownership, was licensed and operated as a Skilled Nursing Facility (SNF). Research of licensing records indicates that the facility is licensed by the California Department of Public Health (CDPH) and remains under the jurisdiction of the California Department of Health Care Access and Information (HCAI), previously called the Office of Statewide Planning and Development (OSHPD). HCAI, as the Authority Having Jurisdiction, monitors the construction, renovation, and seismic safety of hospitals and skilled nursing facilities in California. The SNF is licensed for 99-beds. The licensed bed capacity is currently in a "Voluntary Suspend."

Any license, including a license in suspense, shall remain subject to all renewal requirements of an active license, including paying renewal fees during temporary suspension. However, based on research, it is not clear if a license can remain in suspense indefinitely. The consultant recommends that the County undertake further outreach to CDPH to confirm the license status and determine the procedures and requirements for continuing the license in Voluntary Suspend or surrendering the license.

Until the license is surrendered, physical plant improvements to the Whitmore Lane facility beyond cosmetic upgrades cannot be undertaken without review and oversight by HCAI. Surrendering the license allows the County Building Department to review, approve, and oversee facility improvements as the Authority Having Jurisdiction.

Project Goals and Objectives

The County's design and construction priorities are:

- The overall design and development of the site and facilities shall result in functional, efficient, cost-effective operations. The expected life span of this project is a minimum of 50 years.
- The facility shall be a safe and therapeutic environment for patients and staff and designed as residential with a non-institutional appearance.
- The design and development of the site and facilities shall include cost-effective measures, system selections that guarantee the project can be constructed within the established project budget without compromising quality requirements.
- In the design and construction of the new facility, the County shall make every effort possible to minimize the facility's impact on the community.

Applicable Codes and Regulations and Licensing

Whether repurposing and remodeling the existing building or new construction, the facility must comply with the 2019 California Building Code (CBC), and the National Fire Protection Agency (NFPA) Life Safety Code (LSC) 101 (2012 Edition), and all other NFPA codes referenced in LSC 101.

Psychiatric Health Facilities (PHFs) are licensed by the California Department of Health Care Services (DHCS) pursuant to the requirements of the California Health and Safety Code (HSC) Division 2. Licensing Provisions; Chapter 2. Health Facilities; Section 1250.2. (a)(1).

Psychiatric Health Facilities must be designed and operated following all requirements necessary to be Medicare certified. In addition, Medicare Certified PHFs (Super PHF) must meet federal standards as a hospital and comply with the relevant conditions of participation for psychiatric services. "Deemed Status" is achieved by The Joint Commission (TJC) Hospital Accreditation Program (HAP) versus direct from the Centers for Medicare and Medicaid Services (CMS).

Project Entitlements

The property, 131 Whitmore Lane, identified by Assessor's Parcel Number (APN) 18404410 (Site), was developed as a Skilled Nursing Facility in 1965. Located in unincorporated Mendocino County, the property was initially zoned "R-1" (Single-Family Residential). On April 16, 2020, the County Planning Commission recommended that the Board of Supervisors (BOS) grant the rezoning of the site from R-1 to SR (Suburban Residential) with Flood Plain (FP) and Airport Combining District (AZ). Additionally, the BOS approved a Major Use Permit for a Major Impact Facility (Skilled Nursing Facility).

The approved entitlement allows for the use of the property as a Skilled Nursing Facility, which is designated as Congregate Care, allowing for occupancy of more than 25 persons. In addition, a Psychiatric Health Facility, which will have up to 16 beds, is also compatible with the approved use permit, allowing for the existing facility to be remodeled or demolished and re-built within the existing footprint for use as a PHF.

The Skilled Nursing Facility (Major Impact Facility) was an existing permitted use based on the Use Permit approved in August 2020, while the Ukiah Municipal Airport Land Use Compatibility Plan (UMALUCP) was adopted in May 2021. Therefore, the existing facility is not subject to the policies and provisions of the plan.

See Appendix Project Entitlements and CEQA Memorandum

Flood Analysis

The Whitmore Lane site is near an existing creek named Oak Court Creek. The FEMA Flood Insurance Rate Maps show the site is partially in a Zone A flood hazard area. Zone A is defined as an area subject to inundation from a 100-year flood event where no detailed flood elevation has been determined. Therefore, an analysis was conducted to establish the 100-year flood elevation and graphically depict that elevation in relationship to the existing building and surrounding property.

The flood analysis indicates that flooding occurs around the Northeast and Southeast corners of the existing building and inundates most of the parking area south of the building. However, when the highest water surface elevation adjacent to the building (608.29') at River Station 241.53 is compared to the Finished Floor of the building (610.74'), it can be determined that the flooding inside the building is not likely to occur during an anticipated 100-year storm event. Therefore, flooding of the parking areas can be mitigated by raising the site's elevation at the Southeast corner.



Figure 1 - Flood Area Exhibit

See Appendix Flood Analysis

Existing Building Review

The existing building is a modest single-story structure typical of 1960s architecture and construction. There is nothing remarkable or historically significant about the architecture. There are currently two buildings on the property constructed in 1965. The primary building is a single-story wood-framed structure of approximately 22,000 square feet. Due to its age, design, and existing condition, the building is not suitable to function as a Psychiatric Health Facility. The floor plan is not functionally appropriate for an inpatient psychiatric facility as its layout cannot meet the best practices for patient safety and security. Visual control of patient areas by staff in a psychiatric facility is a priority.

Additionally, the existing mechanical, plumbing and electrical systems are past their useful life and require complete replacement to meet current code requirements.

Based on visual observation and input from County facilities and maintenance staff, there are numerous deficiencies with the current building that require repair or redesign. The most significant defects include frequent clogging of wastewater pipes and roof leaks caused by a failing roof membrane and a flat roof design with an inadequate drainage system. A complete redesign of the roofing systems is required to resolve the roof drainage issue.

Existing Food Service and Laundry Facilities

As part of the study, a site visit was conducted by Marshall Associates, Inc. Marshall Associates are experts in the planning and design of institutional foodservice and laundry facilities. The purpose of the site visit was to survey and assess the existing dietary kitchen, foodservice support areas, and laundry and review for proper operation and code compliance. *See Appendix Site Visit Report – Foodservice & Laundry*

In general, the consultant found that the existing kitchen was in good working condition, and the existing finishes were in fair condition. However, several areas are deficient, citing code compliance and health and safety concerns. The deficiencies are summarized as follows:

1. The coved flooring outside of the walk-in cooler is not code compliant. Continuous coving is required.
2. The hood and fire suppression system are not code compliant. Therefore, the systems must be replaced.
3. The dish machine (dishwashing) requires a Type II condensate hood.
4. The dish machine is a low-temp chemical sanitizing unit. It must be replaced with a high-temp unit with an integral booster heater.
5. Exposed piping along the back of the dish line must be concealed.

6. The clean side of the dish line is adjacent to the 3-compartment sink. Soiled and clean areas cannot be adjacent to each other.
7. The dish rack is installed too high for proper use.
8. The electrical access panel installed above the 3-compartment sink must be relocated away from wet areas.
9. Hand sinks must be replaced with National Sanitation Foundation (NSF) listed units and installed 18-inches clear of adjacent equipment from the center point on each side of the unit.
10. The walk-in cooler and kitchen flooring must be replaced to ensure continuous and seamless protection.
11. The janitor closet requires a metal slotted shelf for chemical storage and a mop rack.
12. The janitor closet requires a floor-mounted sink. It currently has a wall-mounted sink.
13. The dry storage area is undersized for all food storage.
14. Provide designated areas for hairnets, gloves, and other required safety gear.
15. Provide a designated area for washing carts and mats.

Psychiatric Facility Design Requirements

The Psychiatric Health Facility (PHF) will provide 24-hour inpatient care for up to sixteen (16) individuals who need intensive therapeutic psychiatric services. Safety for both patients and staff is a primary concern for all behavioral and mental health facilities. A facility of this nature requires that movement into and out of patient care areas is controlled and secured with locked doors, which requires that the facility meet the highest standard of construction for fire and life safety to ensure the building occupants

Patients housed and treated in psychiatric health facilities are at greater risk of self-harm or harming others. Therefore, the environment must be designed to reduce the risk of injury and suicide. Anti-ligature and tamper-proof fixtures and impact-resistant glass are required. Following FGI guidelines (2018 edition) ¹, a Safety Risk Assessment of the facility must be performed per Section 1.2-4 Safety Risk Assessment (SRA) and including Section 1.2-4.6 Behavioral and Mental Health Risk (Psychiatric Patient Injury and Suicide Prevention).

Additionally, a building interior designed appropriately to achieve a therapeutic environment will provide patients access to natural light and acoustically controlled spaces that reduce noise and allow patient privacy. Finally, durable and maintainable finishes must be incorporated.

¹ The Facility Guidelines Institute is an independent, not-for-profit organization dedicated to developing guidance for the planning, design, and construction of hospitals, outpatient facilities, and residential health, care, and support facilities. FGI oversees the FGI *Guidelines for Design and Construction* revision process and publication, funds research, and offer resources that support the development of safe, effective health and residential care built environments. FGI partners with numerous other organizations to help develop the *Guidelines* and other practical, evidence-informed publications.

Facility Staffing

A component of the study was to understand the staffing requirements for the psychiatric health facility to determine functional area requirements for staff and parking needs. The consultant was provided with the proposed staffing pattern from Telecare Corporation, the prospective operator for the new facility. The staffing pattern indicated that 39.4 FTE is needed for a 16-bed facility.

Building Area Requirements

A facility program was developed to determine the space needs for the 16-bed Psychiatric Health Facility. The complete facility program can be found in the Basis of Design document in the Appendix. Following is a building area summary which indicates that a building of approximately 13,000 gross square feet is required for the new Psychiatric Health Facility.

| BUILDING AREA SUMMARY | | |
|--------------------------------------------|-----|---------------|
| PATIENT SUPPORT AREAS | | 800 |
| PATIENT CARE AREAS | | 5,205 |
| DIETETIC SERVICE SPACE | | 880 |
| SUPPORT SERVICES | | 2,270 |
| TOTAL NET USEABLE SQUARE FOOTAGE | | 9,155 |
| Building Grossing Factor | 45% | 4,120 |
| TOTAL BUILDING GROSS SQUARE FOOTAGE | | 13,275 |

Figure 2 – Psychiatric Health Facility Building Area Requirements

Planning Options for Whitmore Lane Site

Based on the building area requirements and building code requirements, site and building planning options were developed as a test-fit to determine if remodeling of the existing facility or new construction is feasible for the new psychiatric health facility. In addition to the planning options, a Basis of Design narrative was prepared to describe, in general, the construction requirements for a Psychiatric Health Facility for both remodeling and new construction.

See Appendix Basis of Design

The following planning objectives governed the development of the conceptual planning:

Site Planning:

1. Improve existing site access to minimize traffic impact on Whitmore Lane.
2. Improve access and site circulation for fire vehicles through access or a required turning radius or standpipes where site access was limited.
3. Improve street frontage and pedestrian access to State Street and Whitmore Lane. An accessible path of travel is required to the public way and public transit.
4. Improve public and staff parking areas meeting the project parking needs for the PHF. Parking spaces are provided following the Staffing and Parking Analysis and following code requirements.

Required Parking Spaces:

| | |
|-------------------------------|-----------|
| Staff Parking | 28 |
| Public Parking | 5 |
| Accessible Parking | 2 |
| <u>Emergency Vehicle</u> | <u>1</u> |
| Total Parking Required | 36 |

5. Plan for site amenities such as landscaping and decorative fencing to enhance facility residents' privacy and provide visual and sound separation from the neighboring properties and State Street.
6. Plan for outdoor recreation areas that are safe and secure for the residents.

Building Planning:

1. Planning must address current fire and life safety requirements for locked a facility per the 2019 California Building Code. The existing skilled nursing facility must be upgraded to these requirements.
2. Planning shall be functionally efficient and meet the FGI Guidelines for a safe, secure, and therapeutic environment.
3. Locate patient/resident gathering areas near the nurse station to encourage congregation and socializing near the nurse station.
4. Locate the nurse station at the center of patient corridors for efficient access to patient rooms. Planning should eliminate visual blind spots from the nurse station as much as possible.
5. Locate clinical support staff offices "on-stage" in the patient areas of the behavioral health unit.
6. Locate support services, such as materials and food management access, "off-stage" from the unit to minimize noise and disruption and support staff interruption.

7. Locate patient showers and bathrooms in corridors. Patient rooms shall not have dedicated showers and toilets.
8. Maximize planning for patient access to natural light and views to the exterior.

Summary of Option 1: Remodel Existing

The existing building is approximately 22,000 gross square feet which is significantly larger than the 13,000 gross square feet required for a 16-bed PHF. Although portions of the facility would be demolished due to the inefficient layout, and extraneous spaces between the parts of the facility that must remain, the remaining facility is still significantly larger at 17,838sf.

Several strategies governed the remodeling concept:

1. Bearing walls along exterior walls and corridors had to remain. Demising walls running perpendicular to bearing walls could be removed, and interiors gutted.
2. Because the facility is intended to be locked, and because the construction type is V-A as defined in CBC Table 601, the building had to be compartmentalized by firewalls into areas less than 5,200 sf as required by CBC Section 407.1.1. These walls were placed as economical as possible with the existing structure but are still a challenge to add to an existing building.
3. Because sightlines drive operations, the nurse station was placed at the intersection of the main corridor and a wing to maximize visual control over circulation. The wing contains single and double rooms, while the other axes include other patient areas that require observation.
4. The proposed solution preserves the existing main entry for public access and proximity to administrative and visiting functions.
5. The concept maintains the existing kitchen, food storage, and delivery areas because they were recently renovated and provide value to remain; however, substantial remodeling of these areas must be done to comply with current building code requirements.
6. An additional intake area was proposed along the public side of the building between the administration and the patient areas, which allows for secure receiving of patients separate from the public lobby.
7. Staff areas were placed between the proposed patient areas, the food preparation, and admin/public entry.
8. A portion of the facility is shown as demolished to make space for a new recreation yard.



Figure 3 -Conceptual Plan for Option 1

Summary of Option 2: Demolish Existing and New Construction

The new construction provided many opportunities to improve the building layout and the placement on the site. In addition, the new building proposal could be much more efficient with an area of about 13,500sf, which is more economical to staff, maintain, and mechanically condition.

Site Improvements:

1. Locate all access on State Street to avoid traffic on Whitmore. Only a gated emergency fire lane access is located on Whitmore.
2. Provide visitor parking along State Street.
3. Provide staff parking behind the visitor parking with the ability to provide a barrier for secured parking.

4. Provide significant frontage along Whitmore Lane that can be landscaped for occupancy privacy and a good neighbor to adjacent residents.
5. Provide the facility's entry facing State Street with an accessible path of travel to the bus stop along State Street.
6. Provide a 20-foot-wide vehicle access lane for deliveries, trash, etc., accessed from State Street, with a hammerhead allowing a truck to turn around and leave via State Street.

Building Considerations:

1. The nurse station is located at the intersection of a cruciform layout with the central axis (two opposing wings) occupied by patient rooms and support spaces, one wing containing the main day room/dining space, and one wing dedicated to administration and public areas.
2. The administration/public access wing is located with access to the visitor parking with an entry facing State Street.
3. The dayroom wing has access to the exterior yard, which can be screened from Whitmore for privacy and placed remotely from public parking and properties immediately adjacent to the site.
4. The building is efficiently divided into compartments by firewalls to meet the requirements of CBC 407.1.1.
5. Nurses have clear sightlines to the entry hall, patient room corridor, and dayrooms.
6. The wings are designed for an efficient shed roof cross-section that allows ample attic/interstitial space for mechanical ducting and routing of other utilities.
7. Kitchen and facility storage areas are located in the rear of the facility near a loading and trash area.
8. The proposed new facility has an efficient circulation system with visible control from staff while facilitating code-compliant exiting.



Figure 4 - Conceptual Plan for Option 2

Planning Option for a Greenfield Site

New construction on an unknown greenfield site was considered as an alternative option to the Whitmore Lane site. Although the alternate site is unidentified for the study, it is assumed that the property would be of comparable acreage to 131 Whitmore Lane, approximately 1.6 Acres, and located within the City of Ukiah or nearby in unincorporated County lands. New construction on the alternate site would be comparable to Option 2.

A caveat of this option is that County-owned properties have already been considered for the new Psychiatric Health Facility, but all have been met with significant public opposition. Any location other than 131 Whitmore Lane may encounter the same resistance. Additionally, constructing the new Psychiatric Health Facility on a new property requires the County to conduct due diligence and go through the land use and entitlement process and CEQA.

Cost Estimates

AECOM prepared conceptual project cost estimates for each of the planning options. The resulting estimates are summarized below, and costs are grouped into two categories covering construction-related and project-related expenses. The construction-related costs reflect costs that the general contractor submits at bid time, and the project-related costs are those non-general contractor-related expenses paid by the owner. The factors that make up the Estimated Costs in each category included the following items:

Construction Related Costs

- Escalation – Construction estimates are stated in today's dollars; however, the estimates include a cost escalation factor based on an assumed schedule for the design and construction of the project. Cost escalation reflects potential cost escalation from the date of the estimate to the mid-point of construction.
- Design Contingency – Since there is no design at this time, a factor is provided for unknown size, and space needs to be based on the complexity of the area.
- Contractor's Overhead & Profit / General Conditions – Factors for the contractor's overhead and profit, including general conditions.

Project Related Costs

- Construction Contingency of 10% - These funds are intended for change orders, either owner or contractor initiated. These funds may not be spent.
- Architect / Engineers Fees – These are the fees for designing and engineering in addition to fees for specialty consultants employed by the architect, such as foodservice consulting.
- Building Construction Management and Inspection – The costs include individuals or firms contracted for building inspection, materials testing, special inspections, construction administration/management (CM), and other project management duties.
- Miscellaneous – This is a placeholder cost for building permit fees, duplication costs, special inspections, geotechnical, and other incidental costs.

The conceptual estimates for each option also assume that the facility operator provides all movable furniture, fixtures, and equipment (FF&Es) required for the project. Additionally, the estimated cost of land acquisition was included for the greenfield site option.

| | | Option 1 - Partial Demo/Remodel | | Option 2 - Full Demo and New Construction | | Option 3 - New Construction on Greenfield Site |
|--------------------------------------------------------------|-------------------------------------|------------------------------------|--------|----------------------------------------------|--------|------------------------------------------------------|
| Construction Cost | | | | | | |
| Building Construction | | \$6,564,181 | | \$7,224,356 | | \$6,972,413 |
| Sitework | | \$946,083 | | \$1,025,300 | | \$965,284 |
| | Sub-Total | \$7,510,264 | | \$8,249,656 | | \$7,937,697 |
| Field Requirements | 10.00% | \$751,026 | | \$824,966 | | \$793,770 |
| General Conditions | 10.00% | \$826,129 | | \$907,462 | | \$873,147 |
| Bonds, Insurance, Profit | 6.50% | \$590,682 | | \$648,835 | | \$624,300 |
| Design/Estimating Contingency | 30.00% | \$2,903,430 | 20.00% | \$2,126,184 | 30.00% | \$3,068,674 |
| Construction Contingency | 10.00% | \$1,258,153 | | \$1,275,710 | | \$1,329,759 |
| | Sub-Total | \$13,839,685 | | \$14,032,814 | | \$14,627,345 |
| Escalation to Midpoint | 13.50% | \$1,868,357 | 13.50% | \$1,894,430 | 18.50% | \$2,706,059 |
| | Mid-point of Construction Apr-24 | | Apr-24 | | Jan-26 | |
| | Construction Budget | \$15,708,043 | | \$15,927,244 | | \$17,333,404 |
| Soft Costs | | | | | | |
| AE Design/Construction Support Fees | | \$1,800,000 | | \$1,800,000 | | \$1,800,000 |
| Construction Management Fees | | \$1,256,643 | | \$1,449,379 | | \$1,386,672 |
| Building Investigation/Seismic Analysis | | \$50,000 | | \$0 | | \$0 |
| Hazardous Materials Investigation | | \$15,000 | | \$15,000 | | \$25,000 |
| Topographic Surveying | | \$15,000 | | \$15,000 | | \$15,000 |
| Geotechnical Investigation | | \$30,000 | | \$30,000 | | \$45,000 |
| CEQA | | \$35,400 | | \$35,400 | | \$75,000 |
| Materials Testing (Construction) | | \$35,000 | | \$50,000 | | \$70,000 |
| Construction Inspection | | \$90,000 | | \$90,000 | | \$90,000 |
| Building Commissioning | | \$62,908 | | \$63,786 | | \$66,488 |
| County Project Management/Administration | | \$0 | | \$0 | | \$0 |
| County Inspections | | \$0 | | \$0 | | \$0 |
| Agency Retained Fixtures, Furnishings and Equipment | | \$0 | | \$0 | | \$0 |
| Utility Services, Connection Fees (Elec., Sewer, Water, Gas) | | \$2,250 | | \$2,250 | | \$200,000 |
| County Plan Check and Permitting | | \$15,000 | | \$15,000 | | \$15,000 |
| Advertising, Printing & Mailing | | \$15,000 | | \$15,000 | | \$15,000 |
| Facility Licensing | | \$0 | | \$0 | | \$0 |
| Site Acquisition (minimum parcel size 1.28 Acres) | | \$0 | | \$0 | | \$850,000 |
| | Total Project Soft Costs | \$3,422,201 | | \$3,580,815 | | \$4,653,160 |
| | | \$0 | | \$0 | | \$0 |
| Recommended Budget for Project | | \$19,130,244 | | \$19,508,059 | | \$21,986,564 |

Figure 5 - Project Cost Estimates

Stakeholder Evaluation and Scoring of Options

The stakeholder group reviewed the study results and evaluated the construction options. The following criteria were established for the evaluation and weighted by importance to the assessment:

| Evaluation Criteria | Assigned Importance Weight |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| Community Impact | |
| The proposed option has the most negligible impact on the community, making it a viable option for the development | 10.00% |
| Constructability | |
| The proposed option can be constructed efficiently and reduces or eliminates the possible obstacles and unknowns that could cause delays or increase project costs. | 5.00% |
| Functionality, Patient Care Environment | |
| The layout is functional, meeting best practices for staffing efficiency. It is adaptable for long-term functionality and can achieve a therapeutic, safe, and secure environment. | 20.00% |
| Cost Effectiveness | |
| The overall project cost-effectively provides the County with long-term value and the best return on investment, including maintenance costs and operational costs. | 20.00% |
| Maintainability | |
| It can be maintained efficiently and resolves the County's maintenance goals and objectives. | 10.00% |
| Sustainability | |
| The option is the best approach for sustainability and energy efficiency and meeting County's sustainability goals. In addition, the option can achieve the Boards Carbon Neutral footprint goal. | 5.00% |
| Risk of Cost Increase | |
| Risk of cost increase due to unknowns | 15.00% |
| Risk of Schedule Delay | |
| Risk of delay due to uncertainty or unknown circumstances. Risk of delay due to community opposition | 15.00% |

Figure 6 - Stakeholder Group Evaluation Criteria

The stakeholders scored the options on a scale of 1 to 10 for each criterion and weighted.

| | EVALUATION CRITERIA | | | | | | | | Total Score |
|------------------------------------------------|---------------------|------------------|-----------------------------------------|--------------------|-----------------|----------------|-----------------------|------------------------|-------------|
| | Community Impact | Constructability | Functionality, Patient Care Environment | Cost Effectiveness | Maintainability | Sustainability | Risk of Cost Increase | Risk of Schedule Delay | |
| | 10.00% | 5.00% | 20.00% | 20.00% | 10.00% | 5.00% | 15.00% | 15.00% | 100.00% |
| Option 1 - Partial Demolition and Remodel | 7 | 5 | 4 | 5 | 4 | 5 | 4 | 5 | 39 |
| Weighted score | 0.7 | 0.25 | 0.8 | 1 | 0.4 | 0.25 | 0.6 | 0.75 | 4.75 |
| Option 2 - Demolish Existing and Build New | 8 | 8 | 6 | 6 | 8 | 7 | 6 | 8 | 57 |
| Weighted score | 0.8 | 0.4 | 1.2 | 1.2 | 0.8 | 0.35 | 0.9 | 1.2 | 6.85 |
| Option 3 - New Construction on Greenfield Site | 5 | 8 | 5 | 6 | 8 | 8 | 5 | 3 | 48 |
| Weighted score | 0.5 | 0.4 | 1 | 1.2 | 0.8 | 0.4 | 0.75 | 0.45 | 5.5 |

Figure 7 - Scoring Matrix with Results

Stakeholder Recommendation

Based on their review of the planning options presented and the estimated construction costs, Stakeholders recommend proceeding with Option 2, which is the demolition of the existing skilled nursing facility and construction of a new Psychiatric Health Facility at 131 Whitmore Lane.

Section III - Appendix

Flood Analysis

TECHNICAL MEMORANDUM

Mendocino County Psychiatric Hospital-Feasibility Study Flood Elevation Determination

Date: November 10, 2021

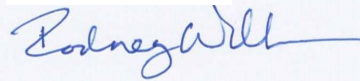
Project No.: 9528.00

Prepared For: Nacht & Lewis

Prepared By: Kevin Doble, Project Manager



Reviewed By: Rodney Wilburn, VP Engineering



Cc:

Attachments: Figures:
Figure 1: Flood Area Exhibit
Appendix 1: HEC-RAS Calculations
Appendix 2: References

1.0 INTRODUCTION

The County of Mendocino is in the process of completing a feasibility study for a potential Psychiatric Hospital Facility located at Whitmore Lane, Ukiah, Ca. The prospective site is in County of Mendocino jurisdiction. The project site is located near an existing creek named Oak Court Creek. The FEMA Flood Insurance Rate Maps indicate the site is partially located in a Zone A flood hazard area. The Zone A is defined as an area subject to inundation from a 100-year flood event where no detailed flood elevation has been determined. The purpose of this analysis is to establish the 100-year flood elevation and graphically depict that elevation in relationship to the existing building and surrounding property.

1.1 Hydrologic Setting

Oak Court Creek is located approximately 150 feet southerly of the existing building (131 Whitmore Lane) and flows in an easterly toward the Russian River. The creek enters a 72" metal culvert at the west edge of State Street. The watershed area at the culvert is approximately 576 Acres in size and is developed with rural residential parcels and open land hillside.

1.1.1 Runoff Calculations

LACO has utilized hydrology calculations prepared for a previously approved development project known as the Gardens Gate Subdivision, prepared by Sandine Associates in 2006 for the 100-year runoff input. Additionally, LACO checked the watershed area and runoff rates against USGS Streamstats data to confirm and calibrate the runoff to be used in the hydraulic modeling and confirmed runoff values and drainage areas to be consistent.

Both reports are included in Appendix 2 attached for reference.

The 100 year (Q100) flowrate from both reports is shown below:

| | |
|------------------|---------------|
| Sandine Report: | Q100 = 397cfs |
| USGS Steamstats: | Q100 = 361cfs |

LACO has elected to use the more conservative flow rate of 397cfs as input for the hydraulic model.

1.2 Hydraulic Model

LACO has used the hydraulic Army Corps of Engineers HEC-RAS v6.1.0 modeling software to determine the 100-year flood elevation in the waterway. Using the 100-year flow rate of 397cfs referenced above and the channel geometry from a cross section field survey performed by LACO.

1.2.1 Channel Conditions

The channel is well defined with bed and bank and the presence of built features along the top of bank consisting of retaining wall and fencing along the southern top of bank and structures within 30' along the northern top of bank area. This channel flowline slope varies between 0.26% to 4.13% with side slopes ranging from 1:1 (H:V) to 4:1(H:V).



