Outreach for Increasing Recognition of Early Signs of Mental Illness Program

PEI Data Report FY 16/17

As required for each Outreach for Increasing Recognition of Early Signs of Mental Illness <u>Program</u>:

MHSA program Number: (BHCS will complete)

The Program Name: _____

Program Description:

Total number of potential responders: _____

List type of setting(s) in which the potential responders were engaged and the type(s) of potential responders engaged in each setting:

Type of Setting(s) (ex: school)	Type(s) of Potential Responders (ex: principals, teachers, parents, nurses) Separate each type of responder with a comma.

PEI Data Report Requirements

Report disaggregate numbers served, number of potential responders engaged, and number of referrals for treatment and other services for the following categories:

Age Group

Children/Youth (0---15)	
Transition Age Youth (16---25)	
Adult (26---59)	
Older Adult (60+)	
Declined to Answer	

Race

American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or other Pacific Islander	
White	
Other	
More than one race	
Declined to Answer	

Ethnicity (Cultural Heritage)

Hispanic or Latino as follows:	
Caribbean	
Central American	
Mexican/Mexican---American/Chicano	
Puerto Rican	
South American	
Other	
Declined to Answer	
Non---Hispanic or Non---Latino as follows:	
African	
Asian Indian/South Asian	
Cambodian	
Chinese	
Eastern European	
European	
Filipino	
Japanese	
Korean	
Middle Eastern	
Vietnamese	
Other	
More than one ethnicity	
Declined to Answer	

MHSA PEI Data Report

Primary Languages

English	
Spanish	
Chinese Dialect	
Japanese	
Filipino Dialect	
Vietnamese	
Laotian	
Cambodian	
Sign ASL	
Other Non‑‑‑English	
Korean	
Russian	
Polish	
German	
Italian	
Mien	
Hmong	
Turkish	
Hebrew	
French	
Cantonese	
Mandarin	
Portuguese	
Armenian	
Arabic	
Samoan	
Thai	
Farsi	
Other Sign	
Other Chinese Dialects	
Ilocano	

Sexual Orientation

Gay or Lesbian	
Heterosexual or Straight	
Bisexual	
Questioning or unsure of sexual orientation	
Queer	
Another sexual orientation	
Decline to Answer	

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Disability

Yes	
Communication Domain:	
Difficulty Seeing	
Difficulty hearing, or having speech understood	
Other (specify)	
Mental Domain	
Physical/Mobility Domain	
Chronic Health Condition	
Other	
No	
Decline to Answer	

Veteran Status

Yes	
No	
Decline to Answer	

Gender

Assigned sex at birth:	
Male	
Female	
Decline to Answer	
Current Gender Identity:	
Male	
Female	
Transgender	
Genderqueer	
Questioning or Unsure of Gender Identity	
Another Gender Identity	
Decline to Answer	

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As required for each Access and Linkage to Treatment <u>Strategy</u>:

Number of individuals with SMI referred to treatment: _____

List type(s) of treatment referred to:

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Number of individuals followed through on referral & engaged in treatment: _____

Average duration of untreated mental illness: _____   Standard Deviation: _____

Average time between referral and participation in treatment: _____   Standard Deviation: _____

As required for each Improve Timely Access to Services for Underserved Populations <u>Strategy</u>:

Target population: _____

Number of referrals to a **Prevention** program: _____

Number of individuals followed through on referral & engaged in prevention services: _____

Average time between referral and participation in prevention services: _____   Standard Deviation: _____

Number of referrals to an **Early Intervention** program: _____

Number of individuals followed through on referral & engaged in early intervention: _____

Average time between referral and participation in early intervention: _____   Standard Deviation: _____

And/Or

Number of referrals to **treatment (beyond early onset):** _____

Number of individuals followed through on referral & engaged in treatment: _____

Average time between referral and participation in treatment: _____   Standard Deviation: _____

PEI Data Report Requirements

Describe ways your program encouraged access to services and follow-through on referrals:

[blank text box]

As required for each Outreach for Increasing Recognition of Early Signs of Mental Illness <u>Program</u>:

Implementation Challenges:

[blank text box]

Success:

[blank text box]

Lessons Learned:

[blank text box]

Relevant Examples of Success/Impact:

PEI Data Report Requirements

Additional Information

In this section please include the number of outreach contacts you estimate to provide in:

FY 17/18:

FY 18/19:

FY 19/20

Any changes you intend to make to your program over the next three fiscal years:

PEI Data Report Requirements