

**Mental Health Services Act Advisory Council  
Marin County Three Year Plan FY2017/18 – FY2019/20**

**Program Rating Form**

___ CSS	<b>Scoring</b>	1 = Not at all/no contribution	NA = Not applicable
___ PEI		2 = Somewhat	DK = Do not know
___ WET		3 = Neutral	
___ CFTN		4 = Significant contribution	
		5 = Important contribution	

**Program Name:** \_\_\_\_\_

Criteria	Score		Recommendation	
In alignment with MHSA purpose			Do not fund	
Targets un/underserved population			Fund at lesser level	
Fills an identified gap			Fund at same level	
Community priority ( <i>define – i.e.; as determined in 3 Yr Planning process including community, staff, providers, etc.</i> )			Fund at higher level	
In alignment with Three Year Plan goals				
Evidence of effectiveness				
Cost effective				
<b>TOTAL</b>				

NOTES (i.e., Pros/cons)

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<b>TOTAL</b>				

NOTES (i.e., Pros/cons)