View looking downstream



View looking upstream

1.2.2 Input Values

The following input values were used in the hydraulic modeling:

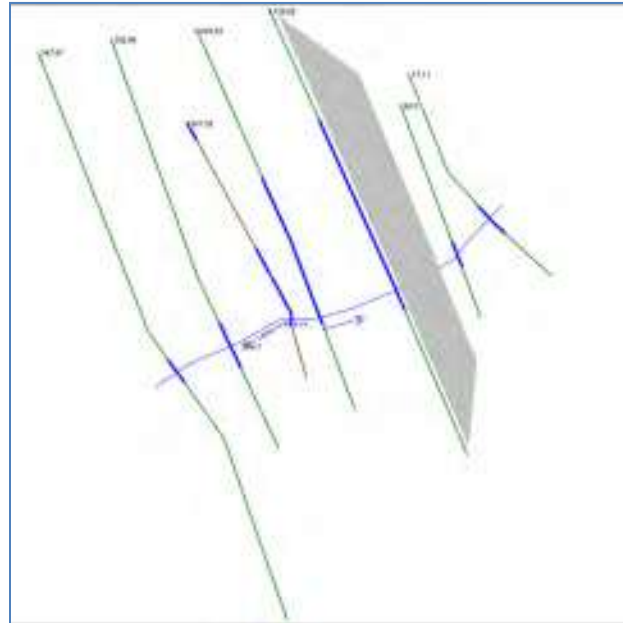
| | |
|------------------------|------------------------------------------|
| Channel geometry: | Topographic cross section survey by LACO |
| Channel Slope: | Topographic cross section survey by LACO |
| Roughness Coefficient: | Channel Manning's "n" = 0.060 |
| | Overbank area = 0.03 |
| | Culvert = 0.03 |
| Flow rate (Q100): | 397cfs |

1.2.3 Water Surface Elevation from Model

The modeling scenario selected for this analysis uses a starting water surface elevation (W.S. Elev.) at a downstream cross section (River Station 17.11) which is approximately 110 feet downstream of the 72" culvert crossing under State Street. The normal depth water surface elevation and this location is calculated to be 604.14'.

The resulting 100-year water surface elevations by river station location are shown in the table below.

| River Sta | Profile | Q Total (cfs) | Min Ch El (ft) | W.S. Elev (ft) |
|-----------|---------|------------------|-------------------|-------------------|
| 347.97 | PF 1 | 397.00 | 602.75 | 609.56 |
| 292.84 | PF 1 | 397.00 | 602.04 | 608.85 |
| 241.53 | PF 1 | 397.00 | 601.34 | 608.29 |
| 203.53 | PF 1 | 397.00 | 601.25 | 608.17 |
| 128.65 | PF 1 | 397.00 | 599.65 | 608.19 |
| 92 | | Inl Struct | | |
| 62.01 | PF 1 | 397.00 | 599.25 | 604.31 |
| 17.11 | PF 1 | 397.00 | 598.43 | 604.14 |

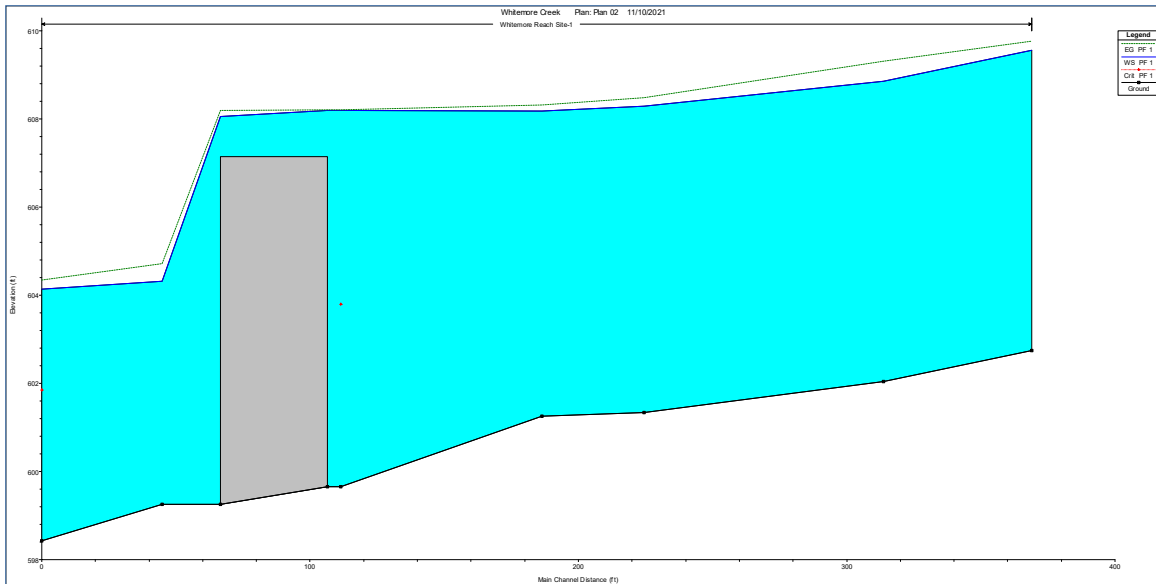


1.3 Flood Elevation Determination

Based on the results of the HEC-RAS model it can be determined that the 100-year flood elevation ranges from 604.31' on the downstream (East) side of State Street to 608.19' on the upstream (West) side of State Street and from 608.19' to 609.56' from State Street to the upstream (West) end of the property adjacent to the creek.

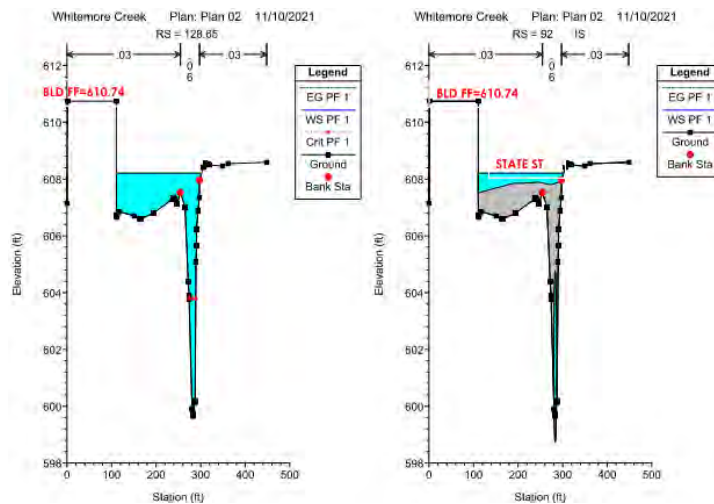
As seen in the flood profile below, the runoff from the 100-year event overtops State Street resulting in flooding on the west side of State Street at elevations lower than the top of road.

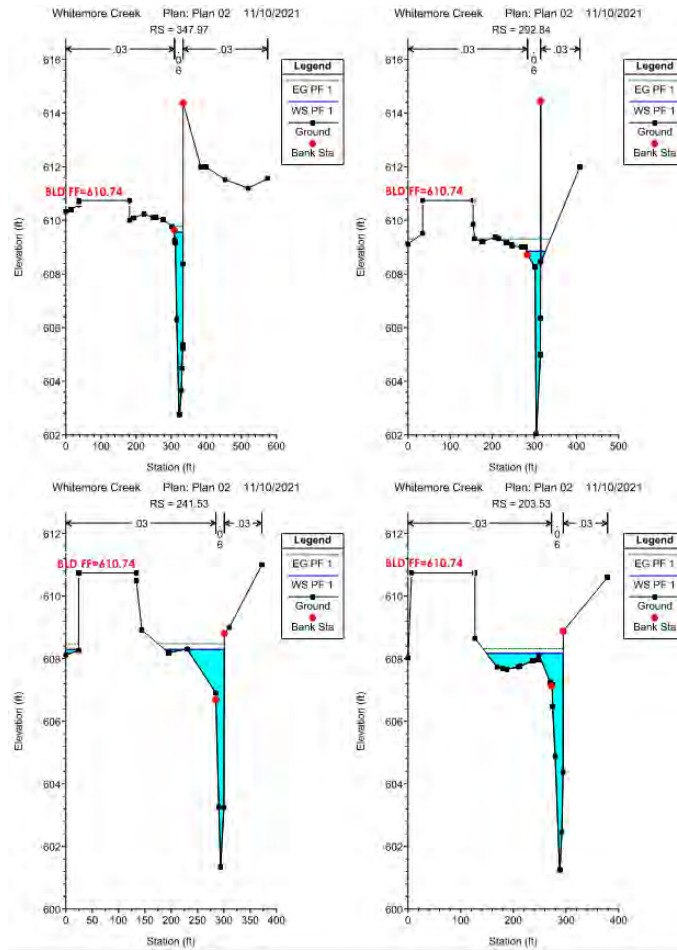
This is confirmed by the report prepared by Sandine Associates which states the 72" culvert under state street does not convey the full 100-year event and overtops State Street during this storm event. (See Appendix -1)



1.4 Conclusion

When the water surface elevations at River Stations (RS) were compared to the topographic mapping the flood limits can be shown in relation to the existing building.





As the attached figure shows the area of flooding occurs around the Northeast and Southeast corners of the existing building and inundates most of the parking area south of the building. However, when the highest water surface elevation adjacent to the building (608.29') at River Station 241.53 is compared to the Finished Floor of the building (610.74') it can be determined that the flooding inside the building is not likely to occur during an anticipated 100-year storm event.

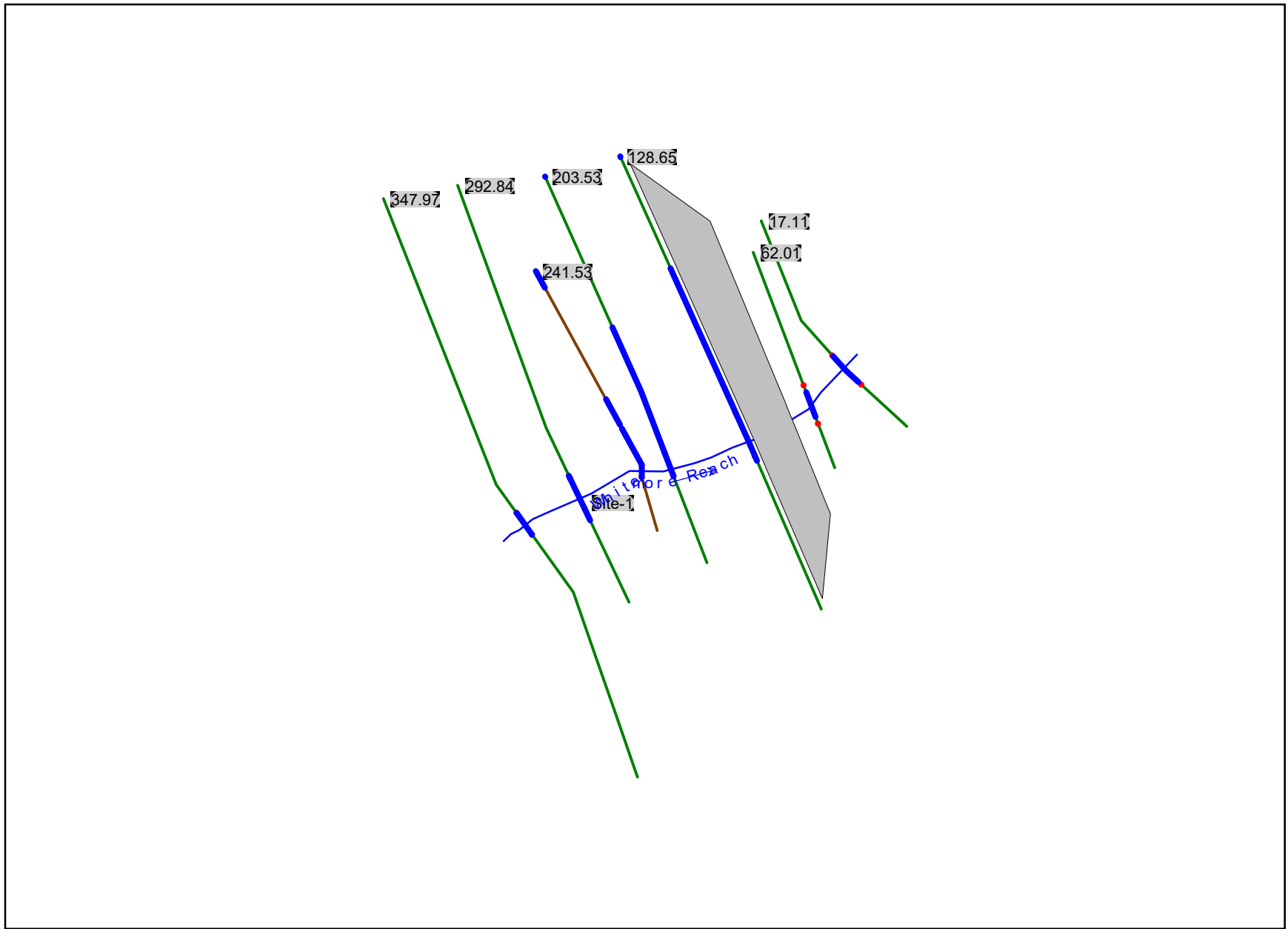
APPENDIX

Appendix 1 – HEC-RAS Calculations

Figure 1 Flood Area Exhibit

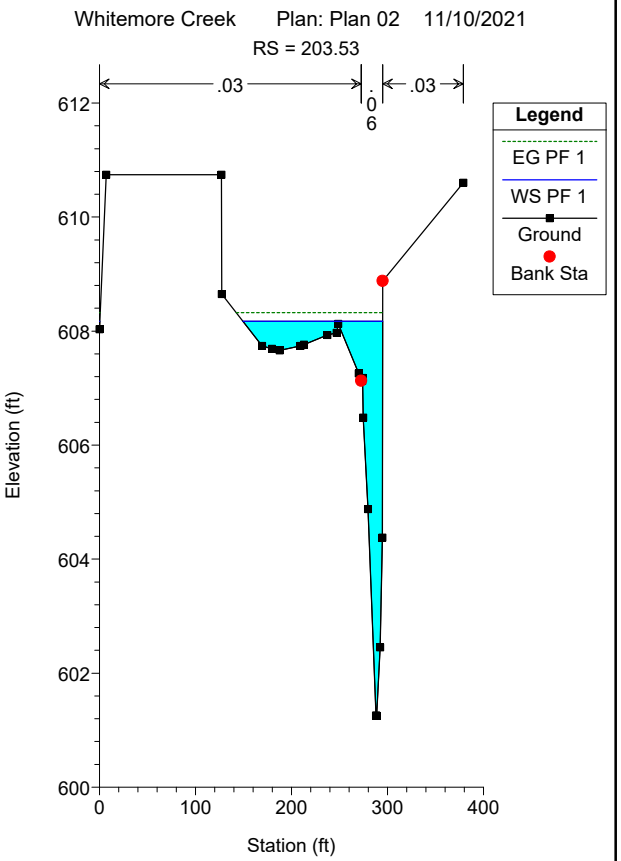
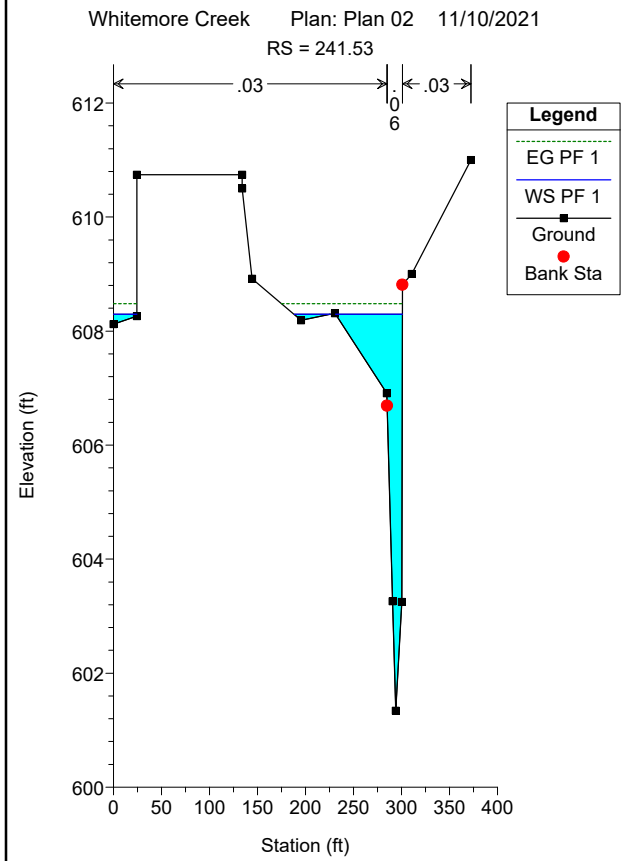
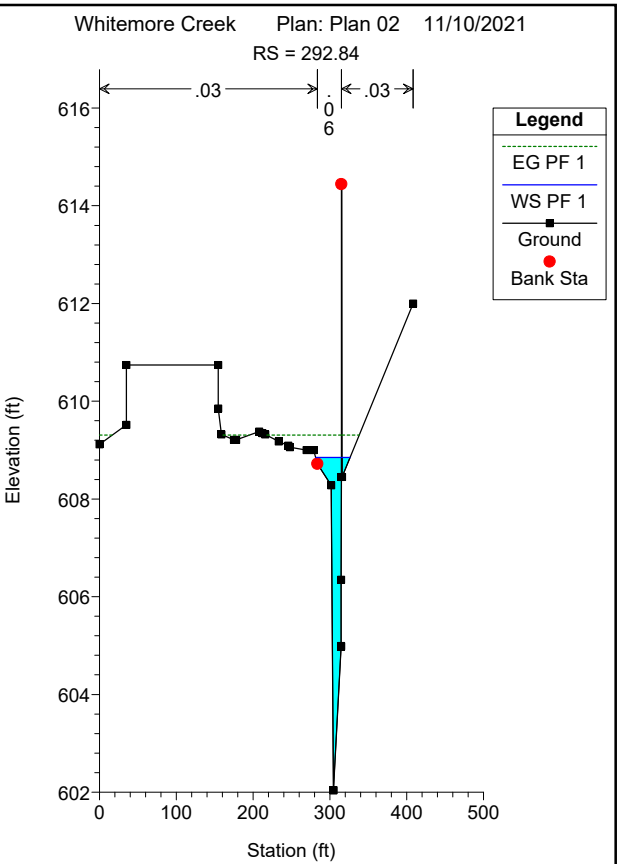
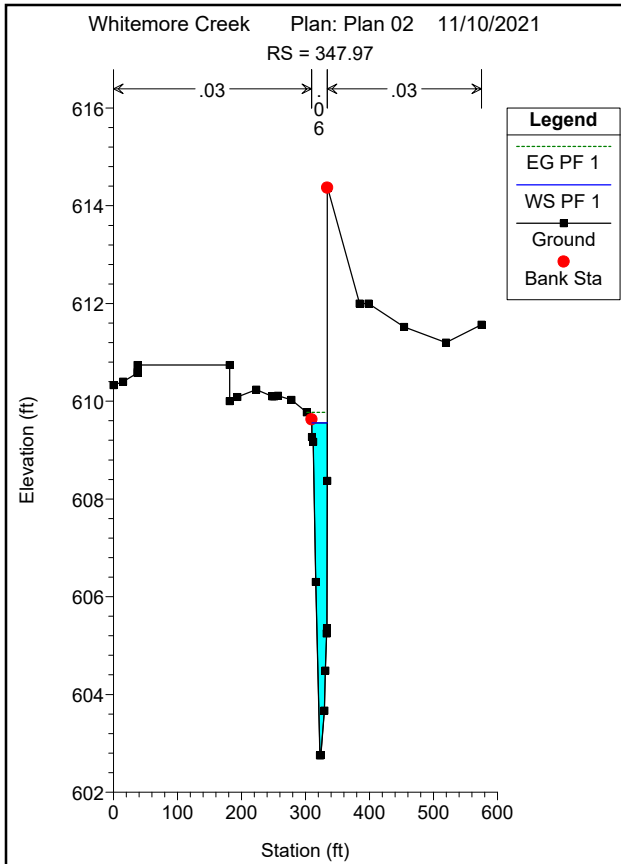


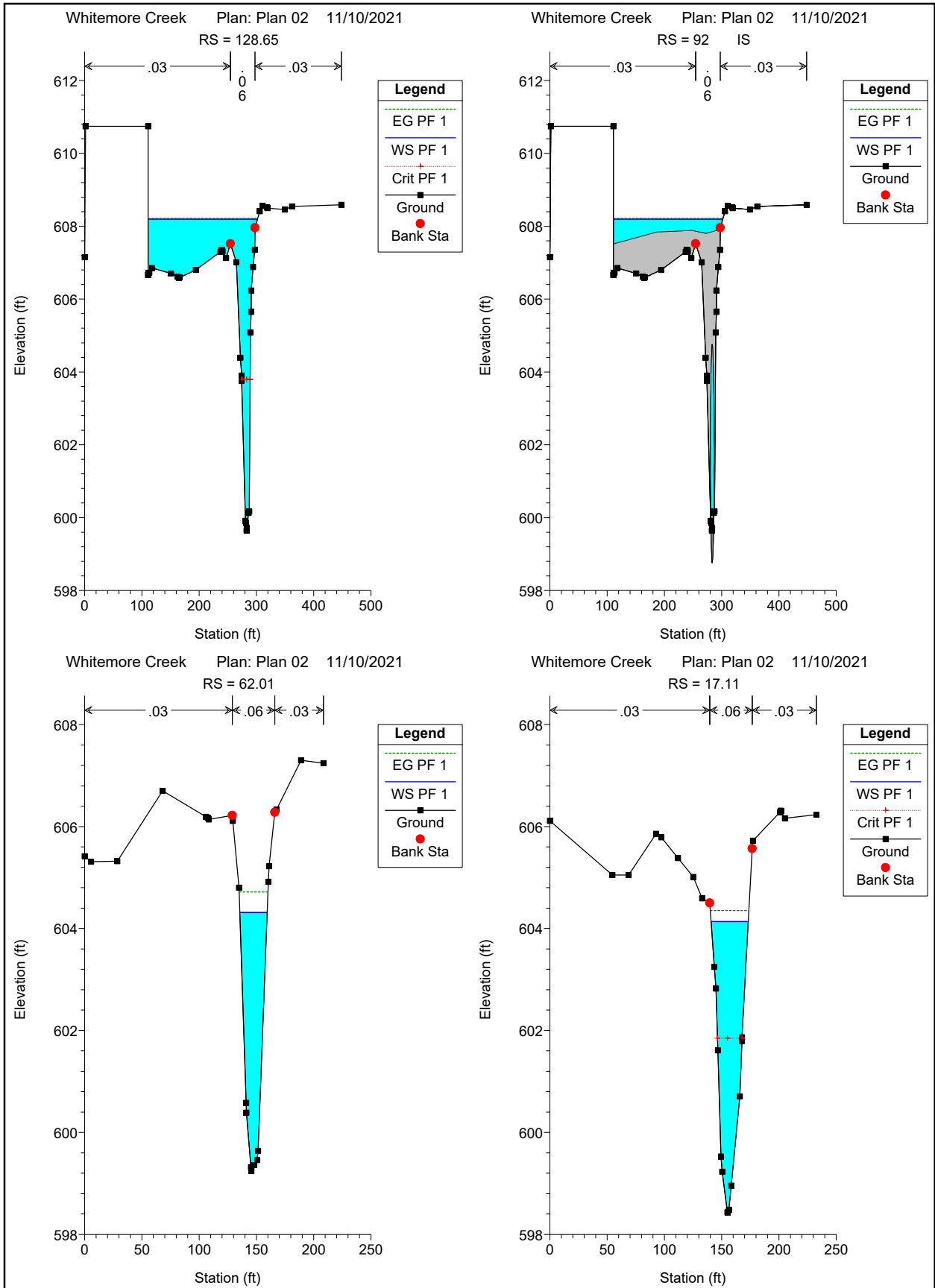
Appendix 2 - References



HEC-RAS Plan: Plan 02 River: Whitemore Reach Reach: Site-1 Profile: PF 1

| Reach | River Sta | Profile | Q Total (cfs) | Min Ch El (ft) | W.S. Elev (ft) | Crit W.S. (ft) | E.G. Elev (ft) | E.G. Slope (ft/ft) | Vel Chnl (ft/s) | Flow Area (sq ft) | Top Width (ft) | Froude # Chl |
|--------|-----------|---------|------------------|-------------------|-------------------|-------------------|-------------------|-----------------------|--------------------|----------------------|-------------------|--------------|
| Site-1 | 17.11 | PF 1 | 397.00 | 598.43 | 604.14 | 601.85 | 604.35 | 0.005007 | 3.70 | 107.23 | 32.46 | 0.36 |
| Site-1 | 62.01 | PF 1 | 397.00 | 599.25 | 604.31 | | 604.71 | 0.009922 | 5.07 | 78.24 | 23.86 | 0.49 |
| Site-1 | 92 | | Inl Struct | | | | | | | | | |
| Site-1 | 128.65 | PF 1 | 397.00 | 599.65 | 608.19 | 603.79 | 608.21 | 0.000414 | 1.10 | 345.72 | 191.50 | 0.10 |
| Site-1 | 203.53 | PF 1 | 397.00 | 601.25 | 608.17 | | 608.32 | 0.003538 | 3.35 | 143.94 | 146.04 | 0.29 |
| Site-1 | 241.53 | PF 1 | 397.00 | 601.34 | 608.29 | | 608.48 | 0.004398 | 3.80 | 120.26 | 131.43 | 0.30 |
| Site-1 | 292.84 | PF 1 | 397.00 | 602.04 | 608.85 | | 609.31 | 0.021347 | 5.44 | 74.26 | 43.72 | 0.63 |
| Site-1 | 347.97 | PF 1 | 397.00 | 602.75 | 609.56 | | 609.77 | 0.004145 | 3.70 | 107.20 | 24.15 | 0.31 |

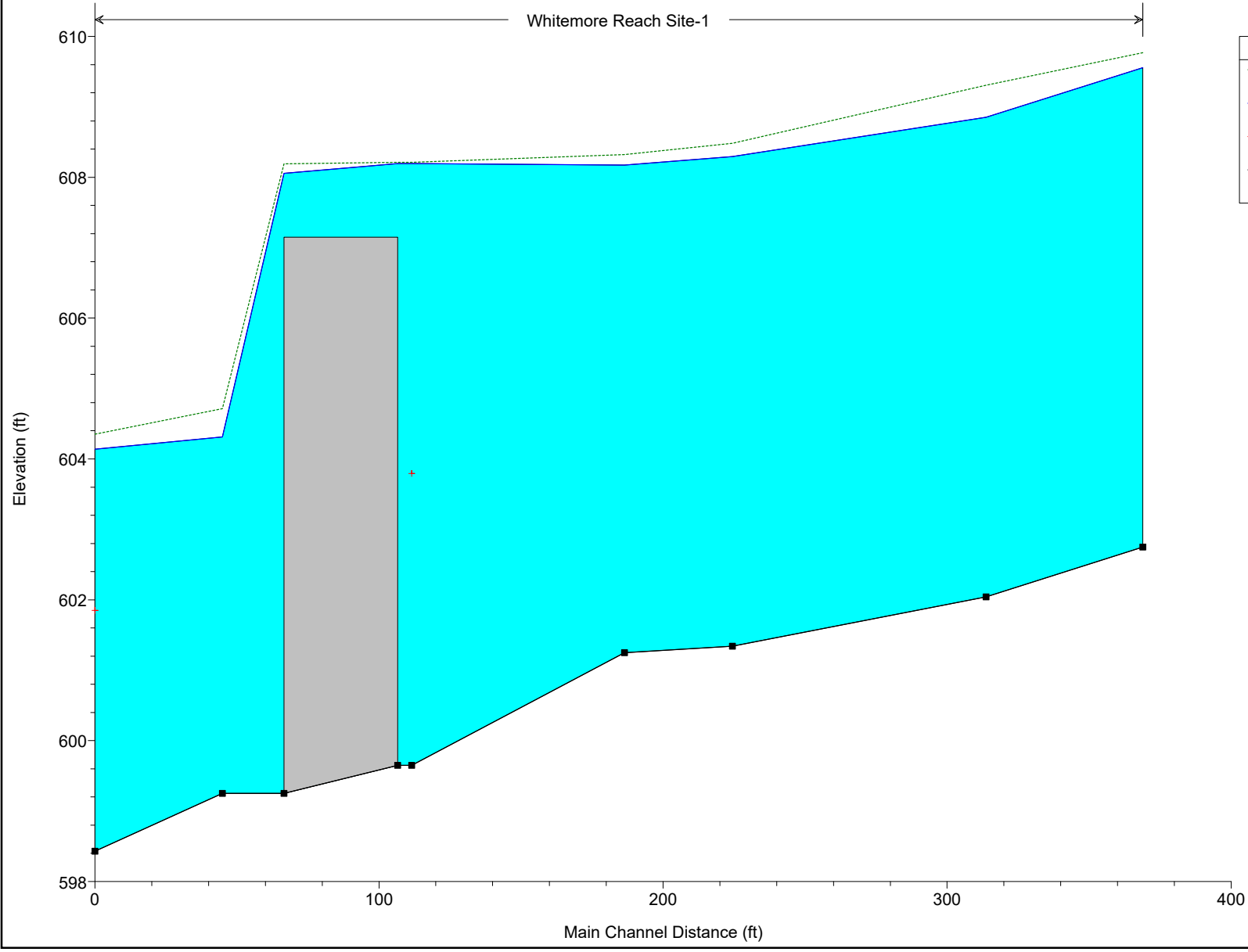




Whitemore Creek Plan: Plan 02 11/10/2021

Whitemore Reach Site-1

| Legend | |
|-----------|--|
| EG PF 1 | |
| WS PF 1 | |
| Crit PF 1 | |
| Ground | |





SANDINE ASSOCIATES

CONSULTING CIVIL ENGINEERS

2640 BENNETT RIDGE ROAD, SANTA ROSA, CA 95404
(707) 579-0282, FAX No. (707) 578-0209

June 20, 2006

County of Mendocino
Planning Department
340 Lake Mendocino Drive
Ukiah, CA 95482-9432

Subject: The creek crossing State Street, approximately 700' north of Plant Road,
Referred to in this report as "Oak Court Creek"

Gentlemen:

Enclosed is a hydrologic study by Sandine & Associates and S.A. Engineering of the above creek. The hydrology was calculated using Mendocino County Design Criteria. Hydraulic calculations were done using the HEC-RAS V2.2 program as developed by the Corps of Engineers.

