

## Appendix 2: Budget and Planning Worksheets

1. PEI Component of the Three-Year Program and Expenditure Plan Face Sheet (Form # 1)
2. PEI Community Program Planning Process (Form # 2)
3. PEI Project Summary (Form # 3)
4. Instructions for Preparing the PEI Project Summary
5. PEI Revenue and Expenditure Budget Worksheet (Form # 4)
6. Instructions for Preparing the PEI Revenue and Expenditure Budget Worksheet
7. PEI Administration Budget Worksheet (Form # 5)
8. Instructions for Preparing the PEI Administration Budget Worksheet
9. Prevention and Early Intervention Budget Summary (Form # 6)
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11. Instructions for Preparing the Local Evaluation of a PEI Project

**PEI COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN FACE SHEET**

**MENTAL HEALTH SERVICES ACT (MHSA)  
PREVENTION AND EARLY INTERVENTION COMPONENT  
OF THE THREE-YEAR  
PROGRAM AND EXPENDITURE PLAN  
Fiscal Years 2007-08 and 2008-09**

County Name:	Date:
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**COUNTY'S AUTHORIZED REPRESENTATIVE AND CONTACT PERSON(S):**

<b>County Mental Health Director</b>	<b>Project Lead</b>
Name:	Name:
Telephone Number:	Telephone Number:
Fax Number:	Fax Number:
E-mail:	E-mail:
Mailing Address:	

**AUTHORIZING SIGNATURE**

I HEREBY CERTIFY that I am the official responsible for the administration of Community Mental Health Services in and for said County; that the county has complied with all pertinent regulations, laws and statutes. The county has not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all related program budgets and the administration budget) represent costs related to the expansion of mental health services since passage of the MHSA and do not represent supplanting of expenditures; that fiscal year 2007-08, 2008-09 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief the administration budget and all related program budgets in all respects are true, correct and in accordance with the law. I have considered non-traditional mental health settings in designing the County PEI component and in selecting PEI implementation providers. I agree to conduct a local outcome evaluation for at least one PEI Project, as identified in the County PEI component (optional for "very small counties"), in accordance with state parameters and will fully participate in the State Administered Evaluation.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
County Mental Health Director

Executed at \_\_\_\_\_, California

PEI COMMUNITY PROGRAM PLANNING PROCESS

Form No. 2

**Instructions: Please provide a narrative response and any necessary attachments to address the following questions. (Suggested page limit including attachments, 6-10 pages)**

**County:**

**Date:**

- 1. The county shall ensure that the Community Program Planning Process is adequately staffed. Describe which positions and/or units assumed the following responsibilities:**
  - a. The overall Community Program Planning Process
  
  - b. Coordination and management of the Community Program Planning Process
  
  - c. Ensuring that stakeholders have the opportunity to participate in the Community Program Planning Process
  
- 2. Explain how the county ensured that the stakeholder participation process accomplished the following objectives (please provide examples):**
  - a. Included representatives of unserved and/or underserved populations and family members of unserved/underserved populations

**PEI COMMUNITY PROGRAM PLANNING PROCESS****Form No. 2**

- b. Provided opportunities to participate for individuals reflecting the diversity of the demographics of the County, including but not limited to, geographic location, age, gender, race/ethnicity and language.
  
- c. Included outreach to clients with serious mental illness and/or serious emotional disturbance and their family members, to ensure the opportunity to participate.

**3. Explain how the county ensured that the Community Program Planning Process included the following required stakeholders and training:**

- a. Participation of stakeholders as defined in Title 9, California Code of Regulations (CCR), Chapter 14, Article 2, Section 3200.270, including, but not limited to:
  - Individuals with serious mental illness and/or serious emotional disturbance and/or their families
  - Providers of mental health and/or related services such as physical health care and/or social services
  - Educators and/or representatives of education
  - Representatives of law enforcement
  - Other organizations that represent the interests of individuals with serious mental illness and/or serious emotional disturbance and/or their families
  
- b. Training for county staff and stakeholders participating in the Community Program Planning Process.

