Prevention Program

PEI Data Report FY 16/17

As required for each Prevention __Program__:

The Program Name: _____

Number of **unduplicated** individuals served in the preceding fiscal year (FY 16/17): _____

Number of individual family members (this number will be included in your total above): _____

Demographics

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

Age Group (Unduplicated)

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

Race (Unduplicated)

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	

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	

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	

This section is optional. Please complete if your program conducts outreach activities in relation to your program.

The Program Name: _____

Total number of potential responders (outreach audience): _____

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

Access and Linkage to Treatment Strategy (Required):

Number of individuals with SMI or SED referred to BHCS treatment system (includes county and CBO providers): _____

List type(s) of treatment referred to:

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: _____

Improving Timely Access to Services for Underserved Populations Strategy (Required):

Identify target population: _____

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

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

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

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

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

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

And/Or

Number of referrals to **BHCS treatment system beyond early onset:** _____

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

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

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

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As required for each Prevention Program:

Implementation Challenges:

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Successes:

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Lessons Learned:

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Relevant Examples (case study):

Additional Information (Please provide any additional program information you'd like to share.)