

**Marin County
Division of Mental Health & Substance Use Services
FY 2016/17 Narrative Report**

Contractor Name:	Program/Coalition Name:
Individual Completing the Form:	Date:

A. Overview of Organization/Coalition

B. Using your Exhibit A, describe any challenges in meeting the Program Objectives and how these were addressed.

C. Using your Exhibit A, describe any unintended successes that are not reflected in your Midyear Progress Report. Use data where appropriate. Example successes are:

- *Unexpected impact of the program/strategies implemented*
- *Partnerships/collaborations with other programs*
- *Unexpected media coverage*

D. Describe your process for ensuring that primary prevention claims are in compliance with SAPT Prevention Set-Aside requirements and are only spent on allowable service codes and activates reflected in your contract.

- *Refer to your Exhibit A and Exhibit B*

E. List the evaluation measures and tools that you have used/are using to measure progress on impacts and outcomes:

- *Include the outcome/impact that you are measuring*

F. Describe any changes you plan to make in the second half of FY15-16 and why, such as:

- *Proposed changes to your Contract Objectives/Focus Areas*
- *Areas where you have not met stated Objectives/Outcomes*
- *Responses to evaluation findings/feedback you have received*
- *Identification of a need/population you could serve better*