

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

County: _____

Program Number/Name: _____

Please check box if this program was selected for the local evaluation

Date: _____

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)		White		English		LGBTQ	
Transition Age Youth (16-25)		African American		Spanish		Veteran	
Adult (18-59)		Asian		Vietnamese		Other	
Older Adult (60+)		Pacific Islander		Cantonese			
		Native American		Mandarin			
		Hispanic		Tagalog			
		Multi		Cambodian			
		Unknown		Hmong			
		Other		Russian			
				Farsi			
				Arabic			
				Other			

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B. Please complete the following questions about this program during FY 09/10.

<p>1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.</p>
<p>2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program¹, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:</p> <ul style="list-style-type: none">a) A summary of available information about person/family-level and program/system-level outcomes from the PEI programb) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spokenc) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participantsd) Specific program strategies implemented to ensure appropriateness for diverse participantse) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

¹ Note that very small counties (population less than 100,000) are exempt from this requirement

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SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
2. Is there a change in the type of PEI activities to be provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
3. a) Complete the table below:								
<table border="1" style="width:100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="width:33%;">FY 10/11 funding</th> <th style="width:33%;">FY 11/12 funding</th> <th style="width:33%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> </tr> </tbody> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change					
FY 10/11 funding	FY 11/12 funding	Percent Change						
b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or ,	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
c) If you are requesting an exception to the $\pm 25\%$ criteria, please provide an explanation below.								

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.
2. If this is a consolidation of two or more previously approved programs, please provide the following information: <ul style="list-style-type: none"> a. Names of the programs being consolidated b. The rationale for consolidation c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

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B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	Early Intervention
Total Individuals:		
Total Families:		