

## EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: San Joaquin	Fiscal Year: 2006/07	Program Work Plan Name: <b>GOALS—Gaining Older Adult Life Skills</b>
Program Work Plan #:	FSP-6	Estimated Start Date: July 1, 2006
<p>Description of Program:  <i>Describe how this program will help advance the GOALS of the Mental Health Services Act</i></p>	<p>The Older Adult System of Care MHSA work plan proposes one Full Service Partnership to address the needs of older adults aged 60 and higher who have serious mental illness and who need a network of providers to fulfill their needs. The name of this program will be <u>GOALS</u> - Gaining Older Adult Life Skills. Although a wide array of services is currently available in this county, the target population is the unserved, underserved, and inappropriately served older adults who suffer from mental illness. This Full Service Partnership will involve both contracted and non-contracted community-based organizations as well as non-profit agencies working together with San Joaquin County Behavioral Health Services (BHS). The goals of this program include a reduction of homelessness, hospitalizations, emergency room visits, institutionalization, and isolation, as well as an increase in social community supports and ability to function in the community. This can only be accomplished with a philosophy of <i>“whatever it takes.”</i> Several objectives needed to fulfill these goals include: providing easier access to services, culturally sensitive treatment and care, reducing the stigma surrounding mental illness, addressing the special needs of the elderly, improving quality of life for those older adults who have a serious mental illness, enhancing prevention and intervention programs, engaging older adult consumers in the recovery/wellness model, providing readily accessible transportation, and provision of secure safe, affordable, and appropriate housing. In addition, consumers and their families will be an integral part of this partnership, guiding and evaluating the process as it develops.</p> <p>A Full Service Partnership will be established by providing a one-stop “shop” located in Stockton and will have a component based out in the community with mobile capabilities. This program is essential to the older adult mentally ill population since consumers aged 60 and above have vast differences in their ability to access services due to varying limitations, such as physical ailments or transportation barriers. The one-stop shop in a central location in Stockton</p>	

	<p>will involve a host of programs and services being made available to seniors with mental illness, with plans to expand to each major city in the county. The services our consumers need would benefit them more if they could obtain those services in one trip. These services include mental health programs, primary care clinics, pharmacies, benefits counseling, socialization programs, cultural events, nutrition/food service—just to name a few. Other consumers are more homebound due to various conditions and would benefit from a mobile team of experts who can deliver the desired and appropriate care so that the consumers can maintain their housing situations. Inherent in these programs is the Senior Peer Counseling connection, which involves other consumers and/or family members who are available to assist at lower levels of care. A range of services and treatment options is the desired goal, utilizing community partners to assist with outreach, referrals, assessments, and ongoing program service delivery. The BACOP First 90 Days Model will be utilized with different tiers of intervention. Faith-based organizations will be incorporated into the range of programs and services as well.</p>
<p>Priority Population: <i>Describe the situational characteristics of the priority population</i></p>	<p>The identified population targeted for this program will be 45 older adults (60 years and older) with serious mental illness (SMI) and functional impairments. The individuals may also have co-occurring substance abuse disorders and/or other physical health conditions. For those most infirmed, the mobile treatment team will serve their needs. The 45 consumers served would include individuals who are currently not being served or are experiencing a reduction in their functioning level and could be more fully served; homeless or at risk of homelessness; at risk of institutionalization, hospitalization and nursing home care; and frequent users of emergency rooms. Included in this group of individuals could be some transition age older adults (approximately age 55 through 59) who are experiencing functional impairments similar to older adults and who are at risk for any of the above-mentioned categories. The percentages of unserved, underserved and inappropriately served individuals according to prevalence tables/studies will be included in the plan.</p>

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Secure appropriate location in Stockton for one-stop shop	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Joint service planning in collaboration with other senior service providers to establish appropriate services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Integrate assessment teams within the community to provide treatment and/or linkages to other necessary services throughout the County	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mobile services to reach consumers who cannot access services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Enhance Senior Peer Counseling Program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Education for consumers, family and caregivers re: mental health issues	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cultural competency training for staff re: special needs of the elderly	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ensure nutrition needs for consumers through collaboration with Community Based Organizations (CBOs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Utilize BACOP model for program service delivery	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Secure/subsidize appropriate housing, especially for Board and Care Homes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Provide transportation to appointments, programs, events, for placements, etc.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**2) Please describe in detail the proposed program for which you are requesting MHSA funding and how that program advances the goals of the MHSA.**

The GOALS program is specifically designed with Full Service Partnership criteria as its foundation. A “one-stop shop” is proposed that would incorporate several options for older adults who suffer from mental illness. The concept involves leasing a large building in the downtown Stockton area where the hub of services is currently provided for individuals who may have a lower socioeconomic status. Several agencies, community-based organizations, and contracted service providers will be housed in this building. Essential to this partnership are the community-based organizations (CBOs) that will become integral in transforming traditional mental health delivery services. These CBOs are the gatekeepers in the community who can help with targeted outreach and referrals for those older adult individuals who are unserved, underserved and inappropriately served.

