

DRAFT Review Tool for Prevention and Early Intervention Plans

Criterion	0 = absent/inadequate 1 = present/minimal 2= excellent	Reviewer Comments (can add pages)
1. County offered targeted outreach, incentives and supports to maximize access to community planning, including to individuals, family members and representatives of unserved and underserved ethnic and cultural communities and to clients with serious mental illness and/or serious emotional disturbance and their families.		
2. Planning included meaningful involvement and engagement of diverse communities and potential individual participants, their families. Participation included required key strategic sectors, systems, organizations and people that contribute to mental health outcomes in successful PEI programs, as specified in the guidelines. Participants reflected the diversity and demographics of the County, including but not limited to geographic location, age, gender, race/ethnicity and language.		
3. PEI component of the Three-Year Program and Expenditure Plan is based on community program planning and substantially reflects the perspectives and priorities of diverse, representative stakeholders; plan documents that funding decisions were driven by needs and priorities of potential individual participants.		
4. PEI component of the Three-Year Program and Expenditure Plan incorporates an assessment of community capacity and strengths, including relevant community organizations and other resources.		
5. PEI component of the Three-Year Program and Expenditure Plan applies lessons learned from CSS and builds on successes.		
6. County provided staffing to support stakeholder input to PEI component of the Three-Year Program and Expenditure Plan .		
7. County provided training for county staff and stakeholders who participated in community program planning; training supported staff's capacity to establish and sustain community planning and stakeholders' capacity to contribute to the PEI component of the Three-Year Program and Expenditure Plan .		

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8. Key community mental health need(s) as specified in the guidelines are identified with a clear rationale for their selection, consistent with documented community priorities.		
9. Priority population(s) as specified in guidelines are identified with a clear rationale for their selection, consistent with documented community priorities.		
10. Desired outcomes are identified with a clear rationale for their selection, consistent with documented community priorities.		
11. PEI project includes sufficient programs, policies, activities and additional resources to achieve desired PEI outcomes at the individual/family, program/system, or, if applicable, community levels.		
12. Selected PEI programs (approaches or interventions within a PEI project) are appropriate for key community mental health need(s) and identified priority population(s) and are likely to achieve selected outcomes based on research evidence, promising practices, or locally proven practice.		
13. PEI programs are delivered in natural community settings or other setting that facilitates access, especially for unserved and underserved communities.		
14. Time frame for proposed PEI project is clear and consistent with proposed activities and outcomes.		
15. Proposed PEI project promotes recovery and resilience.		
16. Proposed PEI project promotes consumer and family/caregiver choice.		
17. Proposed PEI project contributes to reducing mental health disparities across socio/economic and racial groups.		
18. Proposed PEI project incorporates or creates critical links with people who are likely to recognize early signs of mental illness and intervene.		

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19. Proposed PEI project includes method to identify individual participants who are perceived to need assessment or extended treatment for mental illness or emotional disturbance and link them to County Mental Health, the primary care provider or another appropriate mental health service provider.		
20. Proposed PEI project helps individuals and families obtain and/or link to other services and supports, including but not limited to substance abuse prevention and treatment; community, family or sexual violence prevention and intervention, and basic needs (food, housing and employment); PEI project demonstrates and/or builds toward integrated service delivery.		
21. PEI project promotes collaboration and partnerships with community-based organizations and service sectors, including those not previously defined as mental health and especially those engaged with communities currently unserved or underserved by the formal mental health system.		
22. PEI project includes plan to coordinate with other MHSA components.		
23. PEI project is differentiated from activities that could be funded by CSS.		
24. Plans are user-friendly.		
25. If applicable, PEI project includes plan to transfer a CSS-funded activity to PEI for activities that meet PEI criteria.		
26. Planned PEI project is consistent with proposed budget.		
27. Plan includes necessary costs for implementing and evaluating program and interventions within the PEI project.		
28. All requested expenses are for allowable purposes.		
29. PEI project includes plan to leverage additional resources and/or funding.		
30. County directs at least 51% of PEI budget for children and youth 0-25 (except small counties).		

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31. PEI project documents process counties will use to evaluate the effectiveness of PEI interventions and, where possible, to demonstrate outcomes.		
32. County's description of one PEI Project selected to conduct an outcome evaluation includes a clear explanation of selection criterion and evaluation design		
33. PEI component of the Three-Year Program and Expenditure Plan is consistent with all relevant DMH regulations and guidelines and with the Mental Health Services Act.		