**PEI COMMUNITY PROGRAM PLANNING PROCESS**

**Form No. 2**

**4. Provide a summary of the effectiveness of the process by addressing the following aspects:**

a. The lessons learned from the CSS process and how these were applied in the PEI process.

b. Measures of success that outreach efforts produced an inclusive and effective community program planning process with participation by individuals who are part of the PEI priority populations, including Transition Age Youth.



**PEI PROJECT SUMMARY**

Form No. 3

**County:**

**PEI Project Name:**

**Date:**

Complete one Form No. 3 for each PEI project. Refer to Instructions that follow the form.

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in Access to Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Psycho-Social Impact of Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. At-Risk Children, Youth and Young Adult Populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Stigma and Discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Suicide Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. PEI Priority Population(s) <b>Note: All PEI projects must address underserved racial/ethnic and cultural populations.</b>	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
A. Select as many as apply to this PEI project:				
1. Trauma Exposed Individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Individuals Experiencing Onset of Serious Psychiatric Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Children and Youth in Stressed Families	<input type="checkbox"/>	<input type="checkbox"/>		
4. Children and Youth at Risk for School Failure	<input type="checkbox"/>	<input type="checkbox"/>		
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input type="checkbox"/>	<input type="checkbox"/>		
6. Underserved Cultural Populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PEI PROJECT SUMMARY**

Form No. 3

B. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s).

**3. PEI Project Description:** (attach additional pages, if necessary)



PEI PROJECT SUMMARY

Form No. 3

4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
	Individuals: Families:	Individuals: Families:	
<b>TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED</b>	<b>Individuals: Families:</b>	<b>Individuals: Families:</b>	

**PEI PROJECT SUMMARY**

Form No. 3

**5. Linkages to County Mental Health and Providers of Other Needed Services**

**6. Collaboration and System Enhancements**

**7. Intended Outcomes**

**PEI PROJECT SUMMARY**

Form No. 3

**8. Coordination with Other MHSA Components**

**9. Additional Comments (optional)**

## Instructions for Preparing the PEI Project Summary (Form No. 3)

Complete a separate Form No. 3 for each PEI project. The suggested page limit for each Form 3, including attachments, is 6-12 pages.

Provide county name, name of PEI project and date of form completion.

### 1. PEI Key Community Mental Health Needs

Indicate by checking the age groups (as many as apply) that will be served from each of the key community mental health needs that apply to this PEI project.

### 2. PEI Priority Population(s)

A. Indicate by checking the age groups (as many as apply) that will be served from each of the priority population(s) that apply to this PEI project.

B. Provide a summary of input and data analysis that resulted in the selection of the priority population(s) and age groups.

### 3. PEI Project Description

Briefly describe the PEI project including the following:

- Explain why the proposed PEI project, including key community need(s), priority population(s), desired outcomes and selected programs address needs identified during the community program planning process.
- Implementation partners and type of organization/setting that will deliver the PEI program and interventions. If the setting is a traditional mental health treatment/services site, explain why this site was selected in terms of improved access, quality of programs and better outcomes for underserved populations.
- Target community demographics, including a description of specific geographic areas and the underserved racial, ethnic and/or cultural populations to be served.
- Highlights of new or expanded programs.
- Actions to be performed to carry out the PEI project, including frequency or duration of key activities.
- Key milestones and anticipated timeline for each milestone.

### 4. Programs

List the name of each program. Indicate the proposed number of individuals or families to be served in prevention, early intervention or both through the new program or expansion through 2009 and the number of months the program will be in operation through June 2009. Please indicate for each program whether the numbers refer to individual persons or to families. Since some individuals may receive services through more than one program the numbers of persons on the page may be a duplicated count. Please indicate at the bottom of the form an estimate of the total *unduplicated* count of individuals and families to be served through the programs in the PEI project for prevention and separately for early

## Instructions for Preparing the PEI Project Summary (Form No. 3)

intervention. The count can be duplicated across prevention and early intervention, i.e., one individual may be counted in both areas, if appropriate.