The “one-stop shop” concept was a recurring theme in the Older Adult consensus groups. Consumers, their caregivers, families, and various community service groups (including ethnic and faith-based groups) consistently voted this as a top priority. Additionally, housing, transportation, and mobile evaluation and treatment services were also highly ranked. The GOALS program—*Gaining Older Adult Life Skills*—intends to provide a wide array of services, targeting 45 individuals who have mental health problems as well as other functional impairments. Evidence-based practices in geriatric mental health care support the effectiveness of community-based, multidisciplinary, geriatric psychiatry treatment teams. Additionally, moving beyond traditional medical models emphasizes systems change interventions such as assertive case management and education on recovery concepts.

Mental health teams will collaborate with community-based partners to incorporate the First 90 Days Model, based on the BACOP (Black Awareness Community Outreach Program) model. This model incorporates phases of treatment, especially for new consumers who may need mental health services. The first phase involves a face-to-face meeting between the provider and the consumer and/or family member. Additionally, the consumer will be oriented to the mental health system and what services are available. The second phase involves a mental health professional meeting the consumer at mental health service site and assisting them in understanding the mental health system. During the last phase, a complete psychosocial assessment will be completed in order to guide the treatment process. This model can also assist past the first three months. For example, the most intensive service users will be taught adaptive behaviors and skills that support full recovery, with the goal being that of reducing the need and usage of further intensive services. The types of individuals served in the first tier will be those who have frequent crisis visits, Mobile Evaluation Team (MET) contacts, or inpatient admissions at St. Joseph’s Behavioral Health or San Joaquin County Behavioral Health (PHF). The secondary tier will be those older adult individuals who currently receive case management services yet continue to have frequent mental health

contacts. These individuals will receive a fuller continuity of care as needed, with the goal being that of recovery or the extent of wellness the individual could expect.

The GOALS program will have service delivery teams who will share the entire caseload. The ratio of caseloads to clinical staff will be no more than 15 to 1. The staffing through the Full Service Partnership for the teams will include a part-time psychiatrist and nurse, clinicians, case managers, and psychiatric technicians. While most of the professional staff will be employees of San Joaquin County Behavioral Services, the case managers will be staff from the CBOs, who will receive direction from core County staff to do this critical job.

Two consumers will be hired as outreach workers and will be contracted through the CBOs. The targeted ethnicity for these two individuals will be Hispanic and African American. Prevalence studies for Older Adult unserved and underserved ethnic groups in San Joaquin County indicate that a minimum of 40% of the group of 45 individuals should be Hispanic, a minimum of 15% should be Asian/Pacific Islander, a minimum of 7% should be African Americans, and a minimum of 1% should be Native American who will be served.

The GOALS program seeks to provide a continuum of recovery services that will meet the needs of the Older Adult population. Older Adults have a variety of situations when they first “come into the system.” They can have a large age range, despite starting out at 60 years old; various ethnicities and cultures resulting in acculturation problems; mental illness symptoms that may be complicated by physical ailments or dementia; housing problems; financial problems; family issues; and substance abuse issues. Older Adults are less likely to seek services due to stigma, transportation barriers, ill health, and fear of giving up their independence. However, the proposed program involves the provision of several types of services available in one location. This means that when an Older Adult in the community is identified by a CBO or other agency or community service provider as needing services, the GOALS team will assess the needs of that individual either at the GOALS program building or out in the community, wherever the client is. During the regular program hours of Monday through Friday, 8:00 a.m. to 5:00 p.m., the program will offer medication management, case management, skills building, psychotherapy, and assistance with linkage to community resources. CBO staff will provide the 24-hours/7 days-a-week responses necessary for after-hours coverage. This is very practical since they will be part of the consumer’s team. This means that Older Adult consumers/outreach workers will be working with the BACOP CBO, the La Familia CBO and various Southeast Asian CBOs. Also, when more clinical help is warranted, San Joaquin County Behavioral Services staff providing after-hours services will be incorporated through the 24/7 Community Response Team as part of System Development.

