

# **PLACEHOLDER EXECUTIVE SUMMARY**

## GUIDELINES FOR PEI STATEWIDE PROJECT FUNDS

These Guidelines provide information to counties<sup>1</sup> on allowable uses for PEI Statewide Project Funds made available in planning estimates provided in DMH Information Notice 08-25. These Guidelines also provide content and format instructions for updates to the Three-Year Program and Expenditure Plans that include PEI Statewide Project Funds. PEI Statewide Project Funds are specifically for projects consistent with the following documents developed by DMH and approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC):

- Strategic Plan for Suicide Prevention (add link)
- Strategic Plan for Stigma and Discrimination Reduction (add link)
- Student Mental Health Initiative (add link)

Pursuant to the authority granted by Welfare and Institutions Code Section 5846(c) the MHSOAC may issue guidelines on PEI and Innovation. These Guidelines are applicable to all requests for PEI Statewide Project Funds submitted to the MHSOAC as of August 27, 2009.

### I. BACKGROUND

The MHSOAC approved five PEI Statewide Projects and corresponding funding amounts in January and September of 2007. These Guidelines apply to the PEI Statewide Project Funds identified in DMH Info. Notice 08-25 for the following three statewide projects: (1) Suicide Prevention, (2) Stigma and Discrimination Reduction, and (3) the Student Mental Health Initiative. A fourth project, Training and Technical Assistance and Capacity Building, is being implemented locally and is not subject to these Guidelines. A strategic plan is being developed for the fifth project, Reducing Disparities Through Racial, Ethnic and Cultural Specific Programs, and is also not subject to these Guidelines. As stated, the guidance in this notice applies only to the PEI Statewide Project Funds identified for Suicide Prevention, Stigma and Discrimination Reduction and the Student Mental Health Initiative.

MHSOAC core principles:

- Client and Family driven
- Wellness, Recovery and Resilience focused

---

<sup>1</sup> "County" means the County Mental Health Department, two or more County Mental Health Departments acting jointly, and/or city-operated programs receiving funds per Welfare and Institutions Code Section 5701.5. (Title 9 California Code of Regulations, Section 3200.090)

- Cultural Competency
- Community Collaboration
- Co-occurring Disorder Services competency
- Integrated Services

With these guidelines the Commission reaffirms its commitment to these principles and its expectation that projects developed with PEI Statewide Project Funds will be consistent with these core principles.

The MHSOAC initially determined in May 2008 that Suicide Prevention, Stigma and Discrimination Reduction and Student Mental Health projects would be implemented most effectively through a single statewide entity. A procedure for assigning funds to DMH for these projects was provided in DMH Information Notice No.: 08-25.

In August 2009, the MHSOAC approved development of additional guidelines to identify alternative options for accessing PEI Statewide Project Funds for county, multi-county and/or regional projects/programs.

In September 2009 the MHSOAC reaffirmed its commitment to preserving the statewide goals previously identified in the Strategic Plans for Suicide Prevention and Stigma and Discrimination Reduction projects and the goals identified in the consensus document for Student Mental Health. Consistent with that commitment the MHSOAC approved the development of guidelines to preserve statewide PEI project efforts and to provide a streamlined approval process for counties that choose to assign their PEI Statewide Project Funds to a centralized statewide entity such as a joint powers authority (JPA) or DMH.

The clear intent of the Commission is for the expenditure of these one-time PEI Statewide Project Funds to result in projects that have a statewide impact and provide a statewide foundation for counties to build upon for long lasting results. Consistent with this intent the projects approved with these funds shall focus on building sustainable system infrastructure, expanding community capacity, creating new knowledge and developing needed resources.

The Community Program Planning Process (CPP) should build on previous and ongoing engagement of stakeholders. Counties are encouraged to include diverse populations in the planning, development and quality improvement processes for these collaborative projects. These projects provide unique opportunities to further the goals and strategies in the strategic plans/documents noted above. While collaboration with other counties to achieve these goals is required, the counties are encouraged to partner with other non-mental health, community based entities to achieve the greatest impact. Coordination of these efforts throughout the state is strongly encouraged.