If any portion of this PEI project was previously funded by CSS, identify that portion and provide a rationale for transferring the activity to PEI funding.

### 5. Linkages to County Mental Health and Providers of Other Needed Services

- Describe how the PEI project links individual participants who are perceived to need assessment or extended treatment for mental illness or emotional disturbance to County Mental Health, the primary care provider or other appropriate mental health service providers.
- Describe how the PEI project links individuals and family members to other needed services, including those provided by community agencies not traditionally defined as mental health and have established or show capacity to establish relationships with at-risk populations; particularly in the areas of substance abuse treatment; community, domestic or sexual violence prevention and intervention; and basic needs.
- Demonstrate that the PEI project includes sufficient programs, policies and activities (including leveraged resources) to achieve desired PEI outcomes at the individual/family, program/system, or, if applicable, community levels.

### 6. Collaboration and System Enhancements

- Describe relationships, collaborations or arrangements with community-based organizations, such as schools, primary care, etc., the partnerships that will be established in this PEI project and the roles and activities of other organizations that will be collaborating on this project.
- Describe how the PEI component will strengthen and build upon the local community-based mental health and primary care system including community clinics and health centers.
- Describe how resources will be leveraged.
- Describe how the programs in this PEI project will be sustained.

### 7. Intended Outcomes

- Describe intended individual outcomes.
- Describe intended system and program outcomes.
- Describe other proposed methods to measure success.
- What will be different as a result of the PEI project and how will you know?

### 8. Coordination with Other MHSA Components

- Describe coordination with CSS, if applicable.
- Describe intended use of Workforce Education and Training funds for PEI projects, if applicable.

**Instructions for Preparing the PEI Project Summary (Form No. 3)**

- Describe intended use of Capital Facilities and Technology funds for PEI projects, if applicable.

9. Additional Comments

Please add any other comments about this PEI Project (limit to one page).

**PEI Revenue and Expenditure Budget Worksheet**

**Form  
No. 4**

Instructions: Please complete one budget Form No. 4 for each PEI Project and each selected PEI provider.

County Name: \_\_\_\_\_ Date: \_\_\_\_\_

PEI Project Name: \_\_\_\_\_

Provider Name (if known): \_\_\_\_\_

Intended Provider Category: \_\_\_\_\_

Proposed Total Number of Individuals to be served:      FY 07-08 \_\_\_\_\_ FY 08-09 \_\_\_\_\_

Total Number of Individuals currently being served:      FY 07-08 \_\_\_\_\_ FY 08-09 \_\_\_\_\_

Total Number of Individuals to be served through PEI Expansion:      FY 07-08 \_\_\_\_\_ FY 08-09 \_\_\_\_\_

Months of Operation:      FY 07-08 \_\_\_\_\_ FY 08-09 \_\_\_\_\_

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 07-08	FY 08-09	Total
<b>A. Expenditure</b>			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages			\$0
_____			\$0
_____			\$0
b. Benefits and Taxes @ _____ %			\$0
<b>c. Total Personnel Expenditures</b>	\$0	\$0	\$0
2. Operating Expenditures			
a. Facility Cost	\$0	\$0	\$0
b. Other Operating Expenses	\$0	\$0	\$0
<b>c. Total Operating Expenses</b>	\$0	\$0	\$0
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
<b>a. Total Subcontracts</b>	\$0	\$0	\$0
4. Total Proposed PEI Project Budget	\$0	\$0	\$0
<b>B. Revenues (list/itemize by fund source)</b>			
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
_____	\$0	\$0	\$0
1. Total Revenue	\$0	\$0	\$0
<b>5. Total Funding Requested for PEI Project</b>	\$0	\$0	\$0
<b>6. Total In-Kind Contributions</b>	\$0	\$0	\$0

## Instructions for Preparing the PEI Revenue and Expenditure Budget Worksheet and Budget Narrative (Form No. 4)

Counties are required to complete the Prevention and Early Intervention Revenue and Expenditure Budget Worksheet and accompanying narrative to obtain funding. A separate budget worksheet should be prepared for each PEI project and each PEI provider within the project for fiscal years 2007-08 through 2008-09. Below are the specific instructions for preparing the Prevention and Early Intervention Revenue and Expenditure Budget Worksheet.