The co-location of staff from Behavioral Health Services, CBOs and other interagencies will foster ongoing collaboration and integration of programs. Service planning will be done between multi-agencies with multi-disciplinary teams. Whenever possible, the Older Adult individual and his/her family member(s) and/or caregivers will be encouraged to be involved in the process. Substance abuse issues will also be addressed as a result of a proper assessment. The issue of co-occurring disorders is part of the Recovery model. Other Recovery model “wellness” groups that would be offered would include physical health education and maintenance, leisure and social skills building, spiritual connectedness, relationship skills, communication, nutrition, budgeting, and life management skills. Often, as the Older Adult progresses in age, these activities of daily living become more difficult, due to multiple losses (health, loved ones, independence, status, hearing, vision, finances, pets), which only complicate their recovery. The faith-based organizations in the community want to be an integral part of the Older Adult’s recovery plan. These stakeholders have been an active part of the entire process thus far, and our consumers often ask for this type of support. A strong component of the GOALS program will also incorporate proper nutrition education. There is mounting evidence that proper nutrition as an Older Adult directly affects cognitive and physical health. Part of the services rendered to Older Adults in the GOALS program will ensure that those served in the program will have a hot meal at least once a day. Meals can be delivered through Meals on Wheels since Seniors First is a large CBO in the community already. Food vouchers were a big concern in the consensus groups, and vouchers will be provided for those seniors who are unable to purchase or obtain enough food for proper sustenance.

It is proposed that several CBOs and community service partners share space in the building that will house the GOALS program. Lease costs can be shared as well as resources. For instance, the CBOs could provide full- or part-time staff on a daily or otherwise basis for the referral process as well as a targeted resource. Senior Centers throughout the County could have representatives available for those Older Adults who need social contact outside of an established Mental Health clinic. Other County services through the Department of Aging would be encouraged to share space since so many activities and cases are already evaluated and dealt with on a multi-team, multi-agency level already. Additionally, benefits counselors will be encouraged to share space since this is a vital part of the treatment process. Consumers often ask—“You mean I have to pay for this? Isn’t it free?” Older Adults are more likely to be concerned about having enough money to pay their bills, rent, and other costs since they have had a number of years to be concerned about such things. The Older Adult is also more likely to become confused about all the paperwork involved in obtaining certain benefits, such as MediCal and Medicare. It is in their best interest to provide an onsite worker from the Social Security Administration at the GOALS program to help Older Adults there instead of them going across town to access such services.

The community-based organizations will be a large part of the Outreach and Engagement/Education piece of the GOALS program. It is proposed that the

targeted number for Outreach and Engagement will be at least 225 individuals. It is also proposed that at least 60 individuals will be served through the 90-day BACOP model. It is expected that Mental Health staff will also partner with CBOs to educate the community about the needs of the Older Adult who may have mental health issues. The CBOs are the eyes and ears of the community; individuals may seek their assistance before they would consider setting foot into a Mental Health clinic due to stigma and the fear of being locked up. For many in the older generations, lengthy State Hospital stays were the norm in the past. For those who had loved ones in that situation or who they themselves may have been detained against their will, the thought of accessing mental health services carries negative connotations. It is for those individuals and those who carry that stigma in general about mental health services that the gatekeepers of the community will be enlisted to help track and engage the unserved and underserved Older Adult population in this County who may be suffering from mild to severe mental health symptoms and disorders.

Transportation needs were listed in nearly every consensus group, including the Older Adult group. Older Adult individuals who need mental health services and other services out in the community have been neglected due to a lack of public transportation services, limited to no family involvement, physical impairments, ambulation problems—just to name a few. In addition, it may be very difficult for the Older Adult to know whom to contact in order to provide such a service. Vision or hearing problems may also restrict their access to services in the community. The GOALS program will secure a wheelchair-lift van in addition to a regular car. These vehicles will be regularly used to take Older Adult individuals to and from various places in the community; to get them to their “first” and ongoing appointments with those identified who can help their needs, assist with placement in the community, and general transports as needed for whatever the individuals need.