The calculations indicate that the flow during a ten-year intensity storm would stay in the creek channel but a 100-year storm would over-top the road. Since the channel is fairly steep, the storm water would stay in the channel during a ten-year intensity storm but would be outside the top of bank within 500' of State Street in the vicinity of the culvert. However, the flow will cross State Street before it reaches the subdivision.

The calculations show that the creek channel is adequate easterly from State Street to contain the 100-year intensity storm. Therefore, the subdivision is not subject to flooding from the creek during a 100-year intensity storm.

Prepared by:


David L. Sandine



STATE STREET 72" CULVERT HYDROLOGY SUMMARY

Calculation for K

From Std. D10, the mean seasonal rainfall = 45".

$K = 45/50 = 0.9$. Use $K = 1.0$.

Calculation for runoff coefficient "C"

a. In the upper reaches (Areas A – F) of the watershed, the ground is steep. Therefore, use $C = 0.45$ per Std. D12.

b. The slope in the lower reaches (Areas G & H) of the watershed, the ground is approximately 10%. Assume lot area of 6000 SF with 3000 SF. of roofs, driveways, and patios. Assume the street half width is 20' of paving plus 5' of sidewalk = $25 \times 60 = 1500$ SF. For the landscape area, at a slope of 10%, $C = 0.4$. For pavement, $C = 0.9$.

The total area = $6000 + 1500 = 7500$ SF. Vegetated area = 3000 SF. Paved Area = 4500 SF.

$$C_t = C_v * A_v/A_t + C_p * A_p/A_t = 0.4 * 3000 / 7500 + 0.9 * 4500 / 7500 = 0.7$$

For Rainfall Intensity Curves use Standard D11G

For initial time of concentration, use 15 minutes (Ref. D11).

See Hydrology Map and Hydrologic Study

The flow rate at the culvert is $Q_{10} = 265$ cfs and $Q_{100} = 397$ cfs.

The roughness "n" value for Court Creek is assumed to be 0.60 based on experience. Please refer to the attached pictures.

STATE STREET CULVERT

6/27/06 D.C. Sandrine

From "Headwater Depth for C.M. Pipe Culvert"
Assume a broad crested weir of 100'
for over-flow. The maximum flow is

$$Q_{100} - Q_{10} = 397 - 265 = 132$$

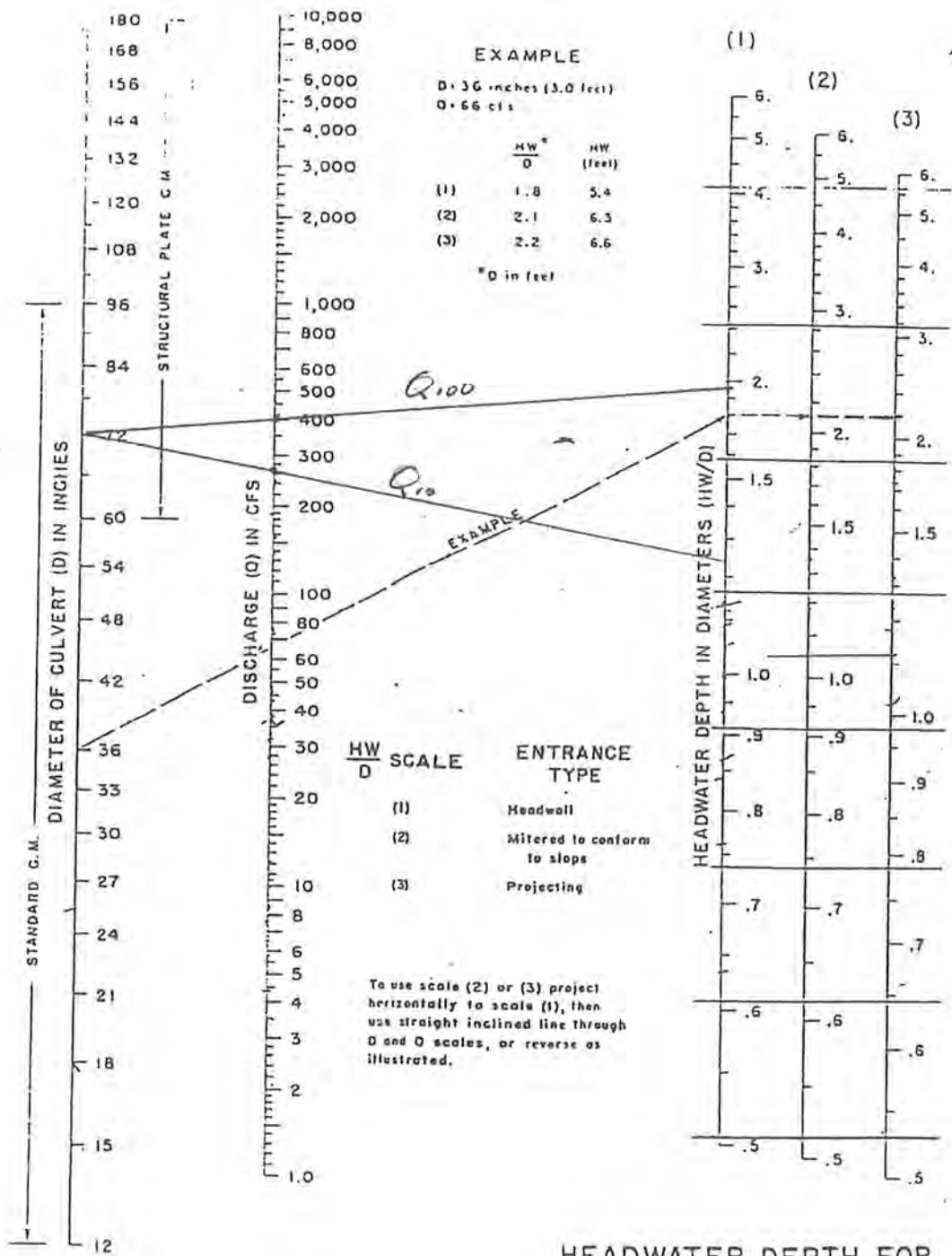
depth of water crossing State Street
as determined by the weir formula

$$d = (Q / CL)^{2/3} \quad (\text{Kings 5th 5.25})$$

$$d = (132 / 3 \times 100)^{2/3} = 0.58$$

The depth of water will be slightly less
because at this depth, additional water
will pass through the box culvert.

Using a center line grade of 607.4 the
elevation of the water surface will be
about 608.0 with the flow crossing
State Street north of the northerly
property line of the project.



HEADWATER DEPTH FOR
 C. M. PIPE CULVERTS
 WITH INLET CONTROL

9528.00_Whitmore Lane_Callibration_StreamStats

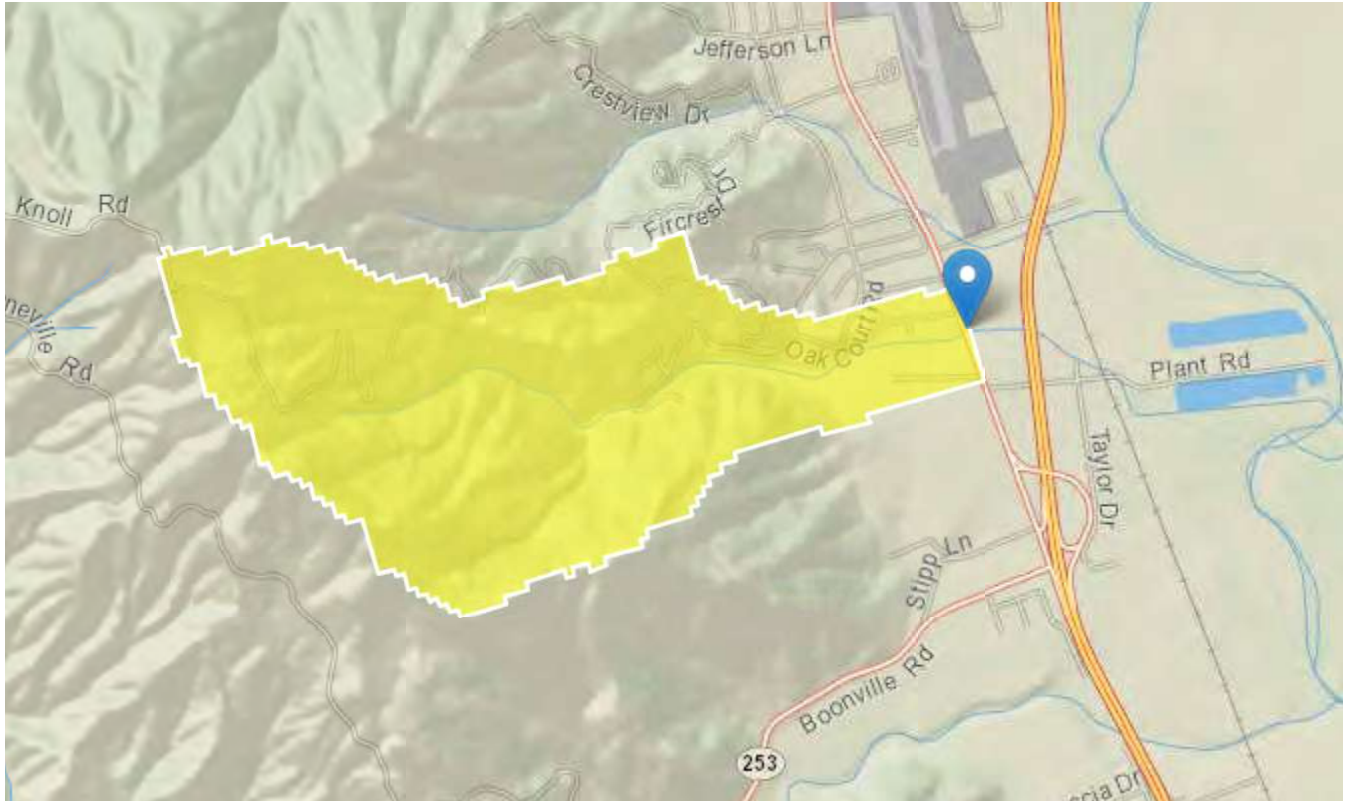
Report

Region ID: CA

Workspace ID: CA20211031162518326000

Clicked Point (Latitude, Longitude): 39.11388, -123.19871

Time: 2021-10-31 09:25:40 -0700



Basin Characteristics

| Parameter Code | Parameter Description | Value | Unit |
|----------------|-----------------------------------------|-------|--------------|
| DRNAREA | Area that drains to a point on a stream | 0.9 | square miles |
| PRECIP | Mean Annual Precipitation | 43.6 | inches |
| RELIEF | Maximum - minimum elevation | 1914 | feet |
| RELRELF | Basin relief divided by basin perimeter | 329 | feet per mi |

Peak-Flow Statistics Parameters [2012 5113 Region 1 North Coast]

| Parameter Code | Parameter Name | Value | Units | Min Limit | Max Limit |
|----------------|---------------------------|-------|--------------|-----------|-----------|
| DRNAREA | Drainage Area | 0.9 | square miles | 0.04 | 3200 |
| PRECIP | Mean Annual Precipitation | 43.6 | inches | 20 | 125 |

Peak-Flow Statistics Flow Report [2012 5113 Region 1 North Coast]

PII: Prediction Interval-Lower, Plu: Prediction Interval-Upper, ASEp: Average Standard Error of Prediction, SE: Standard Error (other -- see report)

| Statistic | Value | Unit | PII | Plu | ASEp |
|-----------------------|-------|--------------------|------|------|------|
| 50-percent AEP flood | 67.7 | ft ³ /s | 27.5 | 167 | 58.6 |
| 20-percent AEP flood | 136 | ft ³ /s | 64.4 | 287 | 47.4 |
| 10-percent AEP flood | 187 | ft ³ /s | 91.9 | 380 | 44.2 |
| 4-percent AEP flood | 254 | ft ³ /s | 129 | 501 | 42.7 |
| 2-percent AEP flood | 306 | ft ³ /s | 155 | 606 | 42.7 |
| 1-percent AEP flood | 361 | ft ³ /s | 178 | 732 | 44.3 |
| 0.5-percent AEP flood | 413 | ft ³ /s | 203 | 841 | 44.4 |
| 0.2-percent AEP flood | 484 | ft ³ /s | 232 | 1010 | 46 |

Peak-Flow Statistics Citations

Gotvald, A.J., Barth, N.A., Veilleux, A.G., and Parrett, Charles, 2012, Methods for determining magnitude and frequency of floods in California, based on data through water year 2006: U.S. Geological Survey Scientific Investigations Report 2012-5113, 38 p., 1 pl. (<http://pubs.usgs.gov/sir/2012/5113/>)

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Application Version: 4.6.2

StreamStats Services Version: 1.2.22

NSS Services Version: 2.1.2

Entitlement Documents

RESOLUTION NO. 20-109

RESOLUTION OF THE MENDOCINO COUNTY BOARD OF SUPERVISORS GRANTING A USE PERMIT FOR A MAJOR IMPACT FACILITY

WHEREAS, the applicant, STEVE CHOU, filed an application for a major use permit with the Mendocino County Department of Planning and Building Services to allow for a major impact facility (Skilled Nursing Facility), 2.8± miles south of Ukiah town center, on the west side of South State Street (CR 104A), at the intersection of South State Street and Whitmore Lane (CR 210C), located at 131 Whitmore Lane, Ukiah (APN 184-044-10); General Plan SR; Zoning R1-6K[FP][AZ]; Supervisorial District 5; (the "Project"); and

WHEREAS, in accordance with applicable provisions of law, the Planning Commission held a public hearing on, April 16, 2020, at which time the Planning Commission heard and received all relevant testimony and evidence presented orally or in writing regarding the Project. All interested persons were given an opportunity to hear and be heard regarding the Project and the Planning Commission made a recommendation of approval to the Board of Supervisors; and

WHEREAS, in accordance with applicable provisions of law, the Board of Supervisors held a public hearing on August 18, 2020, at which time the Board of Supervisors heard and received all relevant testimony and evidence presented orally or in writing regarding the Project. All interested persons were given an opportunity to hear and be heard regarding the Project; and

WHEREAS, the Board of Supervisors has had an opportunity to review this Resolution and finds that it accurately sets forth the intentions of the Board of Supervisors regarding the Project.

NOW, THEREFORE, BE IT RESOLVED that the Mendocino County Board of Supervisors make the following findings based on the evidence in the record:

- 1. General Plan & Zoning Consistency Findings:** By separate action, the subject property has been rezoned to Suburban Residential with Flood Plain and Airport Zone Combining Districts (S-R[FP][AZ]) is consistent with the existing General Plan designation of Suburban Residential (SR), per MCC, Division I, §20.220.005, the General Plan-Zoning Compatibility Chart and Mendocino County General Plan Table 3-1. The request is allowable per Mendocino County Code §20.212 which governs amendments, alterations, and changes to established zoning districts. The exception to parking standards to reduce to 25 parking spaces is consistent with Mendocino County Code §20.180.015 and is adequate to serve the facility.
- 2. Use Permit Findings:** The major use permit request to establish a Skilled Nursing Facility (SNF) satisfies the Use Permit required findings per the Mendocino County Code §20.196.020 as follows:

A. That the establishment, maintenance or operation of a use or building applied for is in conformity to the General Plan;

The proposal to establish a Major Impact Facility, as defined by Mendocino County Code §20.020, is a conditionally permissible use in the Suburban Residential (S-R) zoning district and aligns with the stated intent of the Suburban Residential (SR) General Plan land use designation as well as MCC §20.220.005, General Plan-Zoning Compatibility Chart.

B. That adequate utilities, access roads, drainage and other necessary facilities have been or are being provided;

The site is located on a major collector road, as defined by Appendix A of the General Plan, and is considered an in-fill development as it is locating entirely within an existing building designed and developed for the specific purpose proposed to be established therein. All utilities, including water

and sewage are currently provided for and no expansion of services is anticipated to be required. Additionally, the project site is located within the Ukiah MS4 stormwater treatment area and is therefore required to be in compliance with current stormwater drainage treatment recommendations.

C. That such use will not, under the circumstances of that particular case, constitute a nuisance or be detrimental to the health, safety, peace, morals, comfort or general welfare of persons residing or working in or passing through the neighborhood of such proposed use, or be detrimental or injurious to property and improvements in the neighborhood or to the general welfare of the county; provided, that if any proposed building or use is necessary for the public health, safety or general welfare, the finding shall be to that effect;

The proposal to reestablish a residential care facility within the existing structure on the subject property does not constitute a nuisance, nor is it considered detrimental to the health, safety, peace, morals, comfort or general welfare of persons residing or working in or passing through the neighborhood. Given the present zoning designation (R-1), it is understood that the residential care facility previously operated as a non-conforming use, and was not subject to Conditions of Approval. As part of U_2019-0027/R_2019-0010, Conditions of Approval are recommended to ensure that under the use permit aspects of the project do not constitute or create a nuisance. Furthermore, in Mendocino County approximately 20 percent of the population, or 17,221 persons, was over age 65 and is considered "senior", therefore use of this existing structure as a residential care facility supports the public health, safety and general welfare of this particular demographic by providing needed medical facilities in an appropriate structure.

D. That such use preserves the integrity of the zoning district.

The proposed use of a Major Impact Facility would not be an allowable use within the existing zoning designation of Single Family Residential (R-1 [FP] [AZ]), therefore as allowed by MCC §20.044.020(b), the applicant requested to rezone the site to a district that would allow for reestablishment of the SNF, which is defined as a Major Impact Facility by MCC §20.020.070. As discussed in the associated staff report, the desired zoning designation of Suburban Residential (SR[FP[AZ]]) is compatible with the existing General Plan designation per MCC §20.220.005. The proposed use preserves the integrity of the Suburban Residential zoning district, as public facilities and services are desired per MCC §20.044.005. A Skilled Nursing Facility offers critical services to a vulnerable segment of the Mendocino County population, and is considered a Civic Use Type per MCC §20.044.020. Furthermore, the project is accessed via a publicly-maintained road network and transit system, and is within a public service district for both water and sewer. The project preserves the integrity of the surrounding zoning district by aligning with the County's General Plan, and has been conditioned to address potential nuisances that were not previously applicable when the facility operated as a non-conforming Major Impact Facility under the R-1 designation;

3. **Environmental Protection Findings:** The proposed rezone is Statutorily Exempt per CEQA Guidelines section 15183, governing General Plan-compliant projects and the use permit project is Categorically Exempt under CEQA Guidelines section 15301, regarding Existing Facilities.
4. **Ukiah Valley Area Plan (UVAP):** The proposed project is consistent with the Ukiah Valley Area Plan and promotes Policies LU 1.2a, LU 1.4a, and LU 1.3.

5. **Mendocino County Airport Comprehensive Land Use Plan (ACLUP):** The Airport Land Use Commission's publically noticed hearing on March 19, 2020 at which this request was to be presented for a consistency determination, was cancelled. Staff's review of the project found that the reestablishment of the subject property and structure for use as a Skilled Nursing Facility was consistent with the in-fill development requirements, per Chapter 2.1.6 of the Mendocino County Airport Comprehensive Land Use Plan. As noted in Chapter 1.4.4, the Airport Land Use Commission must respond to a local agency's request for a consistency determination on a project within 60 days of referral (Section 21676(d)). If the Commission fails to make the determination within that period, the proposed action shall be deemed consistent. ALUC_2020-0002, which was the project number assigned to this consistency request was submitted on February 21, 2020. Regardless of the Commission's failure to act, the proposed action must also comply with other applicable local, state, and federal regulations and laws. As conditioned, the Applicant shall record an avigation easement, overflight easement or deed notice recorded and submit it to Mendocino County Planning and Building Department for review.

BE IT FURTHER RESOLVED that the Board of Supervisors hereby grants the requested Use Permit, subject to the Conditions of Approval in Exhibit "A", attached hereto; provided, however, that the Use Permit shall become effective as of the effective date of the ordinance adopting the rezone of the subject property from Single Family Residential with Flood Plain and Airport Zone Combining Districts (R1:6K[FP][AZ]) to Suburban Residential with Flood Plain and Airport Zone Combining Districts (SR:6K[FP][AZ]).

BE IT FURTHER RESOLVED that the Board of Supervisors designates the Clerk of the Board of Supervisors as the custodian of the documents and other materials which constitutes the record of proceedings upon which the Board of Supervisors' decision herein is based. These documents may be found at the Office of the Clerk of the Board of Supervisors, 501 Low Gap Road, Room 1010, Ukiah, CA. 95482.

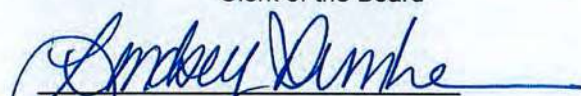
The foregoing Resolution introduced by Supervisor Brown, seconded by Supervisor Williams, and carried this 18th day of August, 2020, by the following vote:

AYES: Supervisors Brown, McCowen, Haschak, Gjerde, and Williams
NOES: None.
ABSENT: None.

WHEREUPON, the Chair declared said Resolution adopted and SO ORDERED.

ATTEST: CARMEL J. ANGELO
Clerk of the Board

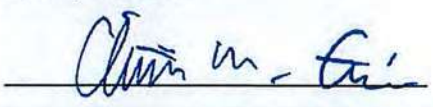

JOHN HASCHAK, Chair
Mendocino County Board of Supervisors


Deputy

I hereby certify that according to the provisions of Government Code Section 25103, delivery of this document has been made.

APPROVED AS TO FORM:
CHRISTIAN M. CURTIS
County Counsel

BY: CARMEL J. ANGELO
Clerk of the Board



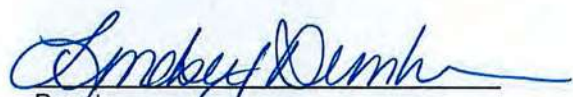

Deputy

EXHIBIT A

CONDITIONS OF APPROVAL
U_2019-0027/R_2019-0010

APRIL 16, 2020

APPROVED PROJECT DESCRIPTION: Use Permit to allow for the establishment of a Skilled Nursing Facility located at 131 Whitmore Lane (APN: 184-044-10).

CONDITIONS OF APPROVAL:

****All of the below conditions are predicated on the successful rezoning of the property as approved by the Board of Supervisors.**

STANDARD CONDITIONS

1. The permit shall become effective on the 11th day after Board of Supervisors approval and shall expire and become null and void at the expiration of two years after the effective date except where use of the property in reliance on such permit has been initiated prior to its expiration.
2. The use and occupancy of the premises shall be established and maintained in conformance with the provisions of Division I of Title 20 of the Mendocino County Code.
3. The application, along with supplemental exhibits and related material, shall be considered elements of this permit, and that compliance therewith is mandatory, unless an amendment has been approved by the Planning Commission or Board of Supervisors.
4. This permit shall be subject to the securing of all necessary permits for the proposed development from County, State and Federal agencies having jurisdiction.
5. The applicant shall secure all required permits from the Building Inspection Division of the Department of Planning and Building Services for all construction, structural modifications, establishment of signs and compliance with handicapped accessibility for the facility if required.
6. This permit shall be subject to revocation or modification upon a finding of any one or more of the following:
 - a. The permit was obtained or extended by fraud.
 - b. One or more of the conditions upon which the permit was granted have been violated.
 - c. The use for which the permit was granted is conducted so as to be detrimental to the public health, welfare or safety, or to be a nuisance.
 - d. A final judgment of a court of competent jurisdiction has declared one or more conditions to be void or ineffective, or has enjoined or otherwise prohibited, or the operation of one or more such conditions.
7. This permit is issued without a legal determination having been made upon the number, size or shape of parcels encompassed within the permit described boundaries. Should, at any time, a legal determination be made that the number, size or shape of parcels within the permit described boundaries are different than that which is legally required by this permit, this permit shall become null and void.

AESTHETICS

8. All future external lighting, whether installed for security, safety or landscape design purposes, shall be shielded, downcast or shall be positioned in a manner that will not shine or allow light glare to exceed the boundaries of the parcel on which it is placed. The facility shall avoid or minimize noise impacts on neighboring residential uses.

HYDROLOGY AND WATER QUALITY

9. The applicant shall obtain all applicable permits required within the urban boundaries of the Stormwater Management Plan per County Code Section 16.30, typically required through building permit processing. In addition, any development in areas identified within the 100 year flood plain will require Flood Hazard Development permits through the Department of Planning and Building Services.
10. The applicant shall obtain all necessary permits and ensure all operations, including structures, adhere to the requirements of the Mendocino County Department of Environmental Health.

TRANSPORTATION

11. Applicant shall construct curb, gutter, and a minimum 4.5 foot wide sidewalk along on the property frontage along South State Street (CR 104A) and Whitmore Lane (CR 210C), in accordance with Mendocino County Road and Development Standards No. A40A and A40B.
12. An ADA compliant concrete curb return and pedestrian ramp shall be constructed at the corner of South State Street (CR 104A) and Whitmore Lane (CR 210C).
13. Road Improvements shall be constructed in accordance with improvement plans prepared by a Civil Engineer and approved by the Mendocino County Department of Transportation. Current improvement plan checking and inspection fees apply.
14. Applicant shall obtain an encroachment permit from the Mendocino County Department of Transportation for any work within County rights-of-way.