### General Instructions:

Round all expenditures to the nearest whole dollar.

For expansion of existing programs or services, enter current funding and revenues currently incurred as well as the proposed expansion of expenditures and revenues under the MHSA so that total program or service expenditures and revenues are included in the budget.

Counties will not be held to individual budget line items but to the overall budget for each PEI project. The individual line items will be used by OAC and DMH to evaluate each county's proposed budget and staffing pattern to implement new or expanded PEI projects.

### Heading Instructions:

Enter date budget worksheet was prepared.

Enter the county name or county names if multiple counties are proposing to operate or provide the services jointly.

Indicate the name of the PEI project.

Enter the provider name if known.

Enter the proposed category of organization from the drop down menu (county agency, Ethnic or cultural organization, Family resource center, Mental health treatment/service provider, Older adult service center, Primary health care, PreK-12 school, University/College/Community College, Youth center, Other).

Enter the number of proposed individuals to be served in FY 07-08 and FY 08-09.

Enter the number of individuals currently served by the existing program for FY 07-08 to 08-09.

The number of individuals to be served through the PEI expansion is automatically calculated as the difference between total individuals to be served and currently served individuals.

Enter number of months of operation for each fiscal year.

### **Line Item Instructions:**

#### **A. EXPENDITURES**

##### 1. Personnel Expenditures:

a. Salary and wages - Enter the personnel expenditures for the provider.

b. Employee Benefits - Enter budgeted employee benefits. This includes: FICA, medical and dental insurance, disability insurance, workers compensation insurance, retirement plan contributions, and other employee benefits. An average of current employee benefits may be used to estimate these amounts.

c. Total Personnel Expenditures - it is automatically calculated and is the sum of lines 1a and 1b.

##### 2. Operating Expenditures:

a. Facility Cost – Enter total budgeted amount to be incurred for facility cost.

b. Other Operating – Enter budget amount to be incurred in all other (non-facility) operating expenditures including postage, photocopy expenses, office supplies, other supplies, communication services, utilities and equipment, staff development and other operating expenses.

c. Total Operating Expenses - it is automatically calculated and is the sum of lines 2a and 2b.



## Instructions for Preparing the PEI Revenue and Expenditure Budget Worksheet and Budget Narrative (Form No. 4)

### 3. Subcontracts/Professional Services:

List each subcontract and its total budget amount as a separate budget line item. List subcontracts by organization name (if known) and by purpose.

a. Total Subcontracts - it is automatically calculated and is the sum of line 3 (all subcontracts).

### 4. Proposed PEI Project Budget:

Total Proposed PEI Project Budget - it is automatically calculated and is the sum of lines 1c, 2c and 3a.

## **B. REVENUES**

Enter the amount and sources of revenues expected from providing new or expanded services under this PEI project. Services and costs may be eligible for Medi-Cal, Medicare and other reimbursement. The county may be able to leverage other funds through funding partners. Counties should attempt to estimate revenues that would off-set MHSA program/service expenditures from the proposed budget amounts from Section A.

1. Total Revenue - it is automatically calculated and is the sum of line B (all revenues).

### 5. Total Funding Requested for PEI Project:

This amount is automatically calculated and equals the total proposed budget (line 4) less total estimated revenues (line B.1). This reflects the amount of funding requested for this program/service under the MHSA. Counties submitting a joint program budget should describe in the budget narrative the amount of funding required for each individual county. It is suggested that counties use the estimated percent of individuals to be served from each county to estimate the funding required for each individual county.

### 6. Total In-Kind Contributions:

This amount is calculated by payments made in the form of goods and services, rather than cash.

### **Budget Narrative Instructions:**

Counties must also prepare a budget narrative that provides a brief description of Proposed Expenses and Revenues and the source documents and approach used by the county to estimate budget amounts. In the budget narrative, indicate which personnel positions will be filled by mental health clients and family members. Address any proposed out-of-state travel and justify the purpose and cost.