The GOALS program will utilize performance outcomes and data for Older Adults served in order to measure success. This data is absolutely critical for providing feedback to consumers of the program as well as family members, staff, CBOs and other stakeholders who are vested in the program. The GOALS program will follow the measures that the Department of Mental Health determines are the best for reporting performance outcomes. Evidenced-based practices and their effectiveness for Older Adults are limited throughout the state of California. Minimally, one of the performance outcome measure tools that will be used is the Client Satisfaction Quest (CSQ-8) - (Atkinson & Larsen, 1990).

### **3) Describe any housing or employment services to be provided.**

Housing services are a vital part of the Older Adult service delivery program. The Mental Health Services Act stipulates that programs shall emphasize strategies to reduce homelessness, which is a negative outcome as a result of untreated mental illness. The GOALS program seeks to secure housing within the framework of the Housing System Development Plan. There are varying levels of housing that Older

Adult individuals may need, from short-term crisis housing and transitional housing to independent, permanent housing. One of the biggest problems that Older Adults face in this County is a lack of subsidized funding for the Board and Care industry. Counties have had to supplement the care of Older Adults in the Mental Health budget. When budget cuts occur, this is often where the cuts occur first. Consequently, beds are denied for individuals who may need the most care. Due to higher costs and more liability, the consumer may need a higher level of care within the Board and Care home structure to avoid a higher and costlier level of care. It is proposed that the Housing System Development Plan incorporate Older Adults as much as possible, with extra funding being made available to properly supplement the local Board and Care Homes who have for so many years given extraordinary care to our Older Adult Mental Health consumers.

Employment services are also necessary for some consumers who, though they may suffer from mental health symptoms, can function well enough to have gainful employment. For those consumers aged 55-70 years old (includes Transitional Age Older Adults), this is especially important. Issues such as benefits depletion, lack of funds, financial hardships, and housing costs could cause an Older Adult to want to or have to look for alternative or extra income. The GOALS program will work with the local Senior Employment Agency to assist these individuals. If this agency cannot support a person to co-locate at the GOALS program building, then staff will assist the individual to access the proper resources.

**4) Please provide the average cost for each Full Service Partnership participant including all fund types and fund sources for each Full Service Partnership proposed program.**

The average cost for each Full Service Partnership participant is \$11,320 for Full Service Partnership funds. The average cost for each participant, adding Outreach and Engagement and System Development funds, is \$16,171

**5) Describe how the proposed program will advance the GOALS of recovery for adults and older adults or resiliency for children and youth. Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.**

Recovery is the personal process through which an Older Adult individual can choose to change his or her life goals, with the ultimate objective of living a healthy, satisfying, and hopeful life despite multiple limitations and/or continuing effects caused by mental illness. Services for Older Adult individuals with mental illness that focus on mental health service delivery outside of the traditional model (services done to or for individuals) are what can transform an Older Adult System of Care into a Full Service Partnership, where services are done *with* an individual, with the goal of recovery or wellness.

The concept of recovery in the Older Adult System of Care takes on various meanings depending on factors such as age, disability, strengths, cognitive ability,



etc. "Wellness" is the term that is used more frequently with Older Adults since recovery in late ages is not as frequent. Although recovery may not seem for some to be an attainable goal as an Older Adult, there is empirical evidence that the old models do not work since they are paternalistic and parental in nature. Older Adults can be fiercely independent and the concept of shared values may at first be foreign to them. Some comparisons to the old mental health models include: individual focus vs. consumer/family/caregiver/community focus; aging as pathology vs. health aging; emphasis on deficits and pathology vs. emphasis on strengths, options and quality of life; office based vs. community based; individual clinicians vs. geriatric multi-disciplinary team; mental illness symptom reduction focus vs. holistic and spiritual approach as well as improved quality of life with the regaining of personally meaningful social roles; services delivered to consumer vs. services planned collaboratively with consumer; quantitative accountability vs. outcome accountability; denied ethnic and cultural differences vs. valued diversity of ethnic and special populations; and providing advocacy vs. consumer and community empowerment as well as shared responsibility between consumers, families and providers. These concepts, language and more will be outlined and reviewed continuously in all interactions with the Older Adult individuals and their caregivers and families, in all team meetings, staff meetings, and trainings, with Mental Health staff, CBOs, and community service providers. Quarterly staff development meetings will be held to measure how well the collaborative teams are upholding these values and practicing them.

**6) If expanding an existing program or strategy, please describe your existing program and how that will change under this proposal.**

This is a new program; it is not expanding an existing program.