PUBLIC SERVICES

15. The applicant shall comply with any requirements or recommendations of the Ukiah Valley Fire District. Written verification shall be submitted from Fire District to the Department of Planning and Building Services that this condition has been met to the satisfaction of the Fire District prior to occupancy of the building.

AIRPORT LAND USE COMMISSION

16. There shall be an aviation easement, overflight easement or deed notice recorded and submitted to Mendocino County Planning and Building Department for inclusion in the record, indicating compliance with Chapter 3.4.1(b) and Table 2 of the ACLUP prior to the issuance of building permits for this proposal.

CEQA Memorandum

MEMORANDUM

California Environmental Quality Act (CEQA) Compliance Proposed Psychiatric Health Facility

Date: November 9, 2021

Project No.: 9528.00

Prepared For: Eric Fadness, Nacht & Lewis



Prepared By: Byron E. Turner, Senior Planner

Reviewed By: Michael D. Nelson, AICP, Principal



1.0 PROJECT OVERVIEW

The County of Mendocino (County) is proposing to construct a Psychiatric Health Facility (PHF) on a 1.23-acre site located at 131 S. Whitmore Lane, Ukiah. There are currently two buildings on the property that were constructed in 1965. The primary existing building is a single-story wood-framed structure of approximately 22,000 square feet. Before the County acquired the property, it was operated as a licensed 99-bed skilled nursing facility until its closing in 2016. The building is currently unoccupied. A secondary building of approximately 700 gross square feet, a metal building structure, was used for maintenance and storage for the skilled nursing facility. Other appurtenances include an outdoor recreation yard, which was used for patient residents of the skilled nursing facility, and two onsite parking areas (to the north and south of the main building) comprising approximately 19 parking spaces, including ADA spaces. The primary public and vehicle access to the site is from Whitmore Lane. There is a secondary driveway entry from State Street. No public sidewalks are bordering the property.

Based on Mendocino County needs and feasibility studies, site development scenarios include either a remodel of the existing skilled nursing facility for use as a PHF or demolishing the existing buildings to construct a new one-story facility of approximately 12,000 to 15,000 square feet. The PHF will provide 24-hour inpatient care for individuals in need of intensive therapeutic psychiatric services. The remodeled or new building will house up to 16 patients and will include staff offices, an intake room, medical exam room, day room, dining area/room, group treatment/therapy rooms, commercial kitchen, laundry room, and janitor/storage room. In either development scenario, associated improvements will include a new outdoor recreation yard, new parking areas, Low Impact Development (LID) features for stormwater capture and treatment, landscaping, and a steel or masonry fence surrounding and screening the patient areas of the proposed PHF.

1.1 Parcel Information

The proposed project would be located at 131 S. Whitmore Lane, Ukiah, CA. The subject parcel is located within the County of Mendocino, adjacent to the City of Ukiah boundaries and outside of the Coastal Zone. The subject parcel is located within the 100-year flood zone associated with a tributary to the Russian River and within a mapped dam inundation area. The site will be required to obtain flood-zone certification. The subject parcel is located within an identified MS-4 area for stormwater drainage. The parcel is within the Single Family Residential (R-1) zoning district. The R-1 zoning district requires a Major Use Permit for Major Impact Facilities. The Mendocino County Zoning Code Sec. 20.020.070 *Major Impact Facilities* defines “Major Impact Facilities” as “...services or facilities which may have a substantial impact. Typical uses include airports, hospitals, group care for more than twenty-five (25) persons, detention and correction institutions, and corporation yards...” Therefore, a Major Use Permit may be required, which is subject to discretionary review by the Mendocino County Planning Commission.

2.0 CALIFORNIA ENVIRONMENTAL QUALITY ACT COMPLIANCE

The County of Mendocino requested a determination regarding the appropriate level of environmental review pursuant to the California Environmental Quality Act (CEQA) regarding a proposed Psychiatric Health Facility on a 1.23-acre site located at 131 S. Whitmore Lane, Ukiah. It should be noted that the County of Mendocino, as Lead Agency, will ultimately determine the appropriate CEQA document. This analysis is provided in order to further assist in assessing the scope of the proposed project entitlements.

Initially, the project was reviewed to determine whether a CEQA exemption could be utilized pursuant to CEQA Article 19 *Exemptions* Sections 15300 - 15332.

| EXEMPTION | APPLICABILITY |
|------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| 15301 – Existing Facilities | May be applicable for remodel less than 2,500 sq. ft., not applicable if structure demolished |
| 15303 – New Construction or Conversion of small structures | Not applicable due to location, proximity to floodplain pursuant to Section 15300.2, Exceptions to Exemptions |
| 15332 - Infill Development | Not applicable due to County jurisdiction |
| 15061(b)(3) – “Common sense exemption” | Not applicable due to potential impacts to floodplain, drainage, and traffic patterns |

CEQA Section 15061(b)(3) “*Common Sense Exemption*” applies where it “can be seen with certainty that there is no possibility that the activity in question will have a significant effect on the environment”. This exemption does not apply due to the aforementioned traffic and floodplain impacts. Furthermore, Section 15300.2 *Exemptions to the Exemptions* negates the ability to use an exemption where there is a mapped

hazard, such as the 100-year floodplain or mapped dam inundation area. Therefore, based on a review of possible of CEQA Exemptions, LACO recommends preparation of a Negative Declaration or Mitigated Negative Declaration.

LACO recommends further analysis be conducted to determine if mitigation is required for the following environmental factors to ensure the potential impacts of the proposed project are reduced to Less Than Significant:

- Aesthetics – To ensure physical structure is consistent with surrounding area.
- Air Quality – Due to traffic.
- Hazards – Due to proximity to Airport.
- Hydrology and Water Quality – Due to project location in 100-year floodplain.
- Transportation – Due to increased Vehicle Miles Traveled (VMT)

Basis of Design

BASIS OF DESIGN

Mendocino County

Whitmore Lane PHF Feasibility Study

December 6, 2021

INTRODUCTION

0.1 Project Description

- A. The County of Mendocino (County) is proposing to construct a Psychiatric Health Facility (PHF) on a 1.23-acre site located at 131 S. Whitmore Lane, Ukiah. There are currently two buildings on the property that were constructed in 1965. The primary building is a single-story wood-framed structure of approximately 22,000 square feet. Before the County acquired the property, it was operated as a licensed 99-bed skilled nursing facility until its closing in 2016. The building is currently unoccupied. A secondary building of approximately 700 gross square feet, a metal building structure, was used for maintenance and storage for the skilled nursing facility. Other appurtenances include an outdoor recreation yard, which was used for patient residents of the skilled nursing facility, and two onsite parking areas comprising approximately 19 parking spaces. The primary public and vehicle access to the site is from Whitmore Lane. There is a secondary driveway entry from State Street. No public sidewalks are bordering the property.
- B. If proven to be feasible, the project will either remodel the existing skilled nursing facility for use as a Psychiatric Health Facility or demolish the existing buildings and construct a new one-story facility of approximately 12,000 to 15,000 square feet. The Psychiatric Health Facility (PHF) will provide 24-hour inpatient care for individuals in need of intensive therapeutic psychiatric services. The remodeled or new building will house up to 16 patients and will include staff offices, an intake room, medical exam room, day room, dining area/room, group treatment/therapy rooms, commercial kitchen, laundry room, and janitor/storage room. Associated improvements will include a new outdoor recreation yard, new parking areas, Low Impact Development (LID) features for stormwater capture and treatment, landscaping, and a steel or masonry fence surrounding and screening the patient areas of the proposed PHF Facility. All exterior lighting would be motion-censored, downcast, and shielded in compliance with regulations set by the International Dark-Sky Association.
- C. Primary improvements are summarized, but not limited to the following:
 1. Remodel of the existing facility or new construction
 2. Demolition of all existing structures and site features if new construction
 3. Emergency Generator & Yard.
 4. Ancillary Site Improvements including new curb, gutter and sidewalk along State Street and Whitmore Lane.
 5. Surface Paved Parking for Staff.
 6. Surface Parking for Visitors.
 7. Landscaping.
 8. Fencing and other improvements.
 9. Utility connections.

0.2 Psychiatric Health Facility Licensing

- A. Psychiatric Health Facilities (PHFs) are licensed by the Department of Health Care Services pursuant to the requirements of the California Health and Safety Code (HSC) Division 2. Licensing Provisions; Chapter 2. Health Facilities; Section 1250.2. (a)(1).
- B. The new facility will be designed and operated in accordance with all requirements necessary to be Medicare certified. Medicare Certified PHFs (Super PHF) meet the federal standards as a hospital and also comply with

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the relevant conditions of participation for psychiatric services. Deemed status is achieved by The Joint Commission (TJC) Hospital Accreditation Program (HAP) versus direct from the Centers for Medicare and Medicaid Services (CMS).

0.3 Building Program

| 16-Bed - Psychiatric Health Facility | | | | | | |
|-----------------------------------------|------------|----------------|------------|--------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Room name | Risk Level | square footage | # of rooms | # of persons | Net total SF | Description |
| PATIENT SUPPORT AREAS | | | | | | |
| Exam Room | II | 120 | 1 | | 120 | |
| Seclusion Room | V | 100 | 1 | | 100 | Accessed through anteroom or vestibule that also provides access to a toilet room. |
| Ante Room | I | 20 | 1 | | 20 | Rooms shall be observable from the nurse station. |
| Toilet Room | IV | 50 | 1 | | 50 | May be omitted if exam room is located near other patient toilet rooms. |
| Quiet Room | IV | 120 | 1 | | 120 | |
| Accessible Toilet Room | IV | 60 | 1 | | 60 | Can be located with exam room. Locate handwashing sink immediately outside of urine collection room. |
| Medication Room | I | 100 | 1 | | 100 | Medication preparation with self-contained dispensing unit. Lockable room. Work counter, refrigerator, handwashing station lockable storage for controlled drugs |
| Clean Linen | I | 110 | 1 | | 110 | Work counter, handwashing sink, storage for clean and sterile supply. Shall be separate from and have no connection with the soiled workroom or soiled holding room. |
| Soiled Linen | I | 110 | 1 | | 110 | Clinical sink or equivalent flushing-rim fixture, Handwashing station, work counter, space for separate covered containers for soiled linen and/or waste. Shall be separate from and have no connection with the clean utility room. |
| Telephone | III | 5 | 2 | | 10 | Readily accessible for patient use. |
| PATIENT SUPPORT AREAS - SUBTOTAL | | | | | 800 | |

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| PATIENT CARE AREAS | | | | | | |
|------------------------------------|-----|-----|----|----|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Day Room | III | 400 | 1 | 16 | 400 | |
| Outdoor Recreation | III | 0 | 0 | 16 | 0 | Not calculated in floor area. |
| General Support Areas | | | | | | |
| Staff Conference Room | I | 360 | 1 | 12 | 360 | Staff conference room. A conference and treatment planning room shall be provided |
| Physician (NP/PA on-call) | I | 120 | 1 | 1 | 120 | |
| Psychiatrist (On-call) | I | 120 | 1 | 1 | 120 | |
| Clinical Director | I | 120 | 1 | 1 | 120 | |
| Director of Social Services | I | 120 | 1 | 1 | 120 | |
| Social Worker (LCSW) | I | 100 | 1 | 1 | 100 | |
| Rehab Therapist | I | 100 | 1 | 1 | 100 | |
| Shared Offices (Rehab., Recovery) | I | 48 | 4 | 4 | 192 | |
| Intake Interview Room | V | 120 | 1 | | 120 | |
| Sallyport | V | 50 | 1 | | 50 | |
| Single Patient Room | IV | 120 | 3 | 3 | 360 | Each patient shall have in their room a separate wardrobe, locker, or closet for storing personal effects. Shelves for folded garments shall be used instead of arrangements for hanging garments. |
| Accessible Patient Room | IV | 120 | 1 | 1 | 120 | |
| Double Occupancy Room (ADA) | IV | 168 | 6 | 12 | 1008 | |
| Accessible Patient Toilet Room | IV | 60 | 4 | | 240 | The toilet room shall contain a toilet and a handwashing station |
| Nurse Station | III | 150 | 1 | 6 | 150 | Documentation Area, Handwashing Station |
| Team Room | I | 200 | 1 | | 200 | |
| Nurse (DON) | I | 120 | 1 | 1 | 120 | |
| Staff Break Room | I | 200 | 1 | 6 | 200 | |
| Staff Lockers (Alcove) | I | 10 | 16 | | 160 | located in or near breakroom |
| Accessible Staff Toilet (Unisex) | I | 50 | 2 | | 100 | located near breakroom |
| Equipment/Supply Storage | I | 50 | 1 | | 50 | |
| Patient Showers | IV | 60 | 3 | | 180 | Shower only - Code states a bathtub or shower shall be provided for each six patient beds not otherwise served by bathing facilities at patient bedrooms. |
| Common Patient Toilet Rooms | IV | 50 | 2 | | 100 | Locate in proximity to dayroom and group therapy room if possible. |
| Emergency Equipment Storage/Supply | I | 120 | 1 | | 120 | |

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Whitmore Lane PHF Feasibility Study

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| | | | | | | |
|------------------------------------------|-----|-----|---|----|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| House Keeping Room | I | 15 | 1 | | 15 | |
| Visitor Consultation Room | I | 80 | 1 | | 80 | |
| Group Therapy Space | II | 200 | 1 | | 200 | Use for Court Hearings |
| PATIENT CARE AREAS - SUBTOTAL | | | | | 5205 | |
| DIETETIC SERVICE SPACE | | | | | | |
| Dietary Kitchen | | | | | | |
| Receiving/Control Station | I | 20 | 1 | | 20 | |
| Dietician | I | 50 | 1 | 1 | 50 | |
| Dry Storage | I | 40 | 1 | | 40 | |
| Refrigerated Storage | I | 40 | 1 | | 40 | |
| Freezer Storage | I | 20 | 1 | | 20 | |
| Cleaning Supplies Storage | I | 10 | 1 | | 10 | |
| Food Preparation Area | I | 50 | 1 | | 50 | |
| Tray Assembly | I | 20 | 1 | | 20 | |
| Cart Storage (Clean) | I | 25 | 1 | | 25 | |
| Cart Storage (Soiled) | I | 25 | 1 | | 25 | |
| Ware Washing | I | 20 | 1 | | 20 | |
| Pot Washing | I | 20 | 1 | | 20 | |
| Waste Storage | I | 40 | 1 | | 40 | |
| Handwashing Station | I | 10 | 1 | | 10 | |
| Toilet Room | I | 60 | 1 | | 60 | |
| Lockers | I | 5 | 1 | | 5 | |
| Janitor/Housekeeping | I | 25 | 1 | | 25 | |
| Dietary Kitchen Subtotal | | | | | 480 | |
| Dining Area | III | 400 | 1 | 16 | 400 | Provide dining space(s) for patients (20 square feet per patient bed shall be provided). These spaces shall be separate from the food preparation and distribution areas. Can be located with the dayroom. |
| DIETETIC SERVICE SPACE - SUBTOTAL | | | | | 880 | |
| SUPPORT SERVICES | | | | | | |
| Administration | | | | | | |
| Lobby | I | 150 | 1 | | 150 | Seating for 5 |
| Public Toilet Room | I | 60 | 2 | | 120 | Accessible/Gender Neutral |
| Locker alcove | I | 15 | 1 | | 15 | (8) 12" wide x 18" deep x four tier lockers. For public use. |
| Reception | I | 50 | 1 | | 50 | |
| Administrator | I | 200 | 1 | 1 | 200 | Private Office |

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| | | | | | | |
|-------------------------------------|-----|-----|---|----|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Office Coordinator/Billing | I | 200 | 1 | 1 | 200 | Shared/Office Area |
| Medical Records Tech. | I | 80 | 1 | 1 | 80 | Shared with Record Room |
| Facilities Manager | I | 120 | 1 | 1 | 120 | Private Office |
| NAMI Offices | I | 200 | 1 | 2 | 200 | Space for two workstations |
| NAMI Reference Room | I | 150 | 1 | | 150 | Library reference room and conference space |
| Records Room | I | 50 | 1 | | 50 | File storage for 16 patients |
| Staff Toilet | I | 60 | 0 | | 0 | |
| Conference Room | I | 200 | 1 | | 200 | Seating for 8 |
| Break Room/Area | I | 20 | 1 | | 20 | Can combine with conference room or alcove area in corridor |
| Drinking Fountain | I | 15 | 1 | | 15 | |
| Janitor | I | 20 | 1 | | 20 | |
| IT Room | I | 80 | 1 | | 80 | Data/Video/Server - Video recording up to 30-days |
| Central Supply | I | 180 | 1 | | 180 | |
| Bio Hazard Storage | I | 25 | 1 | | 25 | |
| Garbage, Solid Waste, Trash Storage | I | 25 | 1 | | 25 | Rooms or screening enclosures shall be provided for the washing and cleaning of garbage containers and for the storage of garbage, trash and other solid wastes. |
| Patient Storage/Effects | I | 120 | 1 | | 120 | A staff-controlled secured storage area shall be provided for patient's effects that are determined to be potentially harmful (e.g., razors, nail files, cigarette lighters). |
| Employee Dressing/Locker Room | I | 150 | 0 | | 0 | Lockers located in alcove in staff break room. |
| Housekeeping | I | 100 | 1 | | 100 | Housekeeping equipment and supply storage |
| Laundry | I | 150 | 1 | | 150 | For patient clothing. (2) each - Small commercial washer and dryer with sink and counter. Storage cabinets. (Laundry Service) |
| SUPPORT SERVICES - SUB-TOTAL | | | | | 2270 | |
| Net Total (Square Feet) | | | | | 9155 | |
| Outside Recreation Area | III | 400 | 1 | 16 | 400 | Not Calculated in area. |
| | | | | | | |
| Gross Square Footage | | | | | 13275 | 1.45 grossing factor allows for circulation, walls, Mechanical equipment, electrical equipment |

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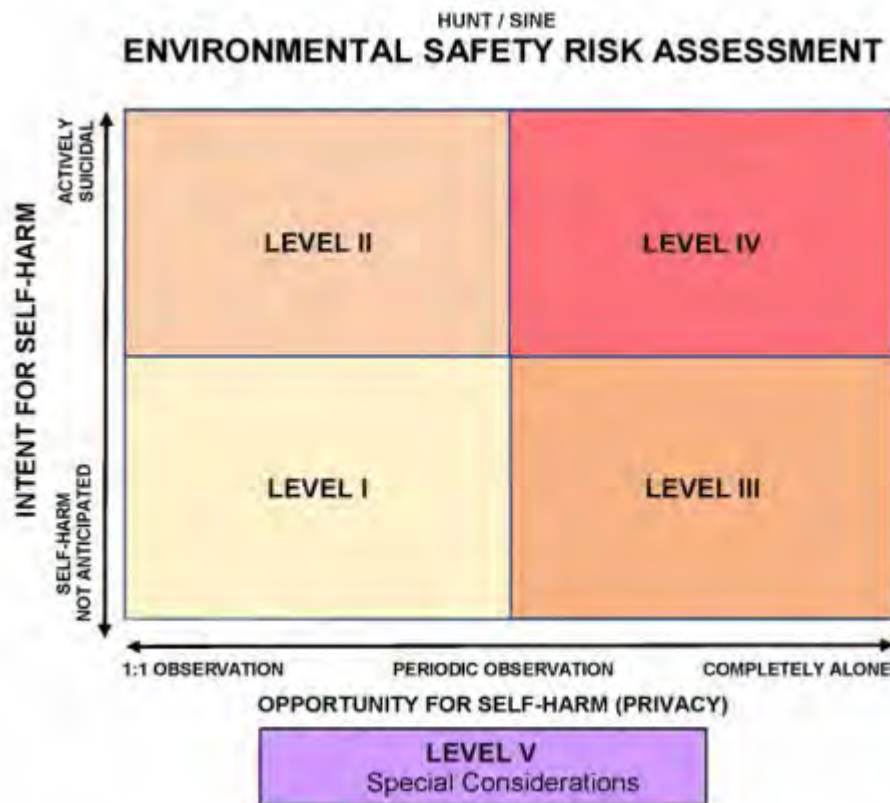
PART 1 - DESIGN

1.1 Goals

- A. The County’s design and construction priorities are:
 1. Functionality. The overall design and development of the site and facilities shall result in functional, efficient, cost-effective operations. The expected life span of this project is a minimum of 50 years.
 2. The facility shall be a safe and therapeutic environment for patients and staff and designed as residential in character with a non-institutional appearance.
 3. Budget. The design and development of the site and facilities shall include cost effective measures, system selections that guarantee the project can be constructed within the established project budget without compromising quality requirements.

1.2 Environmental Safety Risk Assessment

- A. Safety for both patients and staff are a primary concern for all behavioral and mental health facilities. An Environmental Safety Risk Assessment was not completed as part of the feasibility study; however, the following risk assessment guidelines are provided as a general guide for the level of precaution necessary throughout the facility.



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Level I: Areas where patients are not allowed.

Level II: Areas behind self-closing and self-locking doors where patients are highly supervised and not left alone such as counseling rooms, activity rooms, interview rooms, group rooms as well as corridors that do not contain objects that patients can use for climbing and where staff are regularly present.

Level III: Areas that are not behind self-closing and self-locking doors where patients may spend time with minimal supervision such as lounges, day rooms and corridors where staff are not regularly present. Open nurse stations should be considered under this Level

Level IV: Areas where patients spend a great deal of time alone with minimal or no supervision, such as patient rooms (semi-private and private) and patient toilets.

Level V: Areas where staff interact with newly admitted patients who present potential unknown risks or where patients may be in highly agitated condition. Due to these conditions, these areas fall outside the parameters of the risk map and require special considerations for patient (and staff) safety. Such areas include seclusion rooms and admission rooms.

- B. Ligature resistant hardware standards – to be utilized in 100% of patient care areas.

1.3 Sustainability and Energy Performance

- A. The County is committed to incorporating principles of sustainable design and energy efficiency into all of its building projects. Sustainable design seeks to design, construct and operate buildings to reduce negative impact on the environment and the consumption of natural resources. It is an integrated, synergistic approach, in which all phases of the facility lifecycle are considered. The result is an optimal balance of cost, environmental, societal and human benefits while meeting the mission and function of the intended facility.
- B. The project shall adhere to the requirements of the California Code of Regulations Title 24, Part 11, California Green Building Standards Code as adopted by the Mendocino County.
- C. Carbon Neutral – Reduce carbon footprint. Limit use of natural gas for building systems and appliances.
- D. Offset energy usage with renewable sources.

1.4 Code Considerations

- A. Whether repurposing the existing building or new construction, the building will comply with the 2019 California Building Code (CBC), and NFPA Life Safety Code 101 (2012 Edition) and all other NFPA codes referenced in LSC 101.
- B. The building will likely be 13,000 to 15,000 GSF on a single story.
- C. Patient areas shall be Occupancy Group I-2.
- D. Public and administrative areas shall be Occupancy Group B.
- E. As a Psychiatric Health Facility, portions of the facility must be lockable.
- F. The building will be fully-sprinklered as required by CBC 407.7 and 903.2.6.
- G. The building requires a fire alarm system per CBC 407.8 and 907.2.6.
- H. The building requires automatic smoke detection per CBC 407.9 and 907.2.6.2.2.
- I. Construction type shall be Type VA or IIA for patient areas.
 - 1. per CBC 407.1.1 Exception, Group I-2 occupancies wherein mental health patients are restrained may be housed in one-story buildings of Type IA, IIIA, V-A construction provided the floor area does not exceed

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5,200 sf between fire walls of two-hour fire resistive construction with openings protected by fire assemblies having a 1 ½ hour fire protection rating.

2. Type VA and IIA construction require:
 - a. 1-hour primary structural frame
 - b. 1-hour exterior bearing walls
 - c. 1-hour interior bearing walls
 - d. 1-hour roof (or heavy timber)
- J. The S1 (single story sprinklered) value for an I-2 occupancy per CBC Table 506.2 is 38,000 sf allowable area
- K. The B (single story sprinklered) value for an I-2 occupancy per Table 506.2 is 38,000 sf allowable area.
- L. Because of the small fire areas required by 407.1.1, and because the administration area is likely separated by a fire wall, the building is essentially a separated occupancy per 508.4.

1.5 Facility Monitoring and Measuring

- A. The entire facility shall have the ability to monitor and measure the power, water, and gas usage. A Building Management System (BMS) will be used for the monitoring and measuring of these utilities.
- B. Power usage shall be monitored with the implementation of intelligent panelboards. The power usage shall be separated into multiple circuits (lighting, HVAC, etc.) per the required separation in Part 5. Each separated circuit will be monitored through intelligent panelboards throughout the building. The panelboards will provide the power usage data to the computer operating the BMS located in the MDF room.
- C. Water usage shall be monitored with the implementation of smart meters. The metering device will be hardwired with conduit for power and communications. The conduit will be routed to the Electrical room and provide data to the computer operating the BMS. The water usage monitoring shall be provided for building service and irrigation water.
- D. Gas usage: if natural gas is used, it shall be monitored with the implementation of smart meters. The metering device will be hardwired with conduit for power and communications. The conduit will be routed to the Electrical room and provide data to the computer operating the BMS.
- E. Power, water, and gas monitoring data shall be provided to the same computer within the facility. The contractor shall provide all infrastructure as necessary to provide monitoring and measurement through a BMS. The BMS shall be installed on a computer located in the Electrical room.

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PART 2 - SITE DEVELOPMENT

2.1 General

- A. The site shall be cleared of all elements and structures both above and below grade that will not be incorporated in the final construction. This shall include removal of the existing Metal Storage Building (MSB), if new construction is selected, and any rocks or other naturally occurring aggregate or objects.
- B. A Hazardous Materials Investigation of the existing site and building must be conducted prior to any demolition.

2.2 County of Mendocino Zoning

- A. The property, identified by Assessor's Parcel Number (APN) 18404410 (Site), was originally developed as a Skilled Nursing Facility in 1965. Located in unincorporated Mendocino County the property was originally zoned "R-1" (Single-Family Residential). On April 16th, 2020, the County Planning Commission recommended that the Board of Supervisor's (BOS) grant the rezoning of the site from R-1 to SR (Suburban Residential) with Flood Plain (FP) and Airport Combining District (AZ). Additionally, the BOS approved a Major Use Permit for a Major Impact Facility (Skilled Nursing Facility).
- B. The approved entitlement allows for the use of the property as a Skilled Nursing Facility, which is designated as Congregate Care, allowing for occupancy of more than 25 persons. A Psychiatric Health Facility, which will have up to 16 beds, is also compatible with the approved use permit, allowing for the existing facility to be remodeled or demolished and re-built within the existing footprint for use as a PHF.
- C. The Skilled Nursing Facility (Major Impact Facility) has been determined to be an existing use as the Use Permit was approved in August 2020, while the Ukiah Municipal Airport Land Use Compatibility Plan was adopted in May 2021. Therefore, the existing facility is not subject to the policies and provisions of the plan.
- D. Other pertinent Requirements:
 - 1. Minimum Lot Coverage: 6,000 SF
 - 2. Minimum Front Yard Setback: 20 feet
 - 3. Minimum Side Yard: 6 feet (each side)
 - 4. Building height: 35 feet maximum
 - 5. Parking: Shall be verified with Zoning Administrator.

2.3 Orientation

- A. While maintaining the relationships between elements required by this Basis of Design the facility will be oriented to make beneficial use of daylighting and solar orientation.
- B. The generator exhaust shall be designed to minimize the potential for exhaust to be drawn into HVAC air intakes.
- C. Storm and wind directions shall be taken into consideration at all entrances to the building.

2.4 Geotechnical and Geologic Hazard Report

- A. A geotechnical report has not been prepared for the site. A site-specific Geotechnical Report shall be prepared by a registered professional Engineer licensed by the State of California.