The MHSOAC remains committed to evaluating the effectiveness of programs/projects developed under these Guidelines. Pursuant to these Guidelines counties will be required to participate in a statewide evaluation. The design for the MHSOAC statewide evaluation of the MHSA is currently under development. It is expected that the MHSOAC evaluation of the MHSA will include evaluation of the impact of PEI Statewide Project Funds. Counties are expected to participate in this evaluation to meet the evaluation requirement and may use PEI Statewide Project Funds to support participation in the effort.

The MHSOAC will keep counties and stakeholders informed as the evaluation is designed and implemented. Counties are encouraged to develop methods to determine the impact of the programs or projects that are implemented with PEI Statewide Project Funds.

## **II. ALLOWABLE USES OF PEI STATEWIDE PROJECT FUNDS**

**(Made available in Planning Estimates provided in DMH Information Notice 08-25.)**

In addition, to other statutory or regulatory requirements, specific requirements and limitations on the uses of these funds follow:

### **A. Stakeholder Involvement**

Projects require stakeholder involvement in a planning process regardless of whether they are locally, regionally or state administered. This includes non-regional, multi-county efforts.

If the program or project proposed was identified previously through the CPP and stakeholders expressed support, then no additional/separate CPP is required and the 30 day local review process can begin. **(Add Regs. Cite.)** Counties who do not have an approved PEI plan must meet the CPP requirements set forth in Title 9, CCR section 3300 including a public hearing.

### **B. Conforming With MHSOAC Approved Strategic Direction**

Projects shall conform with MHSOAC approved strategic direction by meeting the requirements set forth in 1 or 2 below.

1. **State Level Activities:** Projects funded implement either specific state level activities identified for Suicide Prevention or implement specific activities identified for Stigma and Discrimination Reduction at the statewide level. (Reference Attachments)

**State/System Level Activities:** Projects funded implement state or system level activities aimed at K-12 or higher education for Student Mental Health projects. "System level" may include Community Colleges,

State Universities or Universities of California for higher education or school districts or county offices of education.

or

2. **Local Activities:** If a county is not implementing state or system level activities cited in No. 1 above, then they must implement local activities at the multi-county level that conform with activities cited in the strategic direction documents attached. (Reference Attachments) **Projects developed to implement local activities must reflect collaboration with at least one other county and must meet additional requirements that would define them as “Replicable Projects”.** With the goal being to learn from projects that implement local activities *so that they may be replicated*, counties will be required to provide a detailed program description that includes specific local or regional activities to be implemented, an evaluation methodology and strategies for disseminating program and evaluation information.

#### C. Collaboration

Counties are required to collaborate with at least one other county in the development of all projects. Such collaboration is authorized by Section 5897(b) of the Welfare and Institutions Code. Collaboration, for the purposes of these guidelines, requires that projects are: (1) jointly funded by more than one county; or (2) developed with resources that are shared by more than one county. Shared resources must be documented and may include but are not limited to joint staffing, joint operations, and shared infrastructure. Additionally collaboration with other non-mental health entities and community-based entities is encouraged.

#### D. Three Projects

Counties are required to use PEI Statewide Project Funds to address goals identified for all three projects: (1) Suicide Prevention, (2) Stigma and Discrimination Reduction, and (3) Student Mental Health. Very small counties with a population of less than 100,000 are exempt from the requirement to address all three project areas but must address at least one project area.

#### E. Evaluation

Counties are required to participate in a statewide evaluation which is yet to be designed. It is expected that the MHSOAC evaluation of the MHSA will include evaluation of the impact of PEI Statewide Project Funds. Counties are expected to participate in this evaluation to meet this requirement and may use PEI Statewide Project Funds to support participation in the effort.

## F. Funding

### 1. Expending Funds

As noted, PEI Statewide Project Funds identified in DMH Information Notice 08-25 must be used to support collaborative programs or projects that conform with MHSOAC approved strategic direction for Suicide Prevention and Stigma and Discrimination Reduction and the concepts identified for the Student Mental Health Initiative. Previous guidance regarding allowable expenditures for PEI funds other than PEI Statewide Project Funds remain in effect.

### 2. Tracking Funds

Counties are required to track and report on the revenues and expenditures for PEI Statewide Project funding separate from other PEI activities. Additional guidance will be provided in the applicable annual MHSOAC Revenue and Expenditure report guidelines.

### 3. Requesting Funds

Counties may request funding needed for FY 09/10 and FY 10/11. Subsequent year funding requests will be included in the overall directions for updates to the Three Year Program and Expenditure Plan.