**NOTE:** Counties will be required to report PEI expenditures actually incurred by PEI project and by each PEI provider on the Annual Revenue and Expenditure Report which is due December 31 following the end of the fiscal year.

PEI Administration Budget Worksheet

Form No.5

County: \_\_\_\_\_

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

	Client and Family Member, FTEs	Total FTEs	Budgeted Expenditure FY 2007-08	Budgeted Expenditure FY 2008-09	Total
<b>A. Expenditures</b>					
1. Personnel Expenditures					
a. PEI Coordinator					\$0
b. PEI Support Staff					\$0
c. Other Personnel (list all classifications)					\$0
_____					\$0
_____					\$0
_____					\$0
d. Employee Benefits					\$0
e. Total Personnel Expenditures			\$0	\$0	\$0
2. Operating Expenditures					
a. Facility Costs			\$0	\$0	\$0
b. Other Operating Expenditures			\$0	\$0	\$0
c. Total Operating Expenditures			\$0	\$0	\$0
3. County Allocated Administration					
a. Total County Administration Cost			\$0	\$0	\$0
4. Total PEI Funding Request for County Administration Budget			\$0	\$0	\$0
<b>B. Revenue</b>					
1. Total Revenue					\$0
<b>C. Total Funding Requirements</b>			\$0	\$0	\$0
<b>D. Total In-Kind Contributions</b>			\$0	\$0	\$0

## Instructions for Preparing PEI Administration Budget Worksheet (Form No. 5)

Counties are required to complete the PEI Administration Budget worksheet. Below are the specific instructions for preparing the attached PEI Administration Budget worksheet.

### General Instructions:

Round all expenditures to the nearest whole dollar. Round FTE counts to two decimals. Only county administrative costs should be shown on the PEI Administration Budget Worksheet. Contract providers and other county governmental organizations with management and support costs should show those budgeted expenditures in the relevant PEI project budget worksheet.

Counties will not be held to individual budget line items but to the overall Administration budget. The individual line items will be used by OAC and DMH to evaluate each county's proposed budget and staffing pattern to implement new or expanded PEI projects. It is strongly encouraged that counties limit the MHSA PEI administration budget to 15 percent or less of the total PEI component funds requested.

### Heading Instructions:

Enter the county name or county names if multiple counties are proposing to administer PEI services jointly.

Enter the date the budget worksheet is prepared.

### Line Item Instructions:

#### A. EXPENDITURES

##### 1. Personnel expenditures:

- a. PEI Coordinator - Enter salary expenditures for the PEI Coordinator.
- b. PEI Support Staff - Enter the number of client, family member and caregiver FTEs, the total number of FTEs and the salary expenditures for the county's MHSA support staff.
- c. Other Personnel - Enter the number of client, family member and caregiver FTEs, the total number of FTEs (including client, family, caregiver FTEs) and the salary expenditures for the county's PEI coordinator. If this position is not full-time on PEI administrative activities, enter the partial FTE and corresponding salary related to PEI administration.
- d. Employee Benefits - Enter budgeted employee benefits. This includes FICA, medical and dental insurance, disability insurance, workers compensation insurance, retirement plan contributions and other employee benefits. An average of current employee benefits may be used to estimate these amounts.
- e. Total Personnel Expenditures - it is automatically calculated and is the sum of lines 1a and 1d.

##### 2. Operating Expenditures:

- a. Facility Cost – Enter the total amount to be incurred for facility costs.
- b. Other Operating Expenditures – Enter the total amount to be incurred for professional services (e.g., amounts to be incurred for consulting, facilitation and other professional services), general expenditures including postage, photocopy expenses, office supplies and other supplies; travel and transportation e.g., hotels, mileage, meals, car rental, motor pool charges and other travel and transportation expenses; equipment and utilities including room rental for meetings, equipment rentals, telecommunication costs and utilities; and other operating expenses.
- c. Total Operating Expenditures - it is automatically calculated and is the sum of lines 2a and 2b.