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2.5 Flood Hazard Zones

- A. The project site is located near an existing creek named Oak Court Creek. The FEMA Flood Insurance Rate Maps indicate the site is partially located in a Zone A flood hazard area. The Zone A is defined as an area subject to inundation from a 100-year flood event where no detailed flood elevation has been determined. A flood analysis was conducted to establish the 100-year flood elevation and graphically depict that elevation in relationship to the existing building and surrounding property.
- B. The flood analysis indicates that flooding occurs around the Northeast and Southeast corners of the existing building and inundates most of the parking area south of the building. However, when the highest water surface elevation adjacent to the building (608.29') at River Station 241.53 is compared to the Finished Floor of the building (610.74') it can be determined that the flooding inside the building is not likely to occur during an anticipated 100-year storm event. Flooding of the parking areas can be mitigated to some extent by raising the elevation of the site at the Southeast corner.

2.6 Site Improvements

- A. Off-site improvements, such as streets, sidewalks, curbs, gutters and driveway aprons as required per the Authority Having Jurisdiction (AHJ).
- C. On-site improvements will include new pavement, curbs, gutters, sidewalks, driveways, landscape planters and parking areas.
- D. Paving for all driveways, approaches, and parking areas shall be based on the project geotechnical report pavement section recommendations and/or must meet minimum pavement requirements for CalTrans.
- E. Fire apparatus access will be at least 20' wide with an unobstructed vertical clearance of not less than 13'-6" and must conform to the requirements of the California Fire Code Section 503 and Appendix D.
- F. Fire truck turning radii and turnaround areas per Ukiah Valley Fire Authority requirements.
- G. Site infrastructure and improvements will include the underground utilities, water, sewer, gas, electric, storm drain, telephone cable, data cable and television cabling.
 1. Natural gas, electric, telephone, and telecommunications (voice/data) exist at the project site. The exact routing and point of entry have not been confirmed. Existing utility systems are assumed to have adequate capacity for the proposed facility.

2.7 Grading & Drainage

- A. A topographic Site Survey has not been prepared.
- B. All earthwork operations shall be performed in accordance to the latest editions of the State of California Department of Transportation Standard Specifications, California Building Code, United States Department of Labor Occupational Safety & Health Administration requirements, project geotechnical report and the authority having jurisdiction.
- C. Grading and storm drainage design shall conform to the County of Mendocino Low Impact Development Standards. The minimum slope for swales and drainage ways are 2 percent to prevent ponding of water.
- H. All earthwork operations shall be performed in a manner such as to prevent any run-off of soils from the site into streams and/or storm drainage systems. Appropriate sedimentation ponds, dikes, collars, silt fences, and filter media shall be employed to ensure compliance with these requirements. Where a specific statute governs these procedures, such statute shall be complied with in its entirety.
- I. The earthwork operations shall comply with local and state codes to ensure the provision of adequate bracing, shoring, and temporary crossovers for pedestrian and vehicular traffic including guardrails, lamps, warning signs and flags as required by agencies having jurisdiction.

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- J. On-site drain inlets and underground storm drain pipe system shall be installed to collect and convey storm water runoff from the site to the off-site drainage system. Design of on-site storm drain facilities including the underground pipe system shall conform to the Mendocino County.
- K. Parking areas shall have slopes of 2 percent minimum and 5 percent maximum.

2.8 Wet Utilities (Sewer, Storm Drain, Domestic Water, and Fire Water)

- A. Storm drain, sanitary sewer and water infrastructure exists at the site and are assumed to have adequate capacity. No coordination with the appropriate local utility agencies has not been done as with this study. All existing utilities for location, size and depth must be confirmed.
- B. The post-development peak discharge peak discharge rate shall not exceed the pre-developed peak discharge rate based on the requirements of the authority having jurisdiction.
- C. Storm drain catch basins or drop inlets within vehicle areas or areas where maintenance vehicles or equipment may access shall be designed for H-20 loading.
- D. Storm drain manholes within vehicle areas or areas where maintenance vehicles or equipment may access shall be designed for H-20 loading.
- E. Storm drain pipe shall be reinforced concrete pipe or high density polyethylene and shall be designed for H-20 loading within vehicle areas or areas where maintenance vehicles or equipment may access. At a minimum, pipe shall be classified as soil tight.
- F. Sanitary sewer manholes shall be in conformance with the standards and requirements of the Ukiah Valley Sanitation District and shall be designed for H-20 loading. All portions of manholes shall be watertight.
- G. Sanitary sewer pipe shall be PVC with integral bell and spigot pipe with a maximum dimensional ratio (DR) of 35. Each joint shall have a rubber ring gasket. Pipe shall be designed to withstand H-20 loading within vehicle areas or areas where maintenance vehicles or equipment may access. All portions of pipe, including joints and fittings, shall be watertight.
- H. Cleanouts shall be in conformance with the standards and requirements of the Ukiah Valley Sanitation District, shall be designed for H-20 loading and shall include a concrete collar. All portions of cleanouts shall be watertight.
- I. Domestic and fire water pipe shall be C900 PVC, Class 200 ductile iron or polyethylene in conformance with the standards and requirements of Willow County Water District. Pipe shall be designed to withstand H-20 loading within vehicle areas or areas where maintenance vehicles or equipment may access.
- J. Domestic and fire water valves three inches and larger in size shall be resilient seated gate valves and shall be rated for a minimum working pressure of 150 psi. Valves under three inches in size shall be full bore wedge disc, non-rising stem, screwed and all bronze. Valve boxes shall be provided for all valves, shall be in conformance with the standards and requirements of Willow County Water District and shall be designed for H-20 loading.
- K. Valves, backflow prevention devices, fire hydrants and fire department connections shall be in conformance with the standards and requirements of Willow County Water District and the Ukiah Valley Fire Authority.

2.9 Site Access/Circulation

- A. For Pedestrian and vehicular access to the facility refer to the Planning Diagrams for a graphic representation.

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2.10 Sidewalks and Exterior Path of Travel

- A. Safety of the public and all pedestrians is a priority. Disabled access from the public way to the new and existing building entries (including the Public Visitation Lobby and the Attorney/Booking Interview) is required, and may include ramps as the site topography may dictate. The Contractor is responsible for connecting the new building to the existing accessible route to the public way.
- B. Accessible routes shall be provided from both the public and staff parking areas to and around the building. Where entrance and exit ways occur, accessible routes will be provided from those locations to sidewalks adjacent to parking lots. Where pedestrian gates occur at the perimeter fence(s), accessible routes will be provided for access to the new building.
- C. All accessible routes shall be a minimum of five feet wide. Accessible routes shall be slip resistant. Surfacing, reinforcing and base requirements shall be provided as required by the project geotechnical report but shall be a minimum of 6-inch thick portland cement concrete, reinforced with rebar, not welded wire mesh over a minimum 4-inch thick crushed rock layer over compacted subgrade. Slopes for accessible routes shall not exceed 5 percent in the direction of travel, unless unavoidable. Slopes greater than 5 percent will make the construction of accessible ramps necessary. The maximum cross-slope is 2 percent. Preferably, exterior routes should not require steps. Where steps are necessary, stem walls enclosing the risers and treads shall be used to separate the steps from the landscaped areas and an adjacent sloped walk and/or ramp shall be provided as part of the accessible route.
- D. Portions of accessible paths of travel that cross vehicular ways shall be painted with a contrasting color, per the Americans with Disabilities Act and the CBC requirements. These markings shall match the CBC's striping requirements for access aisle at accessible parking stalls for the entire length of the routes between any curb ramps, sidewalks or other transitions into vehicular ways.
- E. Ramps and curb ramps shall be included along the accessible route as required and shall comply with Americans with Disabilities Act and the CBC requirements. Ramps shall be a minimum of five feet wide.
- F. Detectable warning surfaces shall be installed along accessible routes in compliance with Americans with Disabilities Act and the CBC requirements.
- G. Signage shall be installed along accessible routes in compliance with Americans with Disabilities Act and the CBC requirements.

2.11 Fencing Site Perimeter

- A. A perimeter fence shall serve to keep the public at least 15 feet from the face of the building. A privacy wall shall be provided for the outdoor recreation area.
- B. The perimeter fence shall be a minimum of 8 feet tall and constructed with ornamental iron. It shall be placed over a sidewalk or a concrete curb with a minimum width of 6-inches. It shall be provided with security gates and hardware which can be remotely unlocked from staff control area. The privacy wall shall be a minimum of 8 feet tall and constructed grout filled and reinforced 8-inch masonry. The wall shall be aesthetically pleasing and complementary of the building architecture.
- C. Gates shall be at least 3 feet wide. Where gates are a required component of the egress system, they shall be provided with remote open capability. Refer to door hardware requirements.

2.12 Parking Areas General

- A. Parking spaces are provided in accordance with the Staffing and Parking Analysis and in accordance with code requirements.
- B. Required Parking Spaces:

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| | |
|--------------------------|----------|
| Staff Parking | 28 |
| Public Parking | 5 |
| Accessible Parking | 2 |
| <u>Emergency Vehicle</u> | <u>1</u> |
| Total Parking Required | 36 |

- C. As part of the parking improvements, sidewalks and/or paths of travel are required to provide fluid access from parking lots to and from buildings and ancillary improvements.
- D. All program required standard stalls are nine feet wide by eighteen feet minimum in length (twenty feet preferred). All parking spaces shall be at 90-degree angles to drive aisles with the exception of parking within the vehicle sallyport which can be angled. Drive aisles shall be two-way with a minimum width of twenty-five feet (twenty-six feet preferred) when parking occurs on both sides. Drive aisles shall be two-way with a minimum width of twenty-four feet when parking occurs on one side. All internal circulation and queuing areas must be designed to accommodate the turning radii and slopes of the vehicles that will be using the site.
- E. Parking lots and their associated ingress and egress patterns, aprons, etc. shall be paved with asphalt concrete or reinforced Portland cement concrete. The pavement structural section shall be adequate to support loads imposed by the vehicle use. Fire trucks and large commercial trucks will access the facility; therefore, circulation routes shall be designated in the design with the paving sections engineered accordingly. See Section 2.14 for pavement requirements for accessible parking areas.
- F. The structural section for paving shall be determined by the project geotechnical report based upon the R-value of the soils encountered, as determined in the project geotechnical report and the Traffic Index. Traffic index shall be based on Caltrans exponential formula involving the expected number of 18 kip equivalent single axle loads over a 20-year design period. Use a minimum Traffic Index of 8.0 for driveways and truck maneuvering paths/circulation areas and 6.0 for automobile parking areas.
- L. Parking aisles and landscaped end islands shall be designed to complement the ingress / egress circulation patterns. Parking aisles shall be oriented in consideration for personnel safety, and easy access to the facility. Driveways shall be parallel or perpendicular with the drive aisle. Landscaped islands, end islands and other landscaped areas shall have standard concrete curbs per Mendocino County standards. When head-in parking is provided adjacent to a sidewalk or building, a two-foot six inch minimum clear area without obstructions shall be provided in front of the parking stall so vehicles do not encroach into the defined sidewalk minimum width or contact building surfaces. Where parking stalls are parallel to landscaped islands provide 12-inch-wide concrete strip within the islands and the length of stall. Perimeters of parking areas shall be contained with approved curbs where not restricted by drainage improvements. Perimeters of parking areas will be contained with the appropriate curbs meeting Mendocino County or Oroville standards where paving is sloped towards curbs for drainage diversion.
- G. Parking areas shall have slopes of 2 percent minimum and 5 percent maximum. All drives within the parking areas and throughout the site shall avoid slopes greater than 8 percent. For slope requirements within accessible parking areas see Section 2.10.
- H. Driveway entrance design shall accommodate all vehicle types having occasion to enter the lot, including delivery and service vehicles.
- I. Driveways, aisles and specific use areas shall receive standard directional thermoplastic arrow signs and markings to distinguish direction and use.

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- J. All parking spaces shall be striped with a double-lined 4" wide thermoplastic stripe, typical and provided with anchored concrete or rubber parking bumpers, where required to maintain the accessible path of travel or to protect other improvements. Provide striping to indicate direction of vehicular ingress, egress and parking flow patterns. Where curbed islands don't occur provide thermoplastic island striping. Differences in surface levels shall receive painted markings in contrasting color; this applies to all locations through-out the facility.

2.13 Accessible Parking Area

- A. Accessible parking areas shall be provided as required by the Americans with Disabilities Act and the CBC requirements.
- B. The layout of accessible parking areas shall be as required by the Americans with Disabilities Act and the CBC requirements. Reinforced Portland cement concrete pavement shall be used for accessible parking areas. The structural section shall per the recommendations of the project geotechnical report. Accessible parking areas shall include a slip resistant finish. Slopes for accessible parking areas shall comply with the Americans with Disabilities Act and the CBC requirements.
- C. Accessible parking areas shall use thermoplastic striping and pavement markings per the Americans with Disabilities Act and the CBC requirements.
- D. Detectable warning surfaces shall be installed as required by the Americans with Disabilities Act and the CBC requirements.
- E. Signage for accessible parking areas shall be installed in compliance with Americans with Disabilities Act and the CBC requirements.

2.14 Staff and Public Parking Area

- A. This parking area will be utilized by the general public when visiting the facility and the facility staff.
- B. The code compliant accessible parking shall include loading areas and path of travel. Provide signage as required for accessibility requirements.

2.15 Emergency Generator Yard and Fuel Tanks

- A. The Emergency Generator yard houses the emergency generator equipment.
- B. The generator unit shall be located in a Generator Yard. Provide an outdoor emergency generator system and fuel tank. For additional information, see part 7.
- C. Provide reinforced concrete pad and footings to support the generator weight, its supporting structure and components. The pad size shall exceed the area for the generator to provide required code clearances, maintenance clearances and general circulation. A fence with a pair of swing gates and man gate shall surround the generator and fuel tank providing security.
- D. The generator fuel tank will be supported by a reinforced concrete pad and footings to support the tank weight, tank filled with fuel, supporting structure and components. The pad size shall exceed the area for the tank to provide required code clearances, maintenance clearances and general circulation.
- E. The generator shall be equipped with a pre-engineered weather and sound-attenuating enclosure.
- F. For additional information see Part 7 Article 7.1.D.5 Emergency Power Supply Systems.

2.16 Ancillary Site Improvements

- A. Site Lighting
 - 1. See Part 7, Article 7.2.C for site lighting requirements.
- B. Landscaping

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1. The primary goal of the landscape design for the project is to create a landscape that is environmentally conscious, aesthetically pleasing and transition the buildings to the ground and provide screening of patient areas. The landscape design around the building shall provide interest, variation and transition of the building architecture. Achieve continuity of design through the use of similar plant materials and consistent planting arrangements. Landscaping shall fit in harmoniously with the existing building and landscaping. All planting shall be selected for compatibility with the climatic conditions, area soil conditions and environmental mitigation measures including quantity and size.
2. Tree plantings shall be designed in parking areas to reduce the heat island effect. Provide tree planting that allow natural daylight into buildings and provide shading for cooling paved surface areas. Ensure planting locations of trees or other landscaping elements (and site lighting) do not interfere with security cameras at maturity.
3. Use plant materials that are easy to maintain, native, near native, low water use, or drought tolerant predominantly while considering the varying solar orientation throughout the site. Plants shall be grouped together based on their water needs so that they can be watered together (hydrozoning) to conserve water.
4. All planting areas shall be properly amended and fine graded prior to planting. All planted areas shall be top dressed with a 3-inch layer of walk-on bark mulch. Avoid planting conditions in landscape areas in which a person can hide, store personal possessions or seek temporary shelter. The use of decorative decomposed granite surfacing and large boulders are encouraged to reduce the use of irrigation water (cobbles and small stones are prohibited as they become projectiles). Use products and materials that are composed of recycled materials whenever possible.
5. The irrigation system shall be designed with components to apply water efficiently and to conserve the use of water. Plantings shall be kept a minimum of 5-feet away from the perimeter of buildings to avoid the collection of irrigation water into the building slab. The use of low flow or drip irrigation system for shrub planting areas and plantings in proximity to the building is required for the project. This type of irrigation will conserve the use of water and minimize building maintenance. Install an automatic rain shut-off device on the irrigation controller to reduce water waste and program the controller for night activation to reduce losses due to evaporation and wind drift.
6. Provide a root barrier system between landscaped areas with trees planted and adjacent building foundations or paving in the following locations:
 1. All tree wells, all planters, all planter islands less than ten feet in width or length,
 2. All planters where trees are located six feet or closer to retaining or garden walls, walkways, paving or other in-ground structures,
 3. All planters adjacent to buildings where trees are located less than ten feet from the foundation.
- C. HVAC Equipment Yard: Provide a concrete pad area to accommodate the exterior heating, ventilating and air conditioning equipment as required per the Contractor's design team. Provide a CMU wall around yard with metal access gates.
- D. Gas and Electric Service: See Part 6 Gas Service and see Part 7 for Electrical Service.

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PART 3 - ARCHITECTURAL

3.1 Existing Condition

- A. The existing building is a modest single-story structure typical of 1960s era architecture and construction. There is nothing remarkable or historically significant about the architecture. The building plan is a basic rectangle with two rectangular courtyards in the center. The courtyards allow natural light to enter the interior patient rooms. The walls of the building perimeter are approximately 9-feet tall and capped with a mansard roof that extends around the building perimeter. The corrugated metal mansard is the most prominent architectural feature of the building. It provides screening of the rooftop mechanical units. A taller mansard rises and projects out over the public entry and is supported by large columns finished in faux-rock, typical of the era. The exterior wall finish is cement plaster. The building fenestration consists of rectangular aluminum frame windows spaced equally across the building façade and an aluminum storefront system at the public entry. The windows appear to be a single-pane. The roof covering is either a bituminous modified or asphaltic built-up roofing system. The roof is mostly flat with very little to no slope. Interior finishes consist primarily of painted drywall walls and ceilings and sheet vinyl flooring.
- B. Building Structure: The primary structure is a concrete slab-on-grade foundation with perimeter footings, two-by-four wood frame bearing walls, and two-by-twelve wood ceiling-roof joists. Interior non-bearing walls are wood constructions with drywall.
- C. Mechanical Systems: Each patient room is heated and cooled by a single wall mounted PTAC Unit (Packaged Terminal Air Conditioner). All other spaces within the building are conditioned by roof mounted packaged natural gas HVAC units. Supply and return air ducts are exposed and distributed over the roof surface.
- D. The description of the existing building is based on onsite visual observation only. No as-built documentation exists or was made available to the consultant. On the day of the site visit, wall and ceiling structures were exposed in one of the patient rooms allowing visual confirmation of the exterior bearing wall and roof-ceiling framing. It is assumed that the framing is consistent throughout the building. Additionally, a permit set of drawings for a previous fire alarm system upgrade project was found in the building. The drawings provided a site plan, floor plan, code analysis, and a single building section. Although the drawings could not be used to confirm the as-built condition, they were useful for planning purposes and to give the consultant reasonable confidence regarding the stated assumptions.
- E. Existing Dietary Kitchen: See Appendix; Site Visit Report – Foodservice and Laundry
- F. A hazardous materials investigation of the existing building must be undertaken before any demolition or remodeling of the existing structures.
- G. An investigation and evaluation of the as-built existing condition were not undertaken for this study. The condition and suitability of all existing building systems including the roofing, mechanical, electrical, water, waste and storm drain piping, fire alarm systems, fire sprinklers, must be investigated before re-use or remodel. For this study, it was assumed that all existing systems will be replaced.
- H. No structural or geotechnical investigation was performed for this study.
- I. Seismic evaluation of the existing structure must be done if remodeling the existing facility is pursued. This will require as-built verification and documentation of the existing building. Some destructive investigation may be required such as removal of ceilings and wall finishes exposing the structure and excavation of select areas of the foundation to expose footings and slab construction.

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3.2 Visual Measure

- A. The facility must balance: the mission to provide safe and therapeutic care environment and support efficient operations. This requires an approach that provides a secure facility which is still inviting to the public and does so in the most efficient, functional, sustainable, maintainable, and cost-effective manner. The project shall be aesthetically pleasing and present a residential look compatible with the adjacent buildings. The mass of buildings and site walls must be broken up and articulated through the use of multiple colors, textures, patterns and reveals.
- B. Landscape screening shall be provided minimize impacts from neighboring developments.
- C. Daylight shall be introduced through exterior windows.
- D. Roof mounted equipment shall be screened from view with parapets or architectural louver mechanical screens.
- E. Exterior south and west facing windows shall be protected from heat gain with architectural shading devices.

3.3 Recommendations for Construction Methods

- A. Use Type IIA construction which may cost slightly more in material cost, but significantly less in construction insurance cost making it more economical for bidders.
- B. Patient housing areas should be divided into two or three compartments separated by 2-hour fire walls.
- C. The administration area, if maintaining free egress at all required exits, and properly separated by 2-hour fire walls (which makes it a separate building) can be constructed as Type IIB construction without sprinklers if desired. However, Type IIA and sprinklers should be used if the administration area might be locked or contain sleeping rooms in the future.

3.4 Exterior Enclosure Walls

- A. Building materials must be durable and easily maintained.
- B. All exterior walls shall be designed and constructed for a 50-year life cycle exclusive of finish coatings or paint. The County intends to use this facility for many decades.
- C. Exterior walls shall be steel stud framed with batt insulation.
- D. Type X gypsum board shall be applied to the interior side.
- E. Type X very high impact gypsum board shall be applied to the interior side in patient areas and secure areas.
- F. The insulation value will be equal to or better than required by the California Title 24 energy code for a commercial building. Exterior walls shall be designed to prevent water vapor from condensing within the wall assembly or on its interior face.
- G. Exterior enclosure systems shall achieve a minimum STC rating of 45.
- H. Exterior finish: Shall be a Cement Plaster System (Stucco) with architectural reveals and control joints, applied over 1-inch rigid insulation over fire treated plywood. Building entries shall be finished with an architectural wall panel system similar to Hardie Panel Vertical Siding System.

3.5 Fire Proofing Systems

- A. Steel columns shall be protected by UL assembly with these options:
 - 1. Spray on fireproofing concealed with finish materials.
 - 2. Intumescent paint and left exposed.
 - 3. A UL designed gypsum board wrap which then integrates with interior walls.
- B. Girders as primary structure, use UL assembly with these options:
 - 1. Spray on fireproofing concealed with finish materials

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2. Intumescent paint and left exposed
3. A UL designed gypsum board wrap which then integrates with roof finishes

3.6 Roof Systems

- A. A Class A single ply roofing system shall be used (PVC or TPO) with internal roof drains and overflows. The roofing system shall include 4" rigid insulation sloping at 12 inches per foot minimum.
- B. Roof drainage shall be factory finished and designed to direct water beyond the exterior walls of the building. Roof gutters shall be a seamless – one piece as practical and have screens to avoid the collection of debris. Locations of downspouts shall be inconspicuous and shall terminate at an underground drainage pipe system. Downspouts shall be covered with shrouds or detailed in a manner to prevent the downspout or downspout anchors as a means to climb to the roof. Refer to Part 6, Plumbing.

3.7 Windows and Storefronts

- B. Public entry and non-patient areas:
 1. Colored anodized aluminum storefront systems with dual-pane, insulating low-e glazing.
 2. Exterior windows shall have colored anodized aluminum frames. Provide all exterior windows with dual-pane, insulating, low-e glazing.
- C. Patient Housing and Treatment Areas:
 1. Exterior windows shall be colored anodized aluminum window with integral blind: Wausau Window and Wall Systems; 2187-DT Psychiatric Windows; exterior glass shall 1" insulating low-e glazing, interior glass shall be 9/16" security glazing; Oldcastle Building Envelop 121100 ArmorProtect Plus.
 2. Interior windows shall be welded metal frames with security glazing with tamper-proof fasteners.

3.8 Expansion Control

- A. Provide adequate control and expansion joints to alleviate stresses caused by thermal, seismic, material expansion/contraction, wind loading, or any other force related to movement. Carefully design and locate joints for function and aesthetic qualities. Avoid expansion joints that are accessible to inmates. When necessary, provide security covers over expansion joints.
- B. Building expansion joints shall be designed to permit independent vertical and horizontal movements of elements on either side. Investigate manufacturer's research data and recommendations to realize optimum performance of various materials. The control and expansion joints shall be detailed to blend with the building aesthetics.

3.9 Waterproofing and Dampproofing

- A. Provide necessary flashing, backer-rod and caulking at all doors, window frames, and other potential sources of leakage with a durable, flexible sealant compound. Design piping and other utility service penetrations to prevent water intrusion.
- B. Contractor shall design and construct building to prevent growth of fungus, mold and bacteria on surfaces and in concealed spaces.

3.10 Insulation and Vapor Retarder

- A. "R" value for insulation shall be a minimum of 13 for exterior envelope and R19 for the roof. Vapor retarders and insulation shall be noncombustible or labeled by Underwriters Laboratories (UL) as meeting a flame spread rating qualified for its application. Insulation shall not be exposed.

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3.11 Walls & Partitions

- A. To the extent possible in a psychiatric patient environment (where security glazing is used, and door seals are not allowed) the principal objective is to achieve an isolated acoustic environment for the occupants and the functions to be performed. Special acoustical applications to reduce reverberation and assist in speech intelligibility will be required in classrooms, treatment rooms, group rooms, dayrooms, dining rooms, the intake area, and staff office areas. Sound isolation shall be provided at group rooms and toilet rooms.
- B. In patient areas, all finishes, and equipment shall resist tampering and be engineered to prevent unauthorized access.
- C. Interior walls shall be a minimum will be minimum 3-5/8" 20-gauge metal studs spaced at 16 inches on center extending to the under-side of structure and include sound attenuation batts. In patient housing and treatment areas walls shall have abrasion-resistant and impact resistant Type X gypsum Board drywall.
- D. Synthetic wall protection panels shall be installed up to (4'-0") feet above finish floor in all patient accessible areas.
- E. Patient Showers: Solid Surface sheets shall be installed in patient shower rooms. Impact resistant and mold and moisture resistant gypsum board with epoxy paint shall be installed for all other wall surfaces.
- F. Staff and Public Restrooms: Ceramic tile wainscot up to (6'-0") feet from finish floor.

3.12 Concrete & Masonry Finishes

- A. Exterior finishes shall, to the greatest extent possible, be achieved using integral color and are integrally water repellent materials. In order to reduce the long-term maintenance needs of the facility only clear sealers shall be applied to the exterior wall material. For this reason, finish level of exterior and exposed interior materials is important to the County. Concrete and Masonry materials shall meet the below finish requirements:
 1. Finishing of Formed Concrete:
 - a. Finish shall meet the requirements for ACI 347.3R as follows
 - (1) CSC-2 – at concealed surfaces and Equipment Rooms
 - (2) CSC-4 – For all exposed surfaces with integral finish
 - (3) CSC-4 – With sacking and patching of all voids and tie holes for all interior surfaces.
 2. Floor Slabs:
 - b. Finish shall meet the requirements of ACI 302.1R with an FF of 35 minimum and an FL of 25 minimum.
 3. Concrete Masonry Units (CMU):
 - c. All exposed joints shall be standard concave type.
 - d. Tolerances shall meet the requirements of ASTM C90
 - e. Follow the recommendations of the Concrete Masonry Association Bulletin TEK 5-16 and its references.
 - f. All interior CMU shall be precision style. Exterior CMU shall be provided in a variety of textures, styles and integral colors acceptable to the County.

3.13 Doors

- A. Where storefronts are used at public entries, aluminum and glass swinging doors shall be incorporated into those assemblies.
- B. Exterior doors in non-public areas are flush, hollow metal insulated in one-piece welded metal frames. Doors shall be constructed as outlined in the door schedule (Refer to Part 10, Planning Diagrams). Doors, when required to be fire rated, shall be designed per the CBC and have Underwriters Laboratory authentic labels.