**7) Describe which services and supports consumers and/or family members will provide. Indicate whether consumers and/or families will actually run the service or if they are participating as a part of a service program, team or other entity.**

Consumers will provide services through the Senior Peer Counseling Program and will assist individuals in the GOALS program as Outreach Workers. Senior Peer Counseling is a statewide program that has a solid foundation in the utilization of peers to connect with the elderly in the community. The Senior Peer Counseling Program in San Joaquin County currently utilizes a few volunteers, but this new program seeks to add new consumers/family members/individuals to the volunteer base. The ethnic populations that San Joaquin County will target first will be Hispanic and African American consumers, with the goal of serving all ethnic and cultural groups from their culture with more volunteers in the future. Seniors tend to look to other seniors for help and assistance since they tend to trust them more initially compared to younger people. This is the case with Senior Peer Counseling. This program has gone through budget cuts the past two years and has seen dwindling numbers of Senior Peer Counselors. It is therefore being proposed as an

early prevention and intervention service within this workplan to beef up the numbers of seniors in this group since it has served the public well.

The GOALS program will contract two consumers through community-based organizations and specifically target underserved Hispanic and African American consumers. It is hoped that these individuals will be elderly as well; giving new Older Adults in the program the initial signals of trust they need from service providers. The Outreach Workers will have an important role in the team—guiding, reminding, and challenging the team to always practice the recovery model.

**8) Describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations. Explain how they will help improve system services and outcomes for individuals.**

Collaboration strategies will be implemented at both the community level as well as the program level. At the community level, the GOALS program will be an active participant in the Community MHS Consortium, a new vehicle for multiple programs, team, and agencies to develop, evolve, and collaborate with other stakeholders. This consortium will include the following CBOs: the Vietnamese Voluntary Foundation, Inc. (VIVO), Lao Family Community of Stockton, Lao Khmu Association; the Asian Pacific Self-Development and Residential Association (APSARA); Native Directions, Inc. which represents the Native American Population; Community Partnership for Families (for Muslim families); Mary Magdalene Community Services, which represents the African American community; El Concilio; and the San Joaquin AIDS Foundation. There are already a number of other established stakeholders in the Older Adult System of Care within San Joaquin County, including the Human Service Agency, Board and Care Industry, San Joaquin General Hospital, consumers, families, caregivers, and various community service providers. These stakeholders came consistently in great numbers to the consensus meetings and produced great strategies.

**9) Discuss how the chosen program/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities. Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan and what specific strategies will be used to meet their needs.**

Some of the best ways to ensure culturally competent programs and sound strategies are to hire staff who are representative of the culture they will be serving. This will be the goal of the GOALS program, that is, to hire experienced staff who may be approaching senior status, and who will have a variety of ethnic backgrounds, especially Hispanics, Asian/Pacific Islanders and African Americans. Since the program will be small initially, it will be incumbent on the program to work in collaboration with the CBOs to provide the linguistic and cultural services that may

be missing. Especially important is the issue of proper language translation. Most of the community-based service staff has the experience and expertise to assist in the development of a strong culturally congruent program, and those staff will be highly valued for lending their expertise. Additionally, the building that will house the GOALS program and all the other programs will be decorated with artwork and furnishings that will reflect the cultural diversity of the community.

Within the treatment setting and structure it is also very important how the context of treatment and service are framed for the individual. Different cultures have differing ideas of how to treat the elderly and in some cultures there are no exact words or context of meaning for mental illness. This can be a delicate balance of convincing the Older Adult individual that they may benefit from something they are not familiar with, and having them agree to it in writing can be intimidating. So it is in those instances that the complex coordination of cultural competence is especially important. Individuals in the GOALS program will be treated with the utmost respect and courtesy regarding their culture. Older Adults will be assisted by someone they can understand and hopefully trust in order to achieve mutual goals.