##### 3. County Allocated Overhead:

- a. Countywide Administration (A-87) – This includes A-87 costs attributable to PEI programs and county allocated administrative costs. These costs could include centralized accounting or purchasing costs not included in the A-87 allocation or the other personnel expenditures. Enter total County Allocated Administration in line 3a.

**Instructions for Preparing PEI Administration Budget Worksheet (Form No. 5)****4. Total PEI Funding Request for County Administration Budget**

Total PEI Funding Request Budget - it is automatically calculated and is the sum of lines 1e, 2c, and 3a.

**B. REVENUE**

1. Enter the amount of revenues expected to be generated in providing new or expanded PEI projects. Some services and costs under the MHSA are eligible for Medi-Cal, Medicare and other reimbursement. Counties should attempt to estimate revenues that would off-set MHSA program/service expenditures using the proposed budget amounts from Section A.

**C. TOTAL FUNDING REQUIREMENTS**

This amount is automatically calculated and equals the total PEI Funding Request for county administration budget (line 4) less total estimated revenues (line B 1). This reflects the amount of funding requested for county administration under PEI.

**D. TOTAL IN-KIND CONTRIBUTIONS**

This amount is calculated by payments made in the form of goods and services, rather than cash.

**BUDGET NARRATIVE INSTRUCTIONS:** Counties must also prepare a budget narrative that describes line items in the budget and the approach used by the county to estimate budget amounts and source of documents for the development of the budget. Please indicate current, existing positions, if any, number, classifications, C/FM positions and a brief description of each FTE's functions. Address any proposed out-of-state travel and justify the purpose and cost.

**NOTE:** Counties will be required to report PEI administration expenditures actually incurred on the Annual Revenue and Expenditure Report which is due December 31 following the end of the fiscal year.

**PREVENTION AND EARLY INTERVENTION BUDGET SUMMARY**

**Form  
No. 6**

Instruction: Please provide a listing of all PEI projects submitted for which PEI funding is being requested. This form provides a PEI project number and name that will be used consistently on all related PEI project documents. It identifies the funding being requested for each PEI project from Form No. 4 for each PEI project by the age group to be served, and the total PEI funding request. Also insert the Administration funding being requested from Form No.5 (line C).

<b>County:</b>	
<b>Date:</b>	

#	List each PEI Project	Fiscal Year			Funds Requested by Age Group			
		FY 07/08	FY 08/09	Total	*Children, Youth, and their Families	*Transition Age Youth	Adult	Older Adult
		\$0	\$0	\$0	\$0	\$0	\$0	\$0
				\$0				
				\$0				
				\$0				
				\$0				
				\$0				
				\$0				
				\$0				
	Administration			\$0				
	<b>Total PEI Funds Requested:</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0

\*A minimum of 51 percent of the overall PEI component budget must be dedicated to individuals who are between the ages of 0 and 25 ("small counties" are excluded from this requirement).

## LOCAL EVALUATION OF A PEI PROJECT

Form No. 7

**County:****Date:**

- Check this box if this is a “very small county” (see glossary for definition) and the county is electing the option to waive the requirement to conduct a local evaluation of a PEI project. Very small counties electing this option do not need to complete the remainder of this form.

**PEI Project Name:**

1. a. Identify the programs (from Form No. 3 PEI Project Summary), the county will evaluate and report on to the State.
  
  
  
  
  
  
  
  
  
  
1. b. Explain how this PEI project and its programs were selected for local evaluation.
  
  
  
  
  
  
  
  
  
  
2. What are the expected person/family-level and program/system-level outcomes for each program?

**LOCAL EVALUATION OF A PEI PROJECT**

**Form No. 7**

- Describe the numbers and demographics of individuals participating in this intervention. Indicate the proposed number of individuals under each priority population to be served by race, ethnicity and age groups. Since some individuals may be counted in multiple categories, the numbers of persons on the chart may be a duplicated count. For “other”, provide numbers of individuals served for whom a category is not provided (i.e., underserved cultural populations; e.g., gay, lesbian, bisexual, transgender, questioning; hearing impaired, etc.). Please indicate at the bottom of the form an estimate of the total *unduplicated* count of individuals to be served. If the focus of the intervention is families, count each person in the family.