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- C. Interior doors in patient housing and treatment areas shall be one-piece welded metal frames with solid-core doors with a durable synthetic facing that has a wood grain appearance.
- D. All single leaf swinging doors shall be a minimum of 3'-0" wide by 7'-0" high by 1-3/4" thick.
- E. Interior doors throughout the general office areas are flush solid core wood in hollow one-piece welded metal frames, unless noted otherwise. Doors when required to be fire rated shall be per CBC and have Underwriters Laboratory authentic labels. Wood doors shall be Grade "A" hardwood veneer with satin gloss polyurethane finish.

3.14 Hardware

- A. Builders' hardware will be utilitarian and suitable for the required functions and will meet accessibility requirements. Door hardware shall be heavy duty mortise locks for commercial application. The County standard Best Core system will be used throughout the facility. All exterior door hinges shall have non-removable pins. Use fire rated hardware at all fire rated door assemblies. No surface mounted bolts or strike latching panic hardware will be allowed. All exterior hardware is to be stainless steel and all exterior devices (where occurs) are to be weatherproof, heat and freeze resistant.
- B. Exterior doors in patient areas, including the sallyport door, shall be continuously locked and monitored and shall utilize an electronic card reader access control system.
- C. Hardware in patient-accessible areas suitable for the required functions, risk level, and where applicable meets accessibility requirements.
 - 1. Door Hinges: patient rooms, shower and toilet room doors shall have Double-Acting Continuous Hinges. Basis of Design: Kingsway Group USA Swing Hinge #KG202.
 - 2. Door Hinges: ANSI/BHMA A156.1 certified butt hinges. Non-removable pins.
 - 3. Closers: LCN Concealed closer #2010 Series.
 - 4. Locksets: Ligature-resistant lever handle lockset; Schlage L Series Extra Heavy Duty Mortise Lock with ligature-resistant lever.
 - 5. Patient room privacy lockset: Best Access System
 - 6. Wall stops: Kingsway Group USA; KG184 Anti-ligature Rubber Wall Stop.

3.15 Floors

- A. Interior floor finishes shall be durable, easy to maintain, slip resistant and sealed.
- B. Patient Area flooring shall be sheet vinyl meeting, class A rating. Vinyl flooring in patient housing and activity areas shall be a warm wood-look pattern and color.
- C. Wall base in patient areas: thick rubber base with pick-resistant sealant at all vertical joints.
- D. Patient showers and toilet rooms: Seamless epoxy flooring with slip resistant finish.
- E. Staff and Public Restrooms: Ceramic tile.

3.16 Ceilings

- A. Public and office use ceilings will have a minimum height of (9'-0") feet above finish floor with a 2' x 4' heavy duty exposed T-bar grid and acoustical suspended ceiling tiles with a 2' x 2' appearance.
- F. Ceilings in patient accessible areas, will have a minimum height of (9'-0") feet above finish floor. Ceilings shall be sound absorbing gypsum-board.
- G. Patient Showers: Impact resistant and mold and moisture resistant gypsum board with epoxy paint.
- H. All ceilings and ceiling-mounted fixtures that are accessible to patients, including ceiling mounted lights, sprinkler heads, and other fixtures, shall be at least 9'-0" clear, and tamper resistant.

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- I. Access panels shall be lockable and shall be security grade in patient areas.

3.17 Wayfinding

- A. All spaces, including vestibules, alcoves, and secondary hallways or corridors shall receive a separate room number or modifier. The number scheme shall be used for construction coordination and adopted to provide the final signage (wayfinding) and room numbering scheme for the facility. Separate room numbering schemes for construction and final room identification for interior signage shall not occur. Once accepted, the room numbering scheme shall be used to coordinate the security electronics system relative to door, lighting, plumbing, power, and other security controls. It shall also be used for final identification of building support and maintenance features such as panel schedules, communication drops, and mechanical piping, as well as room numbers on interior signage. In security areas, signage shall consist primarily of painted numbering and room names above doors. Security type braille signage which cannot be removed, or if removed, cannot be fashioned into weapons, shall be provided as required to satisfy accessibility requirements. In non-secure areas, signage on sidelights or similar surfaces shall receive a backplate on interior room side to cover mounting mechanism of sign attached to glazing. Contractor shall provide all signage required by regulations.

3.18 Millwork Finish Carpentry

- A. All millwork will be fabricated with high pressure decorative laminate at exposed surfaces and melamine at semi-exposed surfaces. Provide "Custom" grade millwork in accordance with the Architectural Woodwork Standards, latest edition. In specific areas, there will be stainless steel fabricated casework as specified in the room descriptions.
- B. Standard base cabinets shall be 34" high max to meet ADA requirements (measured to rim of sink where it is mounted above the counter) by 24" deep.
- C. Standard upper wall cabinets shall be 14" deep by 32" high. A minimum of one adjustable shelf will be required for each bay. Upper wall cabinets are required above all base cabinets. Upper & Full Height Cabinets shall have sloped tops of the same material as the casework.
- D. Countertops will consist of solid surfaces or stainless steel (no plastic laminate will be used). All solid surface countertops to have a 1 1/2" built-up edge with no-drip edge (marine edge) at counters with sinks and drip groove at counters without sinks. Provide four-inch (4") coved backsplashes with square top where cabinets abut partitions including wall returns.
- E. All cabinet hinges shall be commercial grade heavy-duty wraparound hinges. All drawers and doors shall receive locks and wire pulls. Drawers shall have heavy-duty full extension ball bearing drawer glides.
- F. Cabinets in patient areas shall have ligature resistant clamshell or recessed pulls.
- G. Support backing shall be installed in walls for all cabinet locations. Base cabinets with sinks shall be fully accessible by the disabled.
- A. Fire Extinguisher and Cabinets: Provide impact resistant steel cabinets with fire extinguishers per code. Semi-recess cabinets except when this would compromise the fire rating of the wall; overcome rating changes to semi-recess cabinets when possible. Ensure placement of fire extinguisher cabinets do not violate accessibility requirements. Locate cabinets as required by code, outside of patient accessible spaces when possible. Where it is necessary to place cabinets in patient accessible areas, use security grade cabinets.

3.19 Toilet and Shower Room Accessories

- A. Patient Areas:
 1. Robe/Towel Hooks: Breakaway type. Kingsway Group USA KG180.
 2. Grab Bars: Anti-ligature; Kingsway Group USA KG270-278

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3. Soap dishes: Recessed type; Norix Group.
4. Soap Dispenser: wall mounted liquid or foam; GOJO Industries, Inc. ADX-12TM Security Enclosure
5. Toilet paper holders: Whitehall Manufacturing: #WH1847B.
6. Shelves: stainless steel recessed into wall; Kingsway Group USA KG12
7. Paper towel dispensers: Kingsway Group USA KG02
8. Mirrors: Polycarbonate with built-in lighting. Visa Lighting: High-abuse application.
9. ADA Shower Seat: Norix Group.

3.20 Dietary Kitchen Requirements

A. Dietary Kitchen – Requirements for Existing Construction

1. Demolition:
 - a. Remove all Existing equipment and salvage for possible reuse. Remove all existing finishes to bare studs.
 - b. Except for the existing non-compliant equipment, such as the exhaust hood, fire suppression system, and high door dish machine, all other equipment that is in good working condition may be reused. If the equipment is going to be reused, service agencies should start up, test, and assess the refrigerated and hot holding equipment to ensure that they are operating at the required temperatures. All equipment requires NSF certification.
2. New Construction:
 - a. Some of the existing wall layouts will be revised to meet ADA requirements. Additionally, functionally deficient spaces, such as the staff office/dry storage room, shall be replaced. A new dry storage room of sufficient area to accommodate all food service dry storage needs will be required.
 - b. Install new finishes. Wall surfaces shall be finished with stainless steel panels suitable for a food service environment. Continuous, slip resistant sheet vinyl flooring with continuous 4-inch cove base and suitable for a food service environment shall be installed. The sheet vinyl flooring shall extend into the walk-in-cooler compartment, ensuring continuous and seamless protection.
 - c. Electrical:
 - d. Install new electrical wiring, outlets, and lighting. Relocate existing electrical panels to a new electrical room outside of the kitchen's functional area.
 - e. Plumbing:
 - f. Install new plumbing supply and waste, and new plumbing fixtures. Hand sinks shall be NSF listed with eye wash attachments. Install a new floor mounted mop sink, to replace the existing non-compliant wall mounted utility sink in the existing janitor closet.

B. Dietary Kitchen – Requirements for New Construction

1. If Mendocino County opts to build out a new dietary kitchen, the kitchen should be designed to fit within a minimum program of 450 SF. This footprint should include a designated dry storage room, reach-in or walk-in refrigeration, cold prep, hot prep, cookline, dish up and dishroom. The minimum 450 SF kitchen will be sized appropriately to prepare, assemble and deliver patient meals either via heated and refrigerated carts or in insulated trays to the planned 16 patient beds.
2. The kitchen is recommended to be a cook-serve model using a dish up counter to assemble up to 16 trays per meal. The cook-serve kitchen should be sized to operate 8 hours a day, 5 days a week. Tray deliveries to each patient typically occur 3 times per day, 7 days a week, with meals being either being served hot or re-thermalized from chilled state before consumption.

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3. The cook-serve kitchen is recommended to have capacity for three meals a day staging and holding. Meal delivery operates 7 days a week. Patients normally dine three times a day, but some patients require between meal supplements/nourishments: multiple times a day.
 4. The 450 square foot dietary kitchen should include:
 - a. Receiving area with breakdown table
 - b. 5-tier dry storage – minimum 100 linear feet of shelving
 - c. 5-tier walk-in cooler or reach-in refrigerator – minimum 100 linear feet of shelving
 - d. 5-tier walk-in freezer or reach-in freezer – minimum 50 linear feet of shelving
 - e. Dietician / manager office should be centrally located with full view of dietary kitchen, preparation, storage, tray assembly and receiving.
 - f. Vegetable/salad/meat/dairy/sandwich preparation should include all required slicers, mixers, cutters, worktables and sinks, with direct access to walk-in coolers and in full view of management offices.
 - g. Production cooking typically includes one (1) 3'-0" griddle with oven base, one (1) 3'-0 six burner gas range with oven, one (1) convection oven, stainless steel worktables and a hot holding cabinet.
 - h. The tray dish up line is where all meals will be assembled on to (typical) domed, insulated or pellet heater base trays. There should be support equipment located there for tray line; including refrigerated and heated wells or cabinets. A typical hot tray would include an entrée, starch and vegetable/fruit. A typical cold portion would include salad/sandwich, fruit, bread / roll with butter and dessert.
 - i. Soiled trays and carts will return to the dish room after delivering patient meals. The dish room should include a 3-compartment sink, dishmachine with booster heater, soiled tray cart holding, janitor closet with chemical/detergent storage, clean cart holding and tray drying racks. Once carts are cleaned they will return to tray assembly area for staging.
 - j. The dietary kitchen footprint or surrounding area close by should also include a designated staff toilet and employee lockers.
 5. Preliminary foodservice equipment budget estimate for a new Dietary Kitchen would be \$200,000.00
- C. Code Compliance Requirements
1. Though the PHF kitchen would not be under CDPH or OSHPD jurisdiction, we recommend the following compliance be met to ensure proper sanitation and function of the PHF kitchen.
 - a. 1224.202.1 All raw unprepared food will be delivered to the kitchen directly from the adjacent receiving area/dock (without crossing patient or public circulation)
 - b. 12.24.520.2.3: Storage spaces. Storage will be provided in the kitchen, adjacent to receiving area and food preparation.
 - c. 1224.20.2.4: Cleaning supplies will be stored in a separate housekeeping closet.
 - d. 1224.20.2.12: Waste storage will be in an enclosed holding space such as Rubbermaid, located adjacent to the dishroom.
 - e. 22.5.1.3.70273(k): Food Storage: All storage shelving will be 12 inches above the floor and ventilated. Walk-in Coolers and Refrigerators will be maintained at temperatures of 41°F or below. Walk-in Freezers will be at 0°F or below. There will be thermometers in each refrigerator / cooler and in store rooms for perishable food. Soaps, detergents, chemicals, etc. will be stored in a Housekeeping Closet.
 - f. 22.5.1.3.70277 (b): Food Supplies: One week's supply of staple foods and at least two (2) days supply of perishable foods should be maintained in the dietary kitchen.
 - g. 22.5.1.3.70279 (a): Adequate space for the preparation and serving of food will be provided. Equipment will be placed to provide a minimum of 4' aisles to permit easy movement.

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- h. 22.5.1.3.70279 (b): Well ventilated food storage areas are provided – Kitchen Dry Storage should be mechanically ventilated.
- i. 22.5.1.3.70279 (c): A minimum of 2 cubic feet of usable refrigerated space per bed will be maintained for the storage of frozen and chilled foods.
- j. 22.5.1.3.70279 (d): Adequate space is maintained for proper cleaning and sanitizing of dishes and other utensils. There should be a Pot Wash / Dishwash and Cart Wash Arismic restraints.

D. Reviewing / Permitting Agencies

- 1. The kitchen will need to be reviewed and approved by the Mendocino County Dept of Environmental Health and the Department of Health Care Services

E. Applicable Regulations

- 1. National Sanitation Foundation (N.S.F.)
- 2. Underwriters Laboratories (U.L.) or ETL equivalent
- 3. American Gas Association (A.G.A.)
- 4. National Fire Protection Association (N.F.P.A.) - 96 for exhaust systems.
- 5. American with Disability Act (A.D.A.)
- 6. The 2021 California Building Code Title 24 (S.M.A.C.N.A) for Seismic restraints.

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PART 4 - STRUCTURAL

4.1 Governing Code & General Requirements

- A. This facility and structures are required to meet the 2019 California Building Code (CBC), California Code of Regulations Title 24, Part 2, Volume 2 of 2.
- B. The following narrative provides potential solutions to the performance requirements for the facility.

4.2 Design Criteria

- A. Existing Building Repurpose: The Enforcement Agency will require this building to be brought up to current code requirements for vertical and lateral loads. The wood structural framing, slab and foundation will be reused to the extent possible except for that portion of the demolished areas replaced with new construction. It is anticipated that the new roofing system will be a single ply roof.
 1. Roof Framing:
 - a. The roofing will need to be removed and the roof plywood inspected. Any sheets damaged due to dry rot or other water caused damage will be replaced. The entire roof will be inspected and re-nailed as required for current lateral loads. The roof will require a one-hour rating which will be achieved with 5/8" gyp board on the top and bottom surfaces.
 - b. Strengthening may be required at locations for new rooftop HVAC units along with reworking of new duct penetrations.
 2. Exterior Walls:
 - a. The remaining exterior walls will have the exterior finish removed and the existing plywood will be examined, replaced, and re-nailed as described for the roof framing. If supplemental strengthening is required, KD DF #2 will be used.
 - b. New exterior wall framing will use 2x6 Doug Fir No 2 or better with 1/2" structural 1 sheathing.
 - c. All exterior walls must have a one-hour rating which will require 5/8" gyp board on each surface. This will likely require the removal of the existing interior finish material.
 3. Interior Bearing Walls:
 - a. It is not known at this time which walls are bearing walls, however base on experience with similar facilities, it is likely that corridor walls will be load bearing which will require a one-hour fire rating. This may require removal of the wall finish and reapplication of new gyp board on each side.
 4. Interior Fire Walls:
 - a. The interior fire walls will consist of 8" solid grouted and reinforced CMU walls. The walls will be anchored to the roof framing on each side such that a roof failure on one side will not compromise the stability of the wall. New foundations will be required for all of the new CMU walls
 5. Existing Slab and Foundation:
 - a. It is expected that all of the remaining existing floor slab and foundation will be re used.
 6. New Foundation and Slab:
 - a. New slabs will use 4000 psi concrete
 - b. New foundations and other miscellaneous concrete needs will use 3000 psi concrete.
 - c. All concrete will be reinforced.

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- B. New Construction: The proposed structure is approximately 14,000 square feet with a perimeter of approximately 1,000 feet and a roof height of approximately 14 feet. The patient housing areas will be divided into 2 to 3 areas separated by 2-hour fire walls and is anticipated to be equipped with fire sprinklers. The entire structure will have 5/8" fire-treated plywood for both the roofing and exterior walls.
1. Roof Framing: The proposed structural roof framing consists of 1 ½-inch-deep x 22 Gauge Metal Decking or 5/8" fire treated plywood spanning over 12-inch-deep x 3.5-inch-wide x 14 Gauge cold formed steel joists which are spaced at 24 inches on center and span a maximum distance of 20 feet.
 2. Exterior Walls: The proposed exterior walls typically consist of 6-inch-deep x 2-inch-wide x 18 Gauge wall studs which are spaced at 24 inches on center. In some locations where there are longer spans, steel beams are likely required which are supported by steel columns. In two locations in the kitchen, the beams spanning approximately 15 to 20 feet will likely be W12x22 and in the dayroom the longer approximately 32-foot spans will likely be supported by W16x31 beams. The steel columns supporting these beams will likely be square HSS4x4x1/4. The structural steel beams and columns will need to be protected from fire with one of the following options: spray on fireproofing concealed with finish materials, an intumescent paint and left exposed or a UL designed gypsum board wrap which then integrates with interior walls or roof finishes.
 3. Interior Bearing Walls: The proposed interior metal stud bearing walls along both sides of the corridor consist of 6-inch-deep x 2-inch-wide x 20 Gauge wall studs which are spaced at 24 inches on center.
 4. Interior Fire Walls: The proposed fire walls consist of 8" reinforced CMU walls which extend 30" above the roof on either side and extend horizontally to exterior finishes or exterior walls. These fire walls will be structurally attached to the primary structural roof framing on both sides in order to withstand a collapse of the structure on either side of the wall.
 5. New Foundation and Slab: The proposed foundation consists primarily of a 4" thick reinforced concrete slab on grade but in locations of higher loads such as at CMU walls and steel columns, a thickened slab or footing will likely be required.
 6. Lateral System: The structure will be supported laterally by approximately 20 to 25 full height fire-treated plywood shear walls which range in length from 10 to 20 feet and will be anchored into the slab at each end with hold downs.

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PART 5 - MECHANICAL

5.1 Heating Ventilating, and Air Conditioning Criteria

- A. Applicable Codes and Design Guides Include but are not limited to:
 1. Applicable Codes and Design Guides Include but are not limited to:
 2. Title 22 Division 6, License or Community Care Facilities
 3. FGI - Guidelines for Design and Construction of Hospitals, 2018
 4. 2019 California Energy Code
 5. 2019 Cal Green
 6. 2019 California Residential Code
 7. 2019 California Building Code
 8. 2019 California Mechanical Code
 9. 2019 California Fire Code
 10. 2019 California Plumbing Code
 11. NFPA 90A, NFPA 90B
 12. ASHRAE 170, ASHRAE 62.1, ASHRAE 55 documents – Current Edition

- B. General
 1. Mechanical design shall be developed to meet requirements of California Mechanical Code-CMC, CA Residential Code, FGI standard, ASHRAE 170, ASHRAE 62.1, and ASHRAE 55 Ventilation Standard.
 2. All ductwork shall meet SMACNA standards for construction and support. Design related to duct construction, support and bracing for all ductwork and piping, seismic bracing, and vibration isolation shall comply with Design and Construction of Hospitals, 2018.
 3. All load calculations shall be completed using computer load simulation software (Trace 700, HAP or equal).

C. Outside Conditions (Design Temperatures ASHRAE 2017) Ukiah Municipal

| | <u>Winter</u> <u>Design (Degrees F)</u> | <u>Summer</u> <u>Design (Degrees F)</u> |
|----------------------|--------------------------------------------|--------------------------------------------|
| Design Temperatures: | 28.4° F | 100.2°F DB/67.9° F WB |
| Altitude: 601 feet | | |

D. Space Temperature and Humidity Design Criteria. Following indoor design temperature (degrees Dry Bulb) and humidity (% Relative Humidity) conditions are required for all areas.

| | | Summer | | Winter | |
|----------------------------------|--|--------|----------|--------|----------|
| | | Temp | Humidity | Temp | Humidity |
| Patient Rooms: SGL or SGL/DBL | | 70-75 | 60% max | 70-75 | 60% max |

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| | | | | | |
|-----------------------|--|---------|---------|---------|---------|
| Support Rooms/Offices | | 72 +/-2 | NR | 72 +/-2 | NR |
| Examination Room | | 70-75 | 60% max | 70-75 | 60% max |
| Bathroom | | 72-78 | NR | 72-78 | NR |
| Clean Utility | | 72-78 | 60% max | 72-78 | 60% max |
| Medication Room | | 70-75 | 60% max | 70-75 | 60% max |
| Dietary Storage | | 72-78 | NR | 72-78 | NR |
| Food Prep Center | | 72-78 | NR | 72-78 | NR |
| Occupational Therapy | | 70-75 | NR | 70-75 | NR |
| IT Equipment Room | | 72 +/-2 | 50% max | 72 +/-2 | 25% min |

1. Ventilation Criteria. For B-occupancy spaces, air quantities shall be based upon heat loads generated by equipment, people, lighting, solar heat gain, minimum dilution/ventilation requirements in CMC/ASHRAE 62.1, and/or required make-up air for exhaust systems, whichever is greatest.
2. Air Change Criteria. For I-occupancy spaces, minimum air changes per hour (ACH) as required by CMC Chapter 4/ASHRAE 170, or ASHRAE 62.1 shall be provided and compare to the exhaust airflow requirements and heat loads generated by equipment, people, lighting, and solar heat gain, whichever is greatest.

| Space Type | Minimum Outdoor ACH | Minimum Total ACH |
|-----------------------------|---------------------|-------------------|
| Patient Room | 2 | 4 |
| Corridor (Nursing Facility) | NR | 4 |
| Recreation/Activity | 2 | 6 |
| Examination Room | 2 | 6 |
| Hazardous Mat Storage | 2 | 10 |
| Clean Utility | 2 | 4 |
| Soiled Utility | 2 | 10 |
| Bathroom/Shower/Toilet | NR | 10 |
| Triage | 2 | 12 |
| Food Preparation Center | 2 | 10 |
| Dietary Storage | NR | 2 |
| Housekeeping | NR | 10 |

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| | | |
|----------------------|---|----|
| Laundry | 2 | 10 |
| Nurse | 2 | 4 |
| Medication Room | 2 | 4 |
| Occupational Therapy | 2 | 6 |
| Seclusion/Isolation | 2 | 12 |

3. Pressurization Criteria. Toilet and Shower rooms, Dirty utility room, Housekeeping, Biohazard, Intake, Laundry, and Seclusion room shall be negative with respect to a corridor or adjacent space. Clean Utility room shall be positive with respect to a corridor or adjacent space.
4. Filtration/Dedicated Exhaust Criteria. All occupied areas shall be supplied with air through 30% ASHRAE efficient filters with MERV 8 rating as minimum.
5. Building Operating Schedule. All spaces shall be operable 24 hours, 7 days a week with varying degrees of occupancy in a 24-hour period.
6. Noise Criteria. Ambient noise levels from the HVAC system shall not exceed NC45-50 in patient spaces.

5.2 HVAC Systems – Existing Building Renovation

- A. All new HVAC Systems shall comply with Title 24.
- B. A single zone rooftop package heat pump unit or high efficiency cooling with electric heat will be provided to serve each temperature zone in I-2 Occupancy area. Each HVAC Unit will have 3-5 ton cooling capacity and will be connected to emergency power to maintain code required ACH.
- C. Kitchen rooftop package unit/s shall be connected to emergency power.
- D. B-Occupancy Area HVAC units will be single zone package rooftop heat pump/ electrical units; each unit will be dedicated to a temperature zone and will have 3-5 ton cooling capacity.
- E. Ductless Heat Pump Split Systems of approximately 2-ton cooling capacity might be installed in the following space instead of a rooftop package unit, if required by space equipment loads:
 1. IT Room.
- F. Existing Ductless Split Systems for walk-in cooler in the kitchen is to remain.
- G. The total cooling capacity for all HVAC rooftop HVAC systems is approximately 40-50 tons.
- H. Building Exhaust Fans
 1. Multiple roof exhaust fans which operate 24/7 for all Toilet rooms, Shower rooms, Housekeeping, Dirty Utility, Laundry, and Intake. The total exhaust airflow is approximately 2,700 cfm.
 2. Electrical Room inline or wall exhaust fan which operates on temperature sensor.
 3. Mechanical Room inline or wall exhaust fan which operates on temperature sensor.
 4. Bio-hazard Room roof exhaust fan which operates 24/7. The approximate exhaust airflow is 200 cfm.
 5. Seclusion Room (operates as an isolation room) roof exhaust fan which operates 24/7 to maintain negative pressure. The approximate exhaust airflow is 600 cfm.
 6. Staff Break Room exhaust fan can be inline or roof mounted exhaust fan and operates on schedule.
 7. Existing Kitchen exhaust fan/s, grease hood exhaust fan, and dishwasher exhaust fan to operate on kitchen schedule.
 8. Existing Kitchen grease exhaust hood with fire-suppression system to be replaced with a code compliant hood and system, and to be reconnected to existing ductwork and exhaust fan.

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9. All exhaust fans serving I-2 occupancy and the kitchen shall be connected to emergency power.
- I. Building Exhaust Fans shall be provided with factory wired disconnects. VFDs shall be provided for all three phase fans and for fans with motor of 3/4 horsepower or more.
- J. Building Exhaust Fans to be located 25 ft away from outside air inlets of I-2 occupancy rooftop HVAC system. Exhaust fans serving B-occupancy shall be located 10 ft away from outside air inlets for B- occupancy rooftop HVAC systems.

5.3 HVAC Systems – New Site Adapt Building

- A. All HVAC Systems are new and shall comply with Title 24.
- B. Each I-2 occupancy patient wing with supporting spaces will be served by a rooftop heat pump air handling unit or high efficiency cooling air handler with electric heating. Each HVAC Unit will have economizer and power exhaust fans and will be connected to emergency power to maintain code required ACH. Each air handling unit will be connected to multiple constant volume terminal units with electric reheat. Each rooftop air handler will have approximately 10–15-ton cooling capacity.
- C. B-occupancy Kitchen and Dry Storage will be served by a stand-alone rooftop heat pump unit/make-up air unit with the capacity to match the exhaust airflow from the kitchen and kitchen exhaust hoods with estimated cooling capacity of 7.5-10 tons. This unit will be connected to emergency power.
- D. B-Occupancy Office Area will be served by a rooftop heat pump air handler or high efficiency cooling unit with electric heating. This unit will be connected to multiple variable volume terminal units with electric reheat and will have approximate cooling capacity of 5-7.5 tons.
- E. Ductless Heat Pump Split Systems of approximately 2-ton cooling capacity might be installed in the IT Room, or a separate VAV zone will be provided as required by space equipment loads.
- F. New Ductless Split Systems for walk-in cooler in the Kitchen will be provided by the cooler manufacturer.
- G. The total cooling capacity for all HVAC rooftop HVAC systems is approximately 45-50 tons.
- H. Multiple terminal units with electric reheat will be provided throughout the building or on the roof. Each terminal unit serving an I-2 occupancy space/temperature zone will provide constant airflow to maintain required ACH and space pressurization as required by CMC. Each terminal unit serving B-occupancy space/temperature zone will be variable flow to maintain space temperature.
- I. Building Exhaust Fans
 1. Multiple roof exhaust fans which operate 24/7 for all Toilet rooms, Shower rooms, Janitor, Soiled Utility, Laundry, and Intake. The total exhaust airflow is approximately 2,000 cfm.
 2. Electrical Room inline or wall exhaust fan which operates on temperature sensor.
 3. Mechanical Room inline or wall exhaust fan which operates on temperature sensor.
 4. Bio-hazard Room roof exhaust fan which operates 24/7. The approximate exhaust airflow is 100-200 cfm.
 5. Seclusion Room (operates as an isolation room) roof exhaust fan which operates 24/7 to maintain negative pressure. The approximate exhaust airflow is 250 cfm.
 6. Staff Break Room exhaust fan can be inline or roof mounted exhaust fan and operates on schedule.
 7. New Kitchen equipment will be served by a grease exhaust fan, kitchen exhaust fan, and dishwasher exhaust fan. All fans will be located on the roof.
 8. All exhaust fans serving I-2 occupancy and the kitchen shall be connected to emergency power.
- J. Building Exhaust Fans shall be provided with factory wired disconnects. VFDs shall be provided for all three phase fans and for fans with motor of 3/4 horsepower or more.

