

PREVIOUSLY APPROVED PROGRAM  
Community Services and Supports

County: \_\_\_\_\_

No funding is being requested for this program.

Program Number/Name: \_\_\_\_\_

Date: \_\_\_\_\_

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

This program did not exist during FY 09/10.

**A. List the number of individuals served by this program during FY 09/10, as applicable.**

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults				
Older Adults				
Total				
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:				

**B. List the number of individuals served by this program during FY 09/10, as applicable.**

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White		English		LGBTQ	
African American		Spanish		Veteran	
Asian		Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic		Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other		Russian			
		Farsi			
		Arabic			
		Other			

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<b>C. Answer the following questions about this program.</b>
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.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

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**SECTION II: PROGRAM DESCRIPTION FOR FY 11/12**

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/>						
<table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <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 ± 25% of the previously approved amount, <b>or</b> ,							
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?							
c) If you are requesting an exception to the ±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. Please complete an Exhibit F1.

**A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.**

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults				
Older Adults				
Total				

Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:

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<b>B. Answer the following questions about this program.</b>
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.