**PERSONS TO RECEIVE INTERVENTION**

POPULATION DEMOGRAPHICS	PRIORITY POPULATIONS						
	TRAUMA	FIRST ONSET	CHILD/YOUTH STRESSED FAMILIES	CHILD/YOUTH SCHOOL FAILURE	CHILD/YOUTH JUV. JUSTICE	SUICIDE PREVENTION	STIGMA/DISCRIMINATION
<b><u>ETHNICITY/ CULTURE</u></b>							
African American							
Asian Pacific Islander							
Latino							
Native American							
Caucasian							
Other (Indicate if possible)							
<b><u>AGE GROUPS</u></b>							
Children & Youth (0-17)							
Transition Age Youth (16-25)							
Adult (18-59)							
Older Adult (>60)							
<b>TOTAL</b>							
Total PEI project estimated <i>unduplicated</i> count of individuals to be served _____							

**LOCAL EVALUATION OF A PEI PROJECT**

**Form No. 7**

4. How will achievement of the outcomes and objectives be measured? What outcome measurements will be used and when will they be measured?
  
  
  
  
  
  
  
  
  
  
5. How will data be collected and analyzed?
  
  
  
  
  
  
  
  
  
  
6. How will cultural competency be incorporated into the programs and the evaluation?
  
  
  
  
  
  
  
  
  
  
7. What procedure will be used to ensure fidelity in implementing the model and any adaptation(s)?
  
  
  
  
  
  
  
  
  
  
8. How will the report on the evaluation be disseminated to interested local constituencies?



## Instructions for Completing the Local Evaluation of a PEI Project (Form No. 7)

The purpose of the local evaluation of the programs within a PEI project is to encourage counties to specify the expectations for what the programs are intended to accomplish, to assess how well they do that, to share that information with the state and with relevant local stakeholders, and to expand and/or revise the programs (and PEI project of which they are a part) in accord with the evaluation results.

For the local evaluation the county will select one of its PEI projects and the programs within that PEI project for the evaluation.

The state recognizes that counties vary substantially in their capacity to undertake rigorous evaluation activities. The state will review the local evaluation designs with this in mind. Counties do not need to propose complicated rigorous methodologies that are beyond their capacity to implement.

The state also recognizes that evaluation designs cannot be finalized until PEI projects are implemented. Again, the state will review the evaluation methodology with this in mind. The county should be as detailed as possible given the state of development of the PEI projects.

The state expects the county to conduct an evaluation which addresses both individual/family and program/system level outcomes. Inclusion of an assessment of long-term community outcomes is optional.

The county may conduct the evaluation itself or contract with an independent evaluator. If the latter approach is used the evaluator can select additional measurement and evaluation approaches but should at a minimum cover the items cited below.

The county should address all the following items in its description of its evaluation design for one program.

- 1) Specify the PEI project to be evaluated and briefly describe how the selection was made.

The selection of the PEI project and programs to be evaluated should be an issue addressed by stakeholders in the planning process. It is recommended that the following be considered in this selection.

- The extent of resources devoted to the PEI project and programs. The greater the resources the more likely there will be a sizable impact which can be measured.
- The clarity of the outcomes. The clearer the goals and objectives of the programs the easier it will be to do the evaluation.
- The relevance and importance of the programs. The more importance the stakeholders place on the programs the greater the pressure on all involved to participate actively in the evaluation.

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- The capacity of partner organizations to participate in the evaluation. The greater the capacity of the partner entities to collect data on a consistent fashion the greater the reliability of the results.

### 2) Specify the outcomes for the programs.

Specify the outcomes for the programs. Outcomes should be specified at the individual/family and at the program/system-level. Person-level outcomes refer to expected changes for the specific persons who are the recipients of the program/activity. Counties should look first to find person-level outcomes which have been used in studies done about each program.