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- K. Building Exhaust Fans to be located 25 ft away from outside air inlets of I-2 occupancy rooftop HVAC system. Exhaust fans serving B-occupancy shall be located 10 ft away from outside air inlets for B- occupancy rooftop HVAC systems.

5.4 Ductwork and Distribution

- A. All ductwork, fittings, and dampers to meet SMACNA Standards.
- B. All HVAC ductwork: supply and return, will be either exposed on roof or routed concealed between the roof joists. Roof mounted ductwork will require exterior insulation and roof supports.
- C. Ductwork insulation R-value, exterior and/or interior, shall comply with T-24 requirements.
- D. Ductwork shall be routed to each room and connected to a ceiling diffuser and return or exhaust grille. The return ductwork shall be fully ducted. All duct zone branches shall be sized with a maximum of 800 FPM and 0.08" w.c. per 100 ft.
- E. Ductwork shall be designed and constructed to limit losses due to fittings.
- F. Acoustic flexible ductwork could be used; the length of flexible connections shall comply with CMC requirements. In I-2 occupancy spaces, the flexible ductwork shall comply with OSHPD requirements.
- G. Fire-smoke dampers will be installed in ductwork at penetrations of occupancy separations, rated corridors, and penetrations of fire barriers as required by CBC. Fire dampers will be installed in ductwork as required by CBC at rated ceiling lid penetrations.
- H. Diffusers and grilles in B-occupancy spaces shall be standard type as required for air distribution. Each diffuser and grille shall be provided with a volume damper for balancing.
- I. Diffusers and grilles in Locked Patient rooms and other I-2 spaces where patients need to be supervised shall be anti-ligature type with temper-proof fasteners. Each diffuser and grille shall be provided with a volume damper for balancing and remote operator, located outside of the Patient rooms/ areas.

5.5 HVAC Controls

- A. Provide DDC BMS controls for all HVAC systems. Other systems such as fire alarm (for building shutdown), a generator, domestic water heaters, new utility metering devices, etc. will be integrated and monitored through the BMS.
- B. BMS Vendors: Alerton, Sunbelt, Siemens, Johnson Controls, or equal.
- C. For temperature controls in Locked Patient rooms, provide one temperature sensor, which shall be located in return air duct, per zone consisting of multiple patient rooms within similar building orientation. Provide thermostat/temperature sensor in support rooms and offices: one per office or multiple offices facing the same side of building. Provide zone temperature controls in Multipurpose, Dining, Group Rehab, Group, Exam, etc. Zone selection for temperature control shall be based on occupancy and assembly type. There will be approximately 18 temperature zones in Renovation facility and 28 temperature control zones in Site Adapt New facility.
- D. Occupant Control: Offices, Nurse, Supports, and supervised area occupants can adjust their individual control zones through locally mounted wall sensors/thermostats. Locked Patient Room adjustment will be limited to the duct-mounted temperature sensors.
- E. Sequences of Operation of HVAC systems shall incorporate energy efficient strategies.
- F. Integration: BMS DDC system to be viewed through a web interface. The BMS server will be in the IT Room.

5.6 Testing and Balancing

- A. Provide factory startup for all HVAC equipment.

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- B. The HVAC systems shall be tested and balance by a qualified third-party test and balance company. TAB company shall be certified by NEBB and/or AABC.

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PART 6 - PLUMBING

6.1 Plumbing Design Applicable Codes

- A. Applicable Codes and Design Guides Include but are not limited to:
 - 1. Applicable Codes and Design Guides Include but are not limited to:
 - 2. Title 22 Division 6, License or Community Care Facilities
 - 3. FGI - Guidelines for Design and Construction of Hospitals, 2018
 - 4. 2019 California Energy Code
 - 5. 2019 Cal Green
 - 6. 2019 California Residential Code
 - 7. 2019 California Building Code
 - 8. 2019 California Fire Code
 - 9. 2019 California Plumbing Code
 - 10. NFPA 37, NFPA 110, and NFPA 90A
 - 11. ASPE Handbooks – Latest Editions

6.2 Domestic Water Systems

- A. Perform water calculations per 2019 CPC based on available pressure upstream of the meter and backflow.
- B. The domestic water service shall be distributed to the building fixtures through Type L copper piping with soldered joints and wrought copper fittings.
- C. Isolation valves shall be provided at each bank of plumbing fixtures.
- D. All piping in unheated areas and/or exposed to the exterior shall be insulated with insulation R-value to comply with T-24. Provide jacketing where piping is exposed.
- E. All heating water piping shall be insulated; heating water piping insulation R-value to comply with T-24.
- F. Domestic Hot Water system shall be provided with redundant electric water heaters with storage tanks, 45-50 KW each, redundant circulating pumps, an expansion tank, and hi-temperature cut-off control. PRV piping for each Water Heater shall be routed to the outside.
- G. The dishwasher and pot sinks in the kitchen shall have two separate high temperature water heaters or a booster heater.
- H. Domestic water system will be comprised of water closets, lavatories, stainless steel counter mounted sinks, a laundry sink, a janitor sink, shower fittings, kitchen equipment sinks, hood dishwasher, a 3-compartment sink, kitchen hand-washing sinks, washers, and dryers.
- I. Approximate domestic water pick flow is 80 gpm.
- J. Water closets, lavatories, and shower fittings in I-2 occupancy shall be anti-ligature type fixtures.
- K. Existing kitchen equipment, connected to natural gas piping, is to remain in Renovation. New Kitchen in Site Adapt will have all electric kitchen equipment.
- L. Two washers and two electrical dryers will be installed in the Laundry. Dryer vents to be routed to the outside wall. The washing machine will be provided with supply wall boxes with shutoff valves.

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6.3 Plumbing Fixtures

- A. All fixtures shall comply with 2019 California Green Building Code for water use reduction and ADA accessibility requirements.
- B. Water hammer arrestors, sized per PDI guidelines, shall be located per manufacturers recommendation at all plumbing fixtures with quick acting valves.
- C. Water Closets (B-occupancy): Vitreous china, floor or wall mounted at ADA height, with manual or battery-operated flush valve.
- D. Water Closets (I-2 occupancy): Anti-Ligature stainless-steel floor/wall mounted at ADA height, with wall supply flush valve.
- E. Lavatories (B-occupancy): Vitreous china with sensor battery operated or manual faucet.
- F. Lavatories (I-2 Occupancy): Ligature resistant sink and faucet.
- G. Sinks: Stainless-steel counter mounted with manual gooseneck faucets.
- H. Showers (I-2 occupancy): Anti-Ligature shower head, pressure/temperature balancing valve, and stainless-steel drain.
- I. Showers (B occupancy): ADA shower system with shower head, pressure/temperature balancing valve.
- J. Supply Box: Stainless steel box with shutoff valve.
- K. Emergency eyewashes will be located in the kitchen and where required and shall be ADA compliant, installed on sink faucets

6.4 Sanitary Sewer and Vent Systems

- A. Sanitary sewer piping will be collected and routed down through the building for connection to the site utilities.
- B. Plumbing fixtures shall be served by new sewer and vent cast iron piping. Sewer hubless cast iron soil pipe shall be provided with 4-band couplings.
- C. Automatic trap primers will be provided for all floor drains excluding shower drains.
- D. Gravity type grease interceptor connected to kitchen plumbing fixtures and kitchen equipment that produce grease-laden waste shall be installed outside of the kitchen area.
- E. Vent systems will be routed collecting various fixture vent pipes or as individual fixture vent pipe terminated above the roof and 25 ft away from outside air inlets of HVAC units.

6.5 Rain and Storm Drain Systems

- A. Roof drains and overflow drains will be provided on the various roofs and collected by the rainwater and overflow pipe systems.
- B. Rainwater piping will be routed down through the building for connection to site storm drain. A separate rainwater overflow system will daylight to visually indicate an issue with the primary system.
- C. Rainwater piping will be hubless cast iron soil pipe with standard duty couplings.

6.6 Condensate Drain

- A. Condensate drain to be Type L copper piping.
- B. Condensate to be routed from all HVAC units, including rooftop and indoor split system units to exterior location or to a nearest roof drain.
- C. Condensate pump and overflow drain will be provided for each split system indoor unit.

6.7 Natural Gas System

- A. Existing kitchen equipment, connected to gas piping, shall remain in Renovation.

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- B. All new kitchen equipment, HVAC units, and water heaters to be electric.

6.8 Emergency Power Fuel System

- A. A new emergency generator will be provided for HVAC systems and water heaters in I-2 occupancy and the kitchen.
- B. The generator will be provided either with fuel oil belly tank/day tank with the capacity required for run time hours or connected to the site natural gas piping with gas piping sizes required for generator capacity.

6.9 Fire Sprinkler Design Criteria

- A. Applicable Codes and Design Guides Include but are not limited to:
 - 1. 2019 California Fire Code
 - 2. NFPA 13 - Standard for the Installation of Sprinkler Systems, 2019
 - 3. NFPA 14 - Installation of Standpipe and Hose Systems, 2019
 - 4. 2019 California Residential Code
 - 5. 2019 California Building Code

6.10 Fire Sprinkler System

- A. Fire protection system shall be designed and installed per NFPA. Shop drawings and hydraulic calculations will be reviewed by the AHJ.
- B. The fire sprinkler system is to be designed by a California-licensed Fire Sprinkler Contractor. The fire sprinkler contractor shall obtain all necessary permits, inspections, and approvals.
- C. The existing outdoor fire sprinkler riser shall be relocated inside the fire sprinkler room.
- D. All fire sprinkler system products shall be UL-listed, and FM approved for fire protection service.
- E. All sprinkler heads shall be quick response type. Sprinkler heads shall be compatible with the installation conditions.
- F. Bracing design details shall be coordinate with the building structures.

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PART 7 - ELECTRICAL

7.1 Electrical System

- A. Applicable Codes and Design Guides Include but are not limited to:
 - 1. Title 22 Division 6, License or Community Care Facilities
 - 2. FGI - Guidelines for Design and Construction of Hospitals, 2018
 - 3. 2019 California Energy Code
 - 4. 2019 Cal Green
 - 5. 2019 California Building Code
 - 6. 2019 California Fire Code
 - 7. 2019 California Electrical Code
 - 8. NFPA 99
 - 9. NFPA 101
- B. General System Requirements
 - 1. Electrical Service: Design and construction of the electric service shall be coordinated with PG&E. The electrical service for the new 15,000 sf building will require a new electrical service and a new electrical service yard. Yard shall contain a new normal 1000A 277/480V MSB, 500kw generator with sound/weatherproof enclosure, 1000A 277/480V emergency switchboard, life safety ATS, Critical ATS, Equipment ATS and Optional Standby ATS. Yard shall be situated away from the I2 portion of the building to reduce noise in the I2 part of the building. Building will have both B and I2 occupancy. In addition to the new electrical yard, a new 12'x12' electrical room will be required.
- C. Emergency System
 - 1. Building shall be 100% backed up by generator power. The emergency system shall have 4 ATS (Life Safety, Critical, Equipment, Optional Standby). The Optional standby shall be able to be shed if the generator cannot handle the full load of the building.
 - a. Emergency power shall be provided by a natural gas emergency generator sized for full building load. The gas connection and meter connection shall be coordinated with the utility company.
 - b. All ATS shall be isolation bypass type and Nema 3R.
 - c. Emergency switchboard shall have a connection for a temporary 500kw generator. Temporary connection require by code for times when the generator is down for maintenance. Switchboard shall be Nema 3R with a copper bus. Switchboard to have a main breaker, 4 breakers feeding the ATSs with space for an additional 4 breakers, and one breaker for the temporary generator connection.
- D. Normal System
 - 2. All loads not part of the Life Safety, Critical or equipment branch shall be on the optional standby ATS.
 - 3. MSB shall be 1000A, 277/480V, 3ph, 4 wire with a copper bus. Switchboard shall have an utility meter and shall be Nema 3R. MSB shall have the same number of breakers for the ATSs and spaced for additional breakers that match what is provided for the Emergency switch board. MSB shall also have a space for a future PV connection. PV system size shall be provided by owner during design.
 - 4. Coordinate new electrical service with utility company including all require underground conduits, electrical pads, meter locations/requirements and new loads for the building.

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5. Provide normal power distribution as require per building design. All panels and transformer shall have copper busses.
6. Buses:
 - a. The distribution panel buses shall be rectangular cross section copper, with tin or copper plating (except the ground bus shall be copper).
 - b. Buses shall be non-tapered.
7. Electrical Distribution (Disaggregation):
 - a. The electrical system shall fully comply with the current title 24.
 - b. All panelboards shall contain 10% spare capacity and circuit breaker mounting space.
 - c. Panelboards shall be dead front with hardware for accepting molded case bolt-on circuit breakers of maximum size allowable in each space. Main buses and branch circuit straps shall be copper; electrical grade aluminum with tin or copper plating is acceptable. Unplated aluminum current carrying parts are not acceptable.
 - d. Enclosures shall be suitable for the conditions encountered. All electrical equipment is design for outdoors and shall be NEMA 3R. NEMA 3R panels, which are not factory gasketed against dust, will not be acceptable. Enclosures shall be code gauge steel cabinets, surface, flush or floor mounted as designed. Provide with a flush type combination lock and latch all keyed alike. Provide 2 keys with panelboard. All exposed metal parts shall be factory finished grey enamel.
 - e. Provide a type written panelboard circuit directory with plastic cover and shall be placed in the door rack provided, and with the circuit functions actually connected at the time of occupancy.
8. Additional I2 Areas Requirements:
 - a. In all I2 areas, all device plates shall polycarbonate with tamper proof screws.
 - b. All light fixtures shall be polycarbonate with tamper proof screws. Fixture hall be anti ligature.
 - c. All corridor doors shall have delayed egress.
9. General device requirements
 - a. Power connections to HVAC and plumbing equipment including disconnect switches, conduit and wiring.
 - b. Comply with all California Energy Code Requirements, including metering, separation of circuits, voltage drop and controlled receptacles.
 - c. Install wall mounted outlet boxes so that the distance from the center line of the box to the finished floor is as listed, unless specifically designed otherwise.
 - 1) Switches, +44"
 - 2) Receptacles, +18"
 - 3) Telephone, data, +18"
 - 4) Counter Height Locations, +44"
 - d. Provide power for all mechanical and plumbing equipment including controls.
 - e. Refer to architectural criteria documents for additional outlet locations.
 - f. Minimum quantities of outlets in addition to those indicated below:
 - 1) All rooms shall have a minimum of one duplex receptacle in each room. Provide GFCI type where required by code. All receptacles shall be tamper proof type with tamper proof screws. All kitchen receptacles shall have stainless steel device plates.
 - 2) Provide GFCI duplex receptacle with while in use cover at all exterior doors and one in enclosed generator yard.

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- 3) Bedrooms: Provide duplex receptacle on each wall with one duplex receptacle switch.
- 4) Restroom: Provide a GFCI duplex receptacle at location within 6' of all sinks.
- 5) Office: Provide duplex receptacle at each wall locations.
- 6) IT Closet: Provide three fourplex receptacles.
- 7) Telephone/data, television outlets, and wireless access points: Provide a duplex receptacle adjacent to outlet or access point.
- 8) Provide one telephone/data locations for each bedroom, three in each office, one at each TV location, one at IT take, one at quit program interview and one at each wireless access points.
- 9) General and computer: Provide general receptacles with no more than six for each 20-amp circuit.

10. Wire and Cable:

- a. Accept where noted otherwise, all conductors are to be copper. All grounding and bonding conductors shall be copper.
- b. Minimum conductor size shall be #12 AWG for power and lighting circuits and #14 AWG for control and signal circuits.
- c. All conductors #10 and smaller, shall be 600-volt, type THWN, THW, TW or THHN. All conductors for underground and conductors #8 and larger shall be 600-volt, type XHHW or THWN. Insulation type XHHW shall be used for wire #2 and larger.
- d. Grounding wire #1/0 or larger shall be tinned stranded copper, all smaller ground wires shall be insulated with green color insulation.
- e. MC cable is not acceptable for installation for branch circuit wiring or equipment feeders, unless where specifically requested by owner/user.
- f. Exposed cable used in return air plenum shall be rated for plenum use.

11. Raceway System:

- a. All raceways shall be concealed in walls, floors, slabs, underground or above ceilings and as dictated by construction conditions at the site. Exposed runs are allowed only at surface mounted equipment in unfinished areas. Raceways shall be of the type suitable to the conditions of installation.
- b. Provide no more than (3) 90-degree conduit bends or the equivalent number of smaller radius bends in any conduit run between boxes or equipment. Radius of underground bends shall be minimum 12 times conduit radius.
- c. Minimum conduit sizes shall be 3/4" diameter (trade size), 3/4" diameter where installed in or under slab, and 1" diameter where installed underground.
- d. Wall or ceiling penetrations shall be sealed. Grout raceway penetration suitable for the specific conditions of each penetration and finish to match adjacent surfaces. Where penetration of a fire rated surface is required, seal the opening with an approved "Fire Stop" compound installed in strict accordance with the manufacturer's instructions for each specific application.
- e. In empty conduits and stubs, install #12 TW pull wire for conduits less than 1 1/4" diameter (trade size); and 3/16" polypropylene pull rope in conduits 1 1/4" diameter and larger.
- f. The entire electrical raceway system shall form a continuous metallic electrical conductor and shall be grounded by connection to the main service ground. A ground wire shall be installed in each conduit.
- g. Provide expansion couplings in conduit runs which cross expansion joints in the structures. Place expansion couplings at the expansion joints.

E. Interior Lighting:

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1. All lighting shall comply with Cal Green and Title 24. Contractor is responsible for all title 24 forms including all Acceptance testing.
 2. Building shall have demand response controls to reduce lighting levels per Title 24 requirements.
 3. All spaces in both I2 and B occupancy shall have dimming, including Corridors.
 4. Provide LED lighting fixtures throughout the project area. Lighting control system to comply with current Title 24 requirements to include but not limited to master lighting control panel, occupancy sensors, day lighting sensors, timer control. All spaces shall have antiligature fixtures.
 - a. Lighting illumination levels for all interior spaces shall meet the following average maintained levels at 2 1/2 feet above finished floor.
 - 1) Restrooms 20 foot candles
 - 2) Storage 20 foot candles
 - 3) Offices 40 foot candles
 - 4) Kitchen 100 foot candles.
 - 5) Observation rooms 30 foot candles
 - 6) Patient Rooms 50 foot candles
 - 7) Clean/Solid Utility
 - 8) Triage 50 foot candles
 - 9) Corridors 10 foot candles
 - b. Interior lighting fixtures shall be LED type. All fixtures shall be behavioral health high abuse fixtures.
- F. Exterior Lighting:
1. Exterior Building: Provide LED building wall mounted lighting fixtures around the perimeter building of the project area. All lighting shall comply with current Title 24 requirements. Provide minimum lighting levels per IES if not stated below. All fixtures shall have vandal resistant lenses. All screws shall be tamper proof.
 2. Lighting illumination levels for all exterior areas shall meet the following levels at grade.
 - a. Exterior lighting shall have minimal lighting shining into patient rooms. Fixtures near rooms shall have house side she
 - b. Exterior egress doors: 1 foot candle minimum.
 - c. Exterior pathways and flatwork: 1 foot candle minimum.
 - d. Parking: 5 foot candles average with a 1 to 3 min to max ratio.
 - e. Any lighting fixture that requires emergency backup shall be provided with battery backup.
 - f. Exterior lighting fixtures shall be LED type, and match theme of exterior style and shall be approved by Architect and Owner.
 - g. Provide and connect exterior lighting to lighting control panel capable of controlling exterior lighting automatically.
- G. Fire Alarm:
1. Provide an automatic fire alarm and detection system with area coverage. Fire alarm shall meet or exceed the latest California Fire Code. System shall be able to operate the delayed egress corridors in the I2 portion of the building.
 2. FACP shall be located in the IT room.
- H. Data and Voice Systems:
1. Requirements for telecom and phone are to be provided by other.

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2. Provide 50A, 120V, 208V electrical panel in main IT room with connections as required for low voltage systems including rack mounted receptacles. Electrical panel shall have 6' clear above panel. Clear space shall not have mechanical ducts, piping, cable tray and gyp board ceiling.
- I. Duress Alarm System
1. Duress buttons will be located at locations where there is threat potential, particularly at nurse stations, transaction counters, group room, interview room, exam room, and other locations as necessary. Either wall or under desk/counter mounted stations will be provided depending on the application and furniture/equipment layout.
 1. All duress stations will be installed with collars to prevent accidental activation.
- G. Video Surveillance System
1. The color IP CCTV system will provide real time viewing of selected cameras and digitally record camera views for future playback. The CCTV system will be interfaced to the PLC system to respond to various inputs from the intercom system (intercom call requests), and duress alarms. Under these alarm or event conditions, the CCTV system will automatically display cameras on monitors surrounding the HMI touchscreen monitor.
 2. Dedicated multiple screen displays for multiple camera views on color monitors will be provided with a combination of automatic event/alarm camera call up and sequencing. When desired, full screen display will be provided for a manually selected camera. All video pictures will include their respective location, time, and date.
 3. Cameras will be digitally recorded 24/7 and stored for a minimum of 13 months. Recording will be configured at 15 frames per second, 720p, upon motion detection (estimated at 40% activity) and 1 frame per second, low resolution at all other times.
 4. A DVD-RW drive with the network video recorder for extracting video from storage archive and transferring onto a removable media will also be provided. The NVR will be sized with 50% spare camera input capacity (not storage capacity). In addition, a RAID 6 configuration for the disc array storage with one (1) hot spare for every six (6) drives will also be provided.
 5. A KVM switch will be provided to allow quick switching of monitor, mouse, and keyboard control between the various system components and servers.

End of Section

Site Visit Report – Foodservice & Laundry

SITE VISIT REPORT – FOODSERVICE & LAUNDRY

Mendocino County 16-Bed Psychiatric Health Facility

October 7, 2021

On August 11, 2021; Stacey Jennings from The Marshall Associates, Inc. conducted a site visit at a vacant skilled nursing facility located at 131 Whitmore Lane in Ukiah, CA. The County of Mendocino has purchased the property and wishes to reestablish its use as a licensed residential care facility. The purpose of TMA’s visit was to survey and assess the existing dietary kitchen, foodservice support areas and laundry and review for proper operation and code compliance.

Dietary Kitchen– Overview of Existing Kitchen Condition and Operation

The existing kitchen and dry storage room are approximately a total of 825 square feet. Overall, the kitchen itself was in good condition. The floors, walls and ceilings were in fair condition. The existing ceiling height is 8’. There are some code issues with some of the floor coving. The coving outside of the walk-in cooler is not compliant. It needs to be continuous floor coving that goes up a minimum of 4”. The existing coving is a separate metal triangle piece which is not compliant. It will need to be removed and the floor will need to be continuously covered up the outside of the exposed walk-in compartment.



The current hood and fire suppression installation is not code compliant. It has horizontal fire suppression lines and the hood box is not deep enough for required equipment clearances (minimum 12” in front of equipment.) The hood and fire suppression systems will need to be replaced.



SITE VISIT REPORT – FOODSERVICE & LAUNDRY

Mendocino County 16-Bed Psychiatric Health Facility

October 7, 2021

DIETARY KITCHEN – OVERVIEW OF EXISTING KITCHEN CONDITION AND OPERATION (CONT'D)

The high door dishmachine requires a Type II condensate hood. It is also a low temp, chemical sanitizing unit which is not usually acceptable to CDPH. It would need to be replaced with a high temperature replacement unit with an integral booster heater. Exposed piping along the back of dish line also needs to be concealed as much as possible. The clean side of the dishline is also adjacent to the 3-compartment sink. This is not usually an acceptable set up to CDPH as it has soiled and clean adjacent to each other. The dish rack is installed too high for proper use. I recommend it be lowered. There also seems to be an electrical panel above the 3-compartment sink area. An electrical engineer should be consulted to see if there are any code issues with this access panel being installed near a very wet area.



SITE VISIT REPORT – FOODSERVICE & LAUNDRY

Mendocino County 16-Bed Psychiatric Health Facility

October 7, 2021

DIETARY KITCHEN – OVERVIEW OF EXISTING KITCHEN CONDITION AND OPERATION (CONT'D)

Hand sinks need to be replaced with NSF listed units with eye wash attachments. The hand sinks need 18" clearance from any adjacent equipment; from center point on either side of unit.



The walk-in cooler has a separate floor than the kitchen floor. The kitchen flooring should extend in to the cooler compartment to ensure continuous and seamless protection. If the existing flooring in the walk-in is kept, there should be a door threshold installed to ensure proper sealing between the floor transitions.



SITE VISIT REPORT – FOODSERVICE & LAUNDRY

Mendocino County 16-Bed Psychiatric Health Facility

October 7, 2021

DIETARY KITCHEN – OVERVIEW OF EXISTING KITCHEN CONDITION AND OPERATION (CONT'D)

The janitor closet requires a metal, slotted shelf for chemical storage with a mop rack. It also requires a floor mounted mop sink. It currently has a wall mounted utility sink.



There is a separate room off the kitchen that currently has dry storage racks inside. Per the record drawings, the room was designated as a staff office. The room isn't sufficiently sized as it is right now to house all foodservice dry storage. It also has electrical panels mounted on the wall. Typically you need a certain amount of clearance in front of electrical panels, therefore cannot put any shelving in front of it or a certain distance adjacent to them.



SITE VISIT REPORT – FOODSERVICE & LAUNDRY

Mendocino County 16-Bed Psychiatric Health Facility

October 7, 2021

DIETARY KITCHEN – OVERVIEW OF EXISTING KITCHEN CONDITION AND OPERATION (CONT'D)

There is a room across the hall from the dietary kitchen that is designated for foodservice dry storage. CDPH usually requires a certain amount of storage be directly accessible from the kitchen. This room can continue to be used for dry storage but there will also need to be some dry storage directly accessible from the kitchen.



There is a room adjacent to the nurse's station, in the middle of the facility, that houses the site's only ice machine. This unit can be used for general patient nourishment but there will also need to be a designated unit within the kitchen. The room that the current ice machine is located in does not have required continuous flooring that should continue up the wall a minimum of 4". Architect should also confirm if the tile flooring is acceptable for foodservice use.



SITE VISIT REPORT – FOODSERVICE & LAUNDRY

Mendocino County 16-Bed Psychiatric Health Facility

October 7, 2021

DIETARY KITCHEN – OVERVIEW OF EXISTING KITCHEN CONDITION AND OPERATION (CONT'D)

Other CDPH requirements for the kitchen include a need for a designated station for hair nets, gloves and other safety gear and also a designated area for washing carts and mats.

The remainder of the kitchen and equipment appeared to be in good working condition. If the equipment is going to be reused, I recommend service agencies come out to start up, test and assess the refrigerated and hot holding equipment to ensure that they are operating at the required temperatures. All equipment used in a skilled nursing facility requires NSF certification.