### 4. Expedited Approval for Release of Funds

**Phase I Approval:** Expedited approval for the release of “initial year PEI Statewide Project Funds” will be available to counties choosing to provide PEI Statewide Project Funds to a JPA or other statewide entity for centralized project administration and development. This MHSOAC approval will allow DMH to release PEI Statewide Project Funds to a county, and the county to subsequently transfer those funds to a JPA or other statewide entity. For counties choosing this option this will represent Phase I Approval. “Phase II Approval” will still be required but at a later date. See below.

**Phase II Approval:** For counties receiving Phase I Approval, Phase II Approval will occur when a JPA or other statewide entity has completed its design of a jointly-funded program or project, and participating counties submit program information that identifies the specific state and/or system level activities to be implemented that are consistent with strategic direction summary documents attached. (Reference Attachments.)

The submission of this program information will be an update to the Three-Year Program and Expenditure Plan and may occur as a separate request or as a request included with the submission of a county's PEI Plan.

#### 5. Alternative Approval Process for PEI Statewide Project Funds

##### a. Implementation of State or System Level Activities:

For counties choosing **not** to provide PEI Statewide Project Funds to a JPA or other statewide entity, but rather meeting collaboration requirements through shared funding or resources with at least one other county(s), approval for the release and expenditure of PEI Statewide Project Funds will require that counties submit program information that identifies the specific state and/or system level activities to be implemented that are consistent with strategic direction summary documents attached. (Reference Attachments).

##### b. Implementation of Replicable Projects:

If the county is proposing to implement local activities as a "replicable project" rather than specific state or system level activities, approval will require submission of a detailed program description that identifies specific local or regional activities that conform to strategic direction summary documents, an evaluation methodology and strategies for disseminating program and evaluation information. This information will be submitted as an update to the Three-Year Program and Expenditure Plan and may occur as a separate request or as a request submitted with the county's PEI Plan.

### **III. THREE-YEAR PROGRAM AND EXPENDITURE PLAN: CONTENT AND FORMAT REQUIREMENTS TO REQUEST PEI STATEWIDE PROJECT FUNDS**

To request PEI Statewide Project Funds, *counties may still assign funds to DMH* consistent with the procedures specified in DMH Information Notice No.: 08-25. These Guidelines provide three additional options for counties to request PEI Statewide Project Funds to implement statewide, system level, local, regional or multi-county projects. The additional options are summarized as follows:

- Option 1: Provide PEI Statewide Project Funds to JPA or other statewide entity to implement state level activities.
- Option 2: Implement conforming state or system level activities through collaboration with other counties.

Option 3: Through collaboration with at least one other county, implement conforming local or regional activities that meet the requirements of a Replicable Project.

The three options developed for counties to request PEI Statewide Project Funds represent the Commission's intent to: (1) preserve statewide efforts with regard to projects developed for Suicide Prevention, Stigma and Discrimination Reduction and Student Mental Health; (2) streamline approval processes to support statewide efforts; and (3) develop efficient and accountable processes for approval of PEI Statewide Project Funds,

To request PEI Statewide Project Funds a county must complete information forms enclosed with these guidelines. Three forms (Enclosures C, D and E.) have been developed, each representing one of the three additional options available to counties to request PEI Statewide Project Funds.

For counties intending to use PEI Statewide Project Funds for local, regional or multi-county projects (including statewide efforts), a county must choose an option and **complete one of three forms**, Enclosure C., D. or E., to provide information about their specific plans for expenditure of PEI Statewide Project Funds. Two additional forms (Enclosures A and B) are standard forms required with the submission of any plan or update to the Three-Year Program and Expenditure Plan and must also be completed.

What follows are descriptions of the specific forms that must be submitted by a county requesting PEI Statewide Project Funds and the content of those forms. The forms described will be submitted with an update to the Three-Year Program and Expenditure Plan and may occur as a separate request or a request included with the submission of a county's PEI Plan.

#### A. County Certification

##### **Complete Enclosure A**

Enclosure A is a signed statement by the County Mental Health Director that the County will comply with the requirements of the MHSA, including the Community Program Planning Process of Title 9, CCR Section 3300 and non-supplant requirements of Title 9, CCR Section 3410. It also indicates that the information included in the documents submitted is true and correct.