System level outcomes refer to kinds of things which will be done to implement the program. They can be as simple as the partner agency contributing some resources and implementing the program or as advanced as a change in attitudes of the staff in the partner agency or the improvement in the quality of the relationship between mental health and the partner agency.

The outcomes should be specific to each program. They may be the same or similar to those for the larger PEI project, but they should be things which will be affected by the particular program.

### 3) Specify the expected numbers and demographics of individuals to receive the intervention.

The number of persons who will be recipients of each program should be specified according to the following descriptors. The descriptors are intended to provide (1) a basic demographic picture and (2) an indication of the type of priority populations.

- Age
- Gender
- Race/Ethnicity
- Culture
  - If selecting "other" for Race/Ethnicity and Culture, identify to the extent possible.
- Priority population conditions/situations
  - Trauma Exposed
  - Onset of serious psychiatric illness
  - Children and youth in a stressed families
  - Children and youth at risk of school failure
  - Children and youth at risk of or experiencing juvenile justice involvement
  - At risk for suicide

It is understood that these will be only estimates.

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The county should also make an estimate of the total unduplicated count of individuals that will be reached by the program. If the focus of the intervention is families, count each person in the family. The county should specify the methodology it intends to use to make this estimate.

### 4) Specify how the achievement of outcomes will be measured.

For each person-level and system-level outcome cited above the county should specify how it will measure its success at achieving the outcome. This entails the following steps.

- How will the outcome be measured? There are a variety of ways of measuring outcomes – some possibilities are suggested below:
  - Counting (e.g. percent of persons referred who receive a MH service, number of individuals/families from underserved communities served, number of prevention programs started in partner organizations)
  - Instruments to measure conditions (e.g., isolation; knowledge of social, emotional issues; mental health status)
  - Judgments made by evaluators (e.g., capacity of partner organizations to provide PEI services, quality of cooperative relationships, enhanced mental health promotion environment in partner organizations)
  - Data from other data sources (e.g., school records of drop-outs, expulsions, suspensions; school records of violent incidents; juvenile justice records of contacts)
- Who and/or what will be measured? The county should specify which persons will be assessed for the person-level outcomes. This can be all or a sample of individuals who receive the program/activity.
- When will outcomes be measured? The county needs to specify when and how often it will apply the measurement of the various outcomes.
  - Many person-level outcome measurements will lend themselves to a pre and post measurement design as the best way to document change (e.g., for changes in attitudes and knowledge or changes in mental status or changes in incidents of violence).
  - For some outcomes that involve the counting of occurrences of things the data is collected on an ongoing basis and summarized at the end of a particular time period, e.g., a year.
  - For some outcomes there will be a one-time measurement at the end of some time period, e.g., assessment of quality of partner organization relationships. This kind of measurement can be repeated at the end of a second time period after the program has been in operation longer.

### 5) Describe how data will be collected and analyzed.

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The county should specify who will be responsible for collecting the data and where and when it will be collected. Because these activities/approaches/programs will often occur at non mental health sites it will be critical to have arrangements with the partner entities about the details of the data collection activity.

The county should specify who will be responsible for the analysis of the data. The county should also specify the basic analytic methods that will be used.

6) Describe how the programs and the evaluation will be culturally competent.

The county should specify how it will design or adapt the programs to be culturally appropriate and how it will approach and conduct the evaluation in a way which is sensitive to and respectful of racial/ethnic and cultural factors. This includes not only issues of bilingual bicultural persons involved in the evaluation and the use of language appropriate and culturally appropriate measurements, but also awareness that the most important outcomes for a particular culture are part of the evaluation.

7) What procedure will be used to ensure fidelity in implementing the programs and any adaptation(s)?

The county should specify what procedures, staff development, monitoring and other steps it will implement to ensure program fidelity.

8) Describe how the report on the evaluation will be disseminated to interested local constituencies.

The county should specify how it will disseminate the evaluation results, beyond providing reports annual to the State.