SITE VISIT REPORT – FOODSERVICE & LAUNDRY

Mendocino County 16-Bed Psychiatric Health Facility

October 7, 2021

DIETARY KITCHEN – OVERVIEW OF EXISTING KITCHEN CONDITION AND OPERATION (CONT'D)



SITE VISIT REPORT – FOODSERVICE & LAUNDRY

Mendocino County 16-Bed Psychiatric Health Facility

October 7, 2021

DIETARY KITCHEN – OVERVIEW OF EXISTING KITCHEN CONDITION AND OPERATION (CONT'D)



SITE VISIT REPORT – FOODSERVICE & LAUNDRY

Mendocino County 16-Bed Psychiatric Health Facility

October 7, 2021

DIETARY KITCHEN – OVERVIEW OF EXISTING KITCHEN CONDITION AND OPERATION (CONT'D)

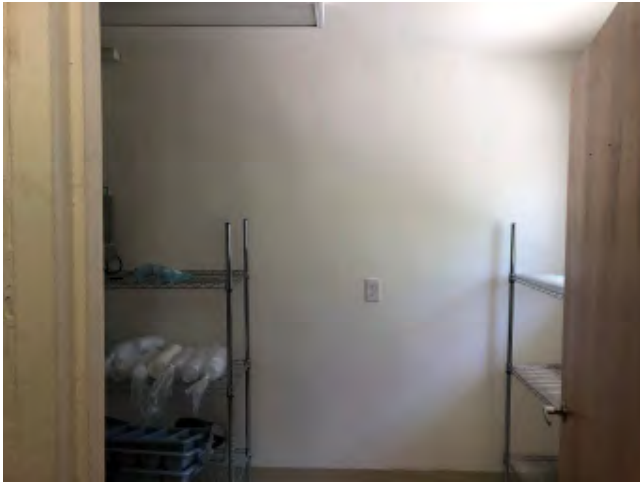


SITE VISIT REPORT – FOODSERVICE & LAUNDRY

Mendocino County 16-Bed Psychiatric Health Facility

October 7, 2021

DIETARY KITCHEN – OVERVIEW OF EXISTING KITCHEN CONDITION AND OPERATION (CONT'D)



SITE VISIT REPORT – FOODSERVICE & LAUNDRY

Mendocino County 16-Bed Psychiatric Health Facility

October 7, 2021

LAUNDRY – OVERVIEW OF EXISTING CONDITION AND OPERATION

The laundry room has some considerable issues and concerns. The equipment is very outdated and not up to current code standards. There are not adequate clearances between the units for proper folding, sorting and loading space. There is a lot of caution tape and exposed hazards. The dryers appear to be coin operated units that have exposed circuitry and a mish mash of duct work. The ventilation area at the back of the dryers needs to have proper clearances for technician access. The washers look to be directly plumbed. They are usually required to be indirectly discharged in to a recessed floor trough. Similar to the dryer issue, there needs to be proper clearance at the rear for servicing and technician access.



SITE VISIT REPORT – FOODSERVICE & LAUNDRY

Mendocino County 16-Bed Psychiatric Health Facility

October 7, 2021

LAUNDRY – OVERVIEW OF EXISTING CONDITION AND OPERATION



DIETARY KITCHEN – REQUIREMENTS FOR NEW CONSTRUCTION

If Mendocino County opts to build out a new dietary kitchen, the kitchen should be designed to fit within a minimum program of 450 SF. This footprint should include a designated dry storage room, reach-in or walk-in refrigeration, cold prep, hot prep, cookline, dish up and dishroom. The minimum 450 SF kitchen will be sized appropriately to prepare, assemble and deliver patient meals either via heated and refrigerated carts or in insulated trays to the planned 16 patient beds.

The kitchen is recommended to be a cook-serve model using a dish up counter to assemble up to 16 trays per meal. The cook-serve kitchen should be sized to operate 8 hours a day, 5 days a week. Tray deliveries to each patient typically occur 3 times per day, 7 days a week, with meals being either being served hot or rethermalized from chilled state before consumption.

The cook-serve kitchen is recommended to have capacity for three meals a day staging and holding. Meal delivery operates 7 days a week. Patients normally dine three times a day, but some patients require between meal supplements/nourishments: multiple times a day.

The 450 square foot dietary kitchen should include:

- Receiving area with breakdown table
- 5-tier dry storage – minimum 100 linear feet of shelving
- 5-tier walk-in cooler or reach-in refrigerator – minimum 100 linear feet of shelving
- 5-tier walk-in freezer or reach-in freezer – minimum 50 linear feet of shelving
- Dietician / manager office should be centrally located with full view of dietary kitchen, preparation, storage, tray assembly and receiving.
- Vegetable/salad/meat/dairy/sandwich preparation should include all required slicers, mixers, cutters, work tables and sinks, with direct access to walk-in coolers and in full view of management offices.
- Production cooking typically includes one (1) 3'-0" griddle with oven base, one (1) 3'-0 six burner gas range with oven, one (1) convection oven, stainless steel work tables and a hot holding cabinet.
- The tray dish up line is where all meals will be assembled on to (typical) domed, insulated or pellet heater base trays. There should be support equipment located there for tray line; including refrigerated and heated wells or cabinets. A typical hot tray would include an entrée, starch and vegetable/fruit. A typical cold portion would include salad/sandwich, fruit, bread / roll with butter and dessert.

SITE VISIT REPORT – FOODSERVICE & LAUNDRY

Mendocino County 16-Bed Psychiatric Health Facility

October 7, 2021

- Soiled trays and carts will return to the dish room after delivering patient meals. The dish room should include a 3-compartment sink, dishmachine with booster heater, soiled tray cart holding, janitor closet with chemical/detergent storage, clean cart holding and tray drying racks. Once carts are cleaned they will return to tray assembly area for staging.
- The dietary kitchen footprint or surrounding area close by should also include a designated staff toilet and employee lockers.

Preliminary foodservice equipment budget estimate for a new Dietary Kitchen would be \$200,000.00

CODE COMPLIANCE REQUIREMENTS

Though the PHF kitchen would not be under CDPH or OSHPD jurisdiction, we recommend the following compliance be met to ensure proper sanitation and function of the PHF kitchen.

1. 1224.202.1 All raw unprepared food will be delivered to the kitchen directly from the adjacent receiving area/dock (without crossing patient or public circulation)
2. 12.24.520.2.3: Storage spaces. Storage will be provided in the kitchen, adjacent to receiving area and food preparation.
3. 1224.20.2.4: Cleaning supplies will be stored in a separate housekeeping closet.
4. 1224.20.2.12: Waste storage will be in an enclosed holding space such as Rubbermaid, located adjacent to the dishroom.
5. 22.5.1.3.70273(k): Food Storage: All storage shelving will be 12 inches above the floor and ventilated. Walk-in Coolers and Refrigerators will be maintained at temperatures of 41°F or below. Walk-in Freezers will be at 0°F or below. There will be thermometers in each refrigerator / cooler and in store rooms for perishable food. Soaps, detergents, chemicals, etc. will be stored in a Housekeeping Closet.
6. 22.5.1.3.70277 (b): Food Supplies: One week's supply of staple foods and at least two (2) days supply of perishable foods should be maintained in the dietary kitchen.
7. 22.5.1.3.70279 (a): Adequate space for the preparation and serving of food will be provided. Equipment will be placed to provide a minimum of 4' aisles to permit easy movement.
8. 22.5.1.3.70279 (b): Well ventilated food storage areas are provided – Kitchen Dry Storage should be mechanically ventilated.
9. 22.5.1.3.70279 (c): A minimum of 2 cubic feet of usable refrigerated space per bed will be maintained for the storage of frozen and chilled foods.
10. 22.5.1.3.70279 (d): Adequate space is maintained for proper cleaning and sanitizing of dishes and other utensils. There should be a Pot Wash / Dishwash and Cart Wash Area with direct corridor access so soiled patient tray carts will not cross any food prep areas.

SITE VISIT REPORT – FOODSERVICE & LAUNDRY

Mendocino County 16-Bed Psychiatric Health Facility

October 7, 2021

REVIEWING / PERMITTING AGENCIES

- The kitchen will need to be reviewed and approved by the Mendocino County Dept of Environmental Health and the Department of Health Care Services

APPLICABLE REGULATIONS

- National Sanitation Foundation (N.S.F.)
- Underwriters Laboratories (U.L.) or ETL equivalent
- American Gas Association (A.G.A.)
- National Fire Protection Association (N.F.P.A.) - 96 for exhaust systems.
- American with Disability Act (A.D.A.)
- The 2021 California Building Code Title 24 (S.M.A.C.N.A) for Seismic restraints.

Detailed Cost Estimates

Psychiatric Health Facility Whitmore Lane Feasibility Study

Basis of Estimate

Assumptions and Clarifications

This estimate is based on the following assumptions and clarifications:

- 1 This estimate includes new work that interconnects with an existing structure and associated infrastructure. Pricing assumes that existing conditions will allow for required modifications to accept new work.
- 2 The estimate includes pricing developed upon local Prevailing Labor Rates, productivity factors, material / equipment, and similar costs for projects of this type.
- 3 The estimate assumes that a minimum of three bids will be received in each trade.
- 4 The estimate assumes fill material requirements can be met locally with local transport.
- 5 This estimate includes a projected start date of June 2023, 12 months of demolition, re-construction, and renovation. This may need to be adjusted to reflect the bid climate at time of bid.
- 6 An escalation has been applied to midpoint of construction.
- 7 Note that many items of equipment are currently long lead items and may need additional review during design.
- 8 This estimate includes labor specific to the region with travel and subsistence required for skilled
- 9 This estimate assumes the local utility will coordinate timely and provide support during the design process.
- 10 This estimate includes the partial demolition of exterior envelope, interior partitions, reconstruction, and new mechanical, electrical, and fire protection specific to the use of this building.
- 11 At any point during the investigation / discovery of structural soundness, the building may be discovered to be unfit for life cycle. Costs expended are assumed to be for the effort undertaken.
- 12 Assumes removal and replacement of sewer to main in street

Other Costs Not Included In This Estimate

The following additional costs have been identified as being required to complete this project, and are not included in

- 1 Out of hours working
- 2 Non-standard material sizes
- 3 Effects of working conditions / efficiency
- 4 Assessments, taxes, finance, legal charges
- 5 Environmental impact mitigation
- 6 Land and easement acquisition
- 7 Off Site Utility Upgrades and / or Off Site Infrastructure improvements
- 8 Utility and Service Tunnels
- 9 LEED Certification
- 10 Mock-ups
- 11 Finance charges, developers costs and profit
- 12 Phasing requirements
- 13 County Project Management/ Administration
- 14 Facility Licensing
- 15 Site Acquisition

Psychiatric Health Facility Whitmore Lane Feasibility Study

Overall Summary

| | SF | \$/SF | TOTAL |
|-----------------------------------------------------|---------------|---------------|-------------------|
| B1 Partial Demo / Renovation | 17,838 | 367.99 | 6,564,181 |
| TOTAL BUILDING CONSTRUCTION | 17,838 | 367.99 | 6,564,181 |
| S1 Sitework New Service | 17,838 | 53.04 | 946,083 |
| TOTAL SITEWORK | | | 946,083 |
| TOTAL BUILDING AND SITEWORK | 17,838 | 421.03 | 7,510,264 |
| Z10 Field Req's (Direct Labor Supervision, Sub G | 10.00% | | 751,026 |
| Z11 General Conditions / General Requirements | 10.00% | | 826,129 |
| Z12 Bond, Insurance, Profit | 6.50% | | 590,682 |
| Z21 Design / Estimate Contingency | 30.00% | | 2,903,430 |
| Z22 Construction Contingency | 10.00% | | 1,258,153 |
| BUILDING CONSTRUCTION COST BEFORE ESCALATION | 17,838 | 775.85 | 13,839,685 |
| Z30 Escalation to Midpoint (Apr 2024) | 13.50% | | 1,868,357 |
| RECOMMENDED BUDGET FOR CONSTRUCTION | 17,838 | 880.59 | 15,708,043 |

Project Soft Costs (To Be Reviewed and Verified With Owner)

| | | |
|--------------------------------------------------------------------------------------------|--------------|-------------------|
| YES - AE Design/Construction Support Fees - | | 1,800,000 |
| YES - Construction Management (8% of construction cost w/ Contingency) | | 1,256,643 |
| YES - Building Investigation/Seismic Analysis - Only if required by the "option" presente | | 50,000 |
| YES - Hazardous Materials Investigation/Abatemen Investigation | Abatemen | 15,000 |
| YES - Topographic Surveying Included in design, regardless of site | | 15,000 |
| YES - Geotechnical Investigation Included in design, regardless of site | | 30,000 |
| YES - CEQA Included in design, regardless of site | | 35,400 |
| YES - Materials Testing (Construction) | | 35,000 |
| YES - Construction Inspection (assumes shared AHJ and 3rd party - 2x per week) | | 90,000 |
| YES - Building Commissioning | | 62,908 |
| NO - County Project Management/ Administration - Only outside CM above | | - |
| YES - County Inspections - Assume contract inspections | support incl | |
| NO - Agency Retained Items - Fixtures, Furnishings, and Equipment (by Facility Operat incl | | |
| YES - Utility Services, Connection Fees (Electrical, Sewer, Water, Gas) | | 2,250 |
| YES - County Plan Check and Permitting Assume contract plan check | | 15,000 |
| YES - Advertising, Printing & Mailing As a function of CM project marketing to contracto | | 15,000 |
| NO - Facility Licensing | | - |
| NO - Site Acquisition | | - |
| TOTAL PROJECT SOFT COSTS | | 3,422,201 |
| RECOMMENDED BUDGET FOR PROJECT | | 19,130,244 |

Estimate changes incorporated since review:

Included Densdeck at roof, included new sheathing and plaster at exterior walls, remove mansard new parapet, CMU enclosure, site perimeter fence, AV allowance for Courts

Psychiatric Health Facility Whitmore Lane Feasibility Study

Basis of Estimate

Assumptions and Clarifications

This estimate is based on the following assumptions and clarifications:

- 1 This estimate includes new work that interconnects with an existing structure and associated infrastructure. Pricing assumes that existing conditions will allow for required modifications to accept new work.
- 2 The estimate includes pricing developed upon local Prevailing Labor Rates, productivity factors, material / equipment, and similar costs for projects of this type.
- 3 The estimate assumes that a minimum of three bids will be received in each trade.
- 4 The estimate assumes fill material requirements can be met locally with local transport.
- 5 This estimate includes a projected start date of June 2023, 16 months of demolition, re-construction, and renovation. This may need to be adjusted to reflect the bid climate at time of bid.
- 6 An escalation has been applied to midpoint of construction as shown on the overall summary.
- 7 Note that many items of equipment are currently long lead items and may need additional review during design.
- 8 This estimate includes labor specific to the region with travel and subsistence required for skilled trades.
- 9 This estimate assumes the local utility will coordinate timely and provide support during the design process.
- 10 This estimate includes the total demolition of the building, and new construction.
- 11 This estimate includes utility allowances which may change based upon building survey during design effort.

Other Costs Not Included In This Estimate

The following additional costs have been identified as being required to complete this project, and are not included in

- 1 Out of hours working
- 2 Non-standard material sizes
- 3 Effects of working conditions / efficiency
- 4 Assessments, taxes, finance, legal charges
- 5 Environmental impact mitigation
- 6 Land and easement acquisition
- 7 Off Site Utility Upgrades and / or Off Site Infrastructure improvements
- 8 Utility and Service Tunnels
- 9 LEED Certification
- 10 Mock-ups
- 11 Finance charges, developers costs and profit
- 12 Phasing requirements
- 13 County Project Management/ Administration
- 14 Facility Licensing
- 15 Site Acquisition

Psychiatric Health Facility Whitmore Lane Feasibility Study

Overall Summary

| | SF | \$/SF | TOTAL |
|-----------------------------------------------------|---------------|-----------------|-------------------|
| B1 Demolition / New Building | 13,500 | 535.14 | 7,224,356 |
| TOTAL BUILDING CONSTRUCTION | 13,500 | 535.14 | 7,224,356 |
| S1 Sitework New Service | 13,500 | 75.95 | 1,025,300 |
| TOTAL SITEWORK | | | 1,025,300 |
| TOTAL BUILDING AND SITEWORK | 13,500 | 611.09 | 8,249,656 |
| Z10 Field Req's (Direct Labor Supervision, Sub G | 10.00% | | 824,966 |
| Z11 General Conditions / General Requirements | 10.00% | | 907,462 |
| Z12 Bond, Insurance, Profit | 6.50% | | 648,835 |
| Z21 Design / Estimate Contingency | 20.00% | | 2,126,184 |
| Z22 Construction Contingency | 10.00% | | 1,275,710 |
| BUILDING CONSTRUCTION COST BEFORE ESCALATION | 13,500 | 1,039.47 | 14,032,814 |
| Z30 Escalation to Midpoint (Apr 2024) | 13.50% | | 1,894,430 |
| RECOMMENDED BUDGET FOR CONSTRUCTION | 13,500 | 1,179.80 | 15,927,244 |

Project Soft Costs (To Be Reviewed and Verified With Owner)

| | | |
|------------------------------------------------------------------------------------------|--------------|-----------|
| YES - AE Design/Construction Support Fees - | | 1,800,000 |
| YES - Construction Management (9.1% of construction cost w/ Contingency) | | 1,449,379 |
| YES - Building Investigation/Seismic Analysis - not required | | |
| YES - Hazardous Materials Investigation/Abatement Investigation | Abatement | 15,000 |
| YES - Topographic Surveying Included in design, regardless of site | | 15,000 |
| YES - Geotechnical Investigation Included in design, regardless of site | | 30,000 |
| YES - CEQA Included in design, regardless of site | | 35,400 |
| YES - Materials Testing (Construction) | | 50,000 |
| YES - Construction Inspection (assumes shared AHJ and 3rd party - 2x per week) | | 90,000 |
| YES - Building Commissioning | | 63,786 |
| NO - County Project Management/ Administration - Only outside CM above | | 0 |
| YES - County Inspections - Assume contract inspections | support incl | |
| NO - Agency Retained Items - Fixtures, Furnishings, and Equipment (by Facility Operat | incl | |
| YES - Utility Services, Connection Fees (Electrical, Sewer, Water, Gas) | | 2,250 |
| YES - County Plan Check and Permitting Assume contract plan check | | 15,000 |
| YES - Advertising, Printing & Mailing As a function of CM project marketing to contracto | | 15,000 |
| NO - Facility Licensing | | 0 |
| NO - Site Acquisition | | 0 |

| | |
|---------------------------------|------------------|
| TOTAL PROJECT SOFT COSTS | 3,580,815 |
|---------------------------------|------------------|

| | |
|---------------------------------------|-------------------|
| RECOMMENDED BUDGET FOR PROJECT | 19,508,059 |
|---------------------------------------|-------------------|

Estimate changes incorporated since review:

Included Densdeck at roof, CMU enclosure, site perimeter fence, AV allowance for Courts

Psychiatric Health Facility Whitmore Lane Feasibility Study

Basis of Estimate

Assumptions and Clarifications

This estimate is based on the following assumptions and clarifications:

- 1 The estimate includes pricing developed upon local Prevailing Labor Rates, productivity factors, material / equipment, and similar costs for projects of this type.
- 2 The estimate assumes that a minimum of three bids will be received in each trade.
- 3 The estimate assumes fill material requirements can be met locally with local transport.
- 4 This estimate includes a projected start date of June 2023, 24 months of new site development and new building construction. This may need to be adjusted to reflect the bid climate at time of bid.
- 5 An escalation has been applied to midpoint of construction.
- 6 Note that many items and / or equipment are currently long lead items and may need additional review during design.
- 7 This estimate includes labor specific to the region with travel and subsistence required for skilled
- 8 This estimate assumes the local utility will coordinate timely and provide support during the design process.
- 9 This estimate does not include demolition of the building located at Whitmore. The site is currently undetermined.
- 10 This estimate includes utility allowances which may change based upon building survey during design effort.
- 11 This estimate does not include site acquisition fees or costs.
- 12 The cost of the environmental review (CEQA) may vary based on the site conditions and location
- 13 Cost for site acquisition is included for land in similar locations. \$700,000
- 14 An allowance of \$150,000 is included for offsite requirements. Assuming traffic studies, crosswalks, pedestrian circulation, and traffic controls.

Other Costs Not Included In This Estimate

The following additional costs have been identified as being required to complete this project, and are not included in

- 1 Out of hours working
- 2 Non-standard material sizes
- 3 Effects of working conditions / efficiency
- 4 Assessments, taxes, finance, legal charges
- 5 Environmental impact mitigation
- 6 Land and easement acquisition
- 7 Off Site Utility Upgrades and / or Off Site Infrastructure improvements
- 8 Utility and Service Tunnels
- 9 LEED Certification
- 10 Mock-ups
- 11 Finance charges, developers costs and profit
- 12 Phasing requirements
- 13 County Project Management/ Administration
- 14 Facility Licensing
- 15 Site Acquisition

Psychiatric Health Facility Whitmore Lane Feasibility Study

Overall Summary

| | | SF | \$/SF | TOTAL |
|-----------------------------------------------------|----------------------------------------------|--------|----------|------------|
| B1 | New Psychiatric Health Facility | 13,500 | 516.48 | 6,972,413 |
| TOTAL BUILDING CONSTRUCTION | | 13,500 | 516.48 | 6,972,413 |
| S1 | Sitework New Service | 13,500 | 71.50 | 965,284 |
| TOTAL SITEWORK | | | | 965,284 |
| TOTAL BUILDING AND SITEWORK | | 13,500 | 587.98 | 7,937,697 |
| Z10 | Field Req's (Direct Labor Supervision, Sub C | 10.00% | | 793,770 |
| Z11 | General Conditions / General Requirements | 10.00% | | 873,147 |
| Z12 | Bond, Insurance, Profit | 6.50% | | 624,300 |
| Z21 | Design / Estimate Contingency | 30.00% | | 3,068,674 |
| Z22 | Construction Contingency | 10.00% | | 1,329,759 |
| BUILDING CONSTRUCTION COST BEFORE ESCALATION | | 13,500 | 1,083.51 | 14,627,345 |
| Z30 | Escalation to Midpoint (Jan 2026) | 18.50% | | 2,706,059 |
| RECOMMENDED BUDGET FOR CONSTRUCTION | | 13,500 | 1,283.96 | 17,333,404 |

Project Soft Costs (To Be Reviewed and Verified With Owner)

| | | |
|------------------------------------------------------------------------------------------|--------------|-----------|
| YES - AE Design/Construction Support Fees - | | 1,800,000 |
| YES - Construction Management (8% of construction cost w/ Contingency) | | 1,386,672 |
| YES - Building Investigation/Seismic Analysis - (not included for Greenfield) | | 0 |
| YES - Hazardous Materials Investigation/Abatement Investigation | Abatement | 25,000 |
| YES - Topographic Surveying Included in design, regardless of site | | 15,000 |
| YES - Geotechnical Investigation Included in design, regardless of site | | 45,000 |
| YES - CEQA Included in design, regardless of site | | 75,000 |
| YES - Materials Testing (Construction) | | 70,000 |
| YES - Construction Inspection (assumes shared AHJ and 3rd party - 2x per week) | | 90,000 |
| YES - Building Commissioning | | 66,488 |
| NO - County Project Management/ Administration - Only outside CM above | | 0 |
| YES - County Inspections - Assume contract inspections | support incl | |
| NO - Agency Retained Items - Fixtures, Furnishings, and Equipment (by Facility Oper incl | | |
| YES - Utility Services, Connection Fees (Electrical, Sewer, Water, Gas) | | 200,000 |
| YES - County Plan Check and Permitting Assume contract plan check | | 15,000 |
| YES - Advertising, Printing & Mailing As a function of CM project marketing to contrac | | 15,000 |
| NO - Facility Licensing | | 0 |
| YES - Site Acquisition (includes site and improvements to frontage) | | 850,000 |

| | | |
|---------------------------------------|--|------------|
| TOTAL PROJECT SOFT COSTS | | 4,653,160 |
| RECOMMENDED BUDGET FOR PROJECT | | 21,986,564 |

Estimate changes incorporated since review:

Included Densdeck at roof, CMU enclosure, site perimeter fence, AV allowance for Courts

**RESOLUTION OF THE MENDOCINO COUNTY BEHAVIORAL HEALTH ADVISORY BOARD
AUTHORIZING REMOTE TELECONFERENCE MEETINGS OF THE LEGISLATIVE BODIES
OF THE BEHAVIORAL HEALTH ADVISORY BOARD
PURSUANT TO THE RALPH M. BROWN ACT**

WHEREAS, all meetings of the **Behavioral Health Advisory Board** and its legislative bodies are open and public, as required by the Ralph M. Brown Act (Cal. Gov. Code §§ 54950 – 54963), so that any member of the public may attend, participate, and view the legislative bodies conduct their business; and

WHEREAS, the Brown Act, Government Code section 54953(e), makes provisions for remote teleconferencing participation in meetings by members of a legislative body, without compliance with the requirements of Government Code section 54953(b)(3), subject to the existence of certain conditions; and

WHEREAS, on March 4, 2020, Governor Newsom issued a Proclamation of a State of Emergency declaring a state of emergency exists due to the outbreak of respiratory illness due to a novel coronavirus (a disease now known as COVID-19), pursuant to the California Emergency Services Act (Government Code section 8625) and that State of Emergency is still in effect in the State of California; and,

WHEREAS, as of the date of this Resolution, neither the Governor nor the state Legislature have exercised their respective powers pursuant to Government Code section 8629 to lift the state of emergency either by proclamation or by concurrent resolution the state Legislature; and,

WHEREAS, the California Department of Industrial Relations has issued regulations related to COVID-19 Prevention for employees and places of employment. Title 8 of the California Code of Regulations, Section 3205(c)(5)(D) specifically recommends physical (social) distancing as one of the measures to decrease the spread of COVID-19 based on the fact that particles containing the virus can travel more than six feet, especially indoors; and,

WHEREAS, the Mendocino County Public Health Officer continues to recommend teleconferencing during public meetings of all legislative bodies to protect the community's health against the spread of COVID-19; and

WHEREAS, the **Behavioral Health Advisory Board** finds that state or local officials have imposed or recommended measures to promote social distancing based on the Mendocino County Public Health Officer recommendation and the California Department of Industrial Relations' issuance of regulations related to COVID-19 Prevention through Title 8 of the California Code of Regulations, Section 3205(c)(5)(D); and,

WHEREAS, as a consequence, the **Behavioral Health Advisory Board** does hereby find that current conditions meet the circumstances set for in Government Code section 54953(e)(3) to allow this legislative body to conduct its meetings by teleconferencing without compliance with Government Code section 54953 (b)(3), pursuant to Section 54953(e), and that such legislative body shall comply with the requirements to provide the public with access to the meetings as prescribed by Government Code section 54953(e)(2) to ensure the public can safely participate in and observe local government meetings.

NOW, THEREFORE, BE IT RESOLVED BY THE **BEHAVIORAL HEALTH ADVISORY BOARD** as follows:

Section 1. Recitals. All of the above recitals are true and correct and are incorporated into this Resolution by this reference.

Section 2. Current Conditions Authorize Teleconference Public Meetings of Legislative Bodies. Based on the California Governor's continued declaration of a State of Emergency, the Mendocino County Public Health Officer's recommendation to continue teleconferencing, and the regulations issued by the California Department of Industrial Relations, the **Behavioral Health Advisory Board** finds that the conditions continue to exist pursuant to Government Code section 54953(e)(3) to allow legislative bodies to use teleconferencing to hold public meetings in accordance with Government Code section 54953(e)(2) to ensure members of the public have continued access to safely observe and participate in local government meetings.

Section 3. Remote Teleconference Meetings. The **Behavioral Health Advisory Board** is hereby authorized to take all actions necessary to carry out the intent and purpose of this Resolution including, conducting open and public meetings in accordance with Government Code section 54953(e)(2) and other applicable provisions of the Brown Act.

Section 4. Effective Date. This Resolution shall take effect immediately upon its adoption.

The foregoing Resolution introduced by _____, seconded by _____, and carried this _____ of _____ 2022, by the **Behavioral Health Advisory Board**, by the following vote:

AYES:

NO:

ABSENT:

ABSTAIN:

WHEREUPON, the Chair declared said Resolution adopted and SO ORDERED.