#### B. Description of Local Review Process

##### **Complete Enclosure B**

Title 9, CCR Section 3310(e)

## C. Request for PEI Statewide Project Funds

### **1. If Providing All PEI Statewide Project Funds to JPA or Other Statewide Entity for Implementation of Statewide Projects**

**Phase I - Approval for Early Release of Funds:** (Submission of this information will occur prior to the submission of PEI Plans or updates that include PEI Statewide Project Funds.)

**Complete Enclosure C to certify:**

- Provide all PEI Statewide Project Funds to JPA or other statewide entity
- The amount of funds to be provided
- Projects administered by JPA or other statewide entity will conform to MHSOAC strategic direction
- Projects administered by JPA or other statewide entity will address all of the following project areas: Suicide Prevention; Stigma and Discrimination; and Student Mental Health
- County and/or project implementation staff will participate in statewide evaluation

**Phase II - Plan Approval:** (Submission of this information will occur when JPA or other statewide entity has completed its design of a jointly funded project and county is submitting PEI Plan or update.)

**Complete Enclosure A**

**Complete Enclosure B**

**Complete Enclosure F to identify:**

- The specific state or system level activities to be implemented by title and number consistent with MHSOAC strategic direction summary documents. (Reference Attachments) Project activities must be identified that address all of the following project areas: Suicide Prevention; Stigma and Discrimination Reduction; and Student Mental Health.

### **2. Implementing State or System level Activities Without Providing All PEI Statewide Project Funds to a JPA or Other Statewide Entity**

**Complete Enclosure A**

**Complete Enclosure B**

**Complete Enclosure D to identify:**

- The amount of PEI Statewide Project Funds requested
- The specific state or system level activities to be implemented by title and number consistent with MHSOAC strategic direction summary documents. (Reference Attachments) Project activities must be identified that address all of the following project areas: Suicide

Prevention; Stigma and Discrimination Reduction; and Student Mental Health unless the very small county exemption applies.

- How the county has met requirements for collaboration with other counties including identifying the counties involved, shared funding amounts and/or other shared resources.
- County agreement to participate in a statewide evaluation

### 3. If Proposing the Implementation of Replicable Projects

**Complete Enclosure A**

**Complete Enclosure B**

**Complete Enclosure E** to identify:

- The amount of PEI Statewide Project Funds requested
- How the county has meet requirements for collaboration with other counties including identifying the counties involved, shared funding amounts and/or other shared resources.
- Detailed program descriptions that identify the specific project activities to be implemented and how they conform with the strategic direction provided in MHSOAC approved Strategic Plans for Suicide Prevention and Stigma and Discrimination Reduction and the concepts identified for the Student Mental Health.
- For the purposes of project replication, a description of how the county will evaluate and report on the project activities to be implemented including strategies for disseminating program information and evaluation findings.
- Certification that county or project implementation staff will participate in the statewide evaluation.

### III. PLAN SUBMISSION

Counties should submit a hard copy and an electronic copy of the Program and Expenditure Plan for PEI Statewide Project Funding which includes the original signature of the county mental health director or designee to:

Mental Health Oversight and Accountability Commission  
 PEI Statewide Project Funds  
 1300 17<sup>th</sup> Street, Suite 1000  
 Sacramento, CA 95814  
[www.mhsoac@dmh.ca.gov](http://www.mhsoac@dmh.ca.gov)

**and**

California Department of Mental Health  
 Attention: **Name to be added by DMH**  
 Prevention and Early Intervention Section  
 1600 9<sup>th</sup> Street, Room 150  
 Sacramento, CA 95814  
[PEI@dmh.ca.gov](mailto:PEI@dmh.ca.gov)

#### IV. REVIEW, APPROVAL AND PAYMENT

The MHSA specifies that PEI proposed expenditures are to be reviewed jointly by DMH and the MHSOAC with the final approval by the MHSOAC. The MHSOAC will notify the County of the approval of its funding request in writing. DMH will initiate a unilateral modification to the County's executed MHSA Agreement before funds are released. Funds will not be allowed for expenditures that are incurred prior to receiving MHSOAC's approval.

Each county will receive 75 percent of its approved annual Plan amount upon execution of an MHSA Agreement, modification to their MHSA Agreement or at the start of the fiscal year, whichever is later. The remaining 25 percent will be distributed upon submission of required reports which include the semi-annual Local MHSA Fund Cash Flow Statement and the Annual MHSA Revenue and Expenditure Report.

#### V. TECHNICAL ASSISTANCE

These projects have received support from state-level stakeholders and are considered to be important areas of investment by the MHSOAC and DMH. The MHSOAC and DMH are committed to providing assistance in clarifying Guidelines for plan development and for project/program design. For further information, clarification or questions about these Guidelines, please contact MHSOAC staff, Vivian Lee at (916) 445-8721 or [Vivian.lee@dmh.ca.gov](mailto:Vivian.lee@dmh.ca.gov) or **Name to be added by DMH**

The MHSOAC is pleased to provide this guidance which supports the PEI Statewide Project goals. It provides additional opportunities to strengthen our joint efforts to reduce suicide, enhance the mental health of students, and reduce stigma and discrimination throughout California.

#### Enclosures:

- Enclosure A - County Certification
- Enclosure B - Description of Community Planning Process
- Enclosure C - County Certification – Provide All PEI Statewide Project Funds to JPA or Other Statewide Entity to Implement Statewide Projects
- Enclosure D - Implement State or System Level Activities
- Enclosure E – Implement Replicable Projects
- Enclosure F - Phase II Approval- Identification of State of System Level Activities to be Implemented as Statewide Projects

**Enclosure A  
COUNTY CERTIFICATION  
PEI STATEWIDE PROJECT FUNDING REQUEST  
FY 09/10 and FY 10/11**

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

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

I hereby certify that I am the official responsible for the administration of public community mental health services in and for said County and that the County has complied with all pertinent regulations, laws and statutes for this update to the Three-Year Program and Expenditure Plan. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code Section 5891 and California Code of Regulations (CCR), Title 9, Section 3410, Non-Supplant.

This plan or update has been developed with the participation of stakeholders, in accordance with CCR, Title 9, Sections 3300, 3310(d) and 3315(a). The draft Program and Expenditure Plan or update was circulated for 30 days to stakeholders for review and comment. If this is the initial plan approval for any PEI funds a public hearing was held by the local mental health board or commission. All input has been considered with adjustments made, as appropriate.

All documents in the attached Program and Expenditure Plan or Update are true and correct.

_____	_____	_____
Signature	Date	Title
Local Mental Health Director/Designee		

**Enclosure B  
Description of Community Planning Process  
PEI Statewide Project Funding Request**

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

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

**Instructions:** Utilizing the following format please provide a brief description of the Local Review Processes that were conducted in developing this Program and Expenditure Plan. If this is the initial submission of the PEI Plan please answer questions 1-4. If this is an update to an already approved PEI Plan please answer questions 3 and 4.

**1. Describe the methods to obtain input and review of draft Plan/Update from stakeholders and interested parties.**

**2. Date of Public Hearing.**

**3. Describe or attach substantive comments received during the stakeholder review and responses to those comments. Indicate if none received.**

**4. Describe substantive revisions made to the draft Plan/Update that was circulated to stakeholders. Indicate if no substantive changes were made.**

**Enclosure C  
COUNTY CERTIFICATION  
TO  
PROVIDE ALL PEI STATEWIDE PROJECT FUNDS to JPA OR OTHER  
STATEWIDE ENTITY for IMPLEMENTATION OF STATEWIDE PROJECTS  
FY 09/10 and FY 10/11**

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

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

I hereby certify that I am the official responsible for the administration of public community mental health services in and for said County and certify to all of the following.

- 1) The County’s Board of Supervisors has approved providing all PEI Statewide Project Funds to a JPA or other statewide entity for the development of statewide projects.

Name JPA or Other Statewide Entity:  
\_\_\_\_\_

Amount of Funds to be provided:

FY 09-10 \_\_\_\_\_  
FY 10-11 \_\_\_\_\_

- 2) Projects developed with funds provided to JPA or other statewide entity will:
  - a. Conform to MHSOAC strategic direction as identified in strategic direction summary documents. (Reference Attachments)

b. Address all of the following project areas: Suicide Prevention,  
Stigma and Discrimination Reduction and Student Mental Health

3) County and/or project implementation staff will participate in a  
statewide evaluation

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

Local Mental Health Director/Designee

**Enclosure D**  
**PEI STATEWIDE PROJECT FUNDING REQUEST**  
**TO**  
**IMPLEMENT STATE OR SYSTEM LEVEL ACTIVITIES**  
(Without Providing All Project Funds to JPA or Other Statewide Entity)

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

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

1. Amount of Funds Requested:

FY 09-10 \_\_\_\_\_  
FY 10-11 \_\_\_\_\_

2. Identify all of the specific state or system level activities to be implemented by title and number consistent with MHSOAC strategic direction summary documents. (Reference Attachments)

For example, if you were identifying a Suicide Prevention activity you would provide the following information:

- SP 1.5 – Expand the number and capacity of accredited suicide prevention hotlines based in California.
- SP 1.6 – Create statewide consortium of suicide prevention hotlines.

**Suicide Prevention:**

---



---



---



---

**Stigma and Discrimination Reduction:**

---

---

---

**Student Mental Health:**

---

---

---

Activities identified above **must address all three of the project areas** above **unless a very small county exemption applies** or information is provided about how activities to be implemented address other project areas.

If activities for all three projects are not identified provide information about how activities to be implemented address more than one project area.

---

---

---

---

If requesting very small county exemption check this box. \_\_\_\_\_

3. Collaboration

- a. Identify other counties involved in collaboration on the project activities identified.

County Names:

---

---

- b. Describe how collaboration has occurred with other counties.

---

---

---



**Enclosure E  
PEI STATEWIDE PROJECT FUNDING REQUEST  
IMPLEMENT REPLICABLE PROJECTS**

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

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

1. Amount of Funds Requested:

FY 09-10 \_\_\_\_\_  
FY 10-11 \_\_\_\_\_

2. Identify all of the specific local or regional activities to be implemented by title and number consistent with MHSOAC strategic direction summary documents. (Reference Attachments)

For example, if you were identifying a Stigma and Discrimination Reduction activity you would provide the following information:

SD 1.3.2 – Increase direct contact and dialogues between consumers, family members and representatives of systems, etc., that affect the lives of those living with mental health challenges.

SD 1.3.4 – Create roundtables in local communities to focus efforts on specific populations such as older adults, foster children, or veterans.

**Suicide Prevention:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Stigma and Discrimination Reduction:**

---

---

---

**Student Mental Health:**

---

---

---

Activities identified **must address all three of the project areas** above **unless a very small county exemption applies** or information is provided about how activities to be implemented address other project areas.

If activities for all three projects are not identified provide information about how activities to be implemented address more than one project area.

---

---

---

---

If requesting very small county exemption check this box. \_\_\_\_\_

3. Collaboration

- d. Identify other counties involved in collaboration on the project activities identified.

County Names:

---

---

- e. Describe how collaboration has occurred with other counties.

---

---

---

---

- f. Identify amount of PEI Statewide Project Funds contributed to this collaboration.

FY 09-10: \_\_\_\_\_  
FY 10-11: \_\_\_\_\_

Identify other county resources contributed to this collaboration.

---

---

---

4. Evaluation

- a. Describe the methodology for a separate local or regional evaluation of this project including how program information and evaluation findings will be shared and disseminated for possible project replication in other areas of the state.
- b. Certify that county or project implementation staff will participate in statewide evaluation.

Signature

Date

Title

Local Mental Health Director/Designee

**Enclosure F  
PEI STATEWIDE PROJECT FUNDING REQUEST  
PHASE II APPROVAL – IDENTIFICATION OF STATE OF SYSTEM  
LEVEL ACTIVITIES TO BE IMPLEMENTED AS STATEWIDE PROJECTS**

1. Name JPA or Other Statewide Entity:

---

Verify Amount of Funds Provided:

FY 09-10 \_\_\_\_\_

FY 10-11 \_\_\_\_\_

2. Identify specific activities to be implemented by title and number consistent with strategic direction summary documents. (Reference Attachments)

For example, if you were identifying a Suicide Prevention activity you would provide the following information:

SP 1.5 – Expand the number and capacity of accredited suicide prevention hotlines based in California.

SP 1.6 – Create statewide consortium of suicide prevention hotlines.

**Suicide Prevention:**

---

---

---

---

**Stigma and Discrimination Reduction:**

---

---

---

**Student Mental Health:**

---

---

---