**10) Describe how services will be provided in a manner that is sensitive to sexual orientation, gender-sensitive and reflect the differing psychologies and needs of women and men, boys and girls.**

It is natural for some people to assume that all Older Adults are heterosexual, have been married, or are widows or widowers. This is certainly not always the case. Although the numbers may be smaller in this population, there are individuals we serve who consider themselves gay, lesbian, bisexual or transgender (GLBT). In this age group it is sometimes harder for service providers to ask the right questions in order for the treatment of the individual to be adequate for their particular needs. Often, Older Adults do not want to disclose their sexual preferences, or simply say they are too old to think about that. However, these issues can be at the very heart of their troubles and problems, or can be their best supports and strengths. All consumers deserve the dignity and respect we show them as service providers. Social support, which is an important element for the mental health of all Older Adults, may be critical particularly for the GLBT Older Adult. Individuals may not obtain the care they need because they may be concerned about providers' sensitivity to differences in sexual orientation. It is the responsibility of the Mental Health programs to educate all service providers (including CBOs) on the issues surrounding this particular group of individuals in our society. Their needs can be the same or different from others who have different cultures. Regular training and frequent reminders are necessary to assure that treatment plans will be tailored to the needs of the individual and the family.

**11) Describe how services will be used to meet the service needs for individuals residing out-of-county.**

Although it is the policy of San Joaquin County Behavioral Services to meet the needs of its individuals within the county borders as much as possible, there are

occasions when an individual may need to be placed or reside outside the county for some reason. Older adults residing out of the county to be served by the GOALS Full Service Partnership program will include those placed by BHS in some form of placement (e.g., IMD's). Such individuals will be linked to culturally and linguistically appropriate services by GOALS staff. Case management for these consumers will be provided by GOALS staff. The goal for these consumers will be to transition them back to San Joaquin County residence and BHS services.

**12) If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV, please describe those strategies in detail including how they are transformational and how they will promote the GOALS of the MHSA.**

All strategies are listed.

**13) Please provide a timeline for this work plan, including all critical implementation dates.**

<u>Activities</u>	<u>Dates of Accomplishment</u>
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The timeline begins with approval by DMH:

Month 1 & 2:

- Requisition Positions
- Interview and Fill Positions
- Secure Lease
- Set-up Office Space

Month 3:

- Develop Protocols
- Develop Policies and Procedures
- Training of Staff

Month 4:

- Service Begins

Month 6:

- Community Feedback

**14) Exhibit 5: Budget and Staffing Detail Worksheets**

Exhibits 5a and 5b for each fiscal year are presented on the following pages.

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

County(ies): San Joaquin

Fiscal Year: 2005-06

Program Workplan # FSP-6

Date: 3/6/06

Program Workplan Name GOALS-Gaining Older Adult Life Skills

Page 1 of 1

Type of Funding 1. Full Service Partnership

Months of Operation 1

Proposed Total Client Capacity of Program/Service: 0 New Program/Service or Expansion New

Existing Client Capacity of Program/Service: \_\_\_\_\_ Prepared by: Beth A. Way

Client Capacity of Program/Service Expanded through MHSA: 0 Telephone Number: (209)468-8778

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				\$0
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
	\$0			\$0
<b>6. Total Proposed Program Budget</b>				
	\$0	\$0	\$0	\$0
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
<b>3. Total Revenues</b>				
	\$0	\$0	\$0	\$0
<b>C. One-Time CSS Funding Expenditures</b>				
	\$173,125			\$173,125
<b>D. Total Funding Requirements</b>				
	\$173,125	\$0	\$0	\$173,125
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				100.0%

**EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet**

County(ies): San Joaquin

Fiscal Year: 2005-06

Program Workplan # FSP-6

Date: 3/6/06

Program Workplan Name GOALS-Gaining Older Adult Life Skills

Page 1 of 1

Type of Funding 1. Full Service Partnership

Months of Operation 1

Proposed Total Client Capacity of Program/Service: 0

New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0

Prepared by: Beth A. Way

Client Capacity of Program/Service Expanded through MHSA: 0

Telephone Number: (209)468-8778

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries, Wages and Overtime
<b>A. Current Existing Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	<b>Total New Additional Positions</b>	0.00	0.00		\$0
<b>C. Total Program Positions</b>		0.00	0.00		\$0

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.  
 b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

County(ies): San Joaquin

Fiscal Year: 2006-07

Program Workplan # FSP-6

Date: 3/6/06

Program Workplan Name GOALS-Gaining Older Adult Life Skills

Page 1 of 1

Type of Funding 1. Full Service Partnership

Months of Operation 12

Proposed Total Client Capacity of Program/Service: 45 New Program/Service or Expansion New

Existing Client Capacity of Program/Service: \_\_\_\_\_ Prepared by: Beth A. Way

Client Capacity of Program/Service Expanded through MHSA: 45 Telephone Number: (209)468-8778

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases			\$76,500	\$76,500
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports			\$22,500	\$22,500
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$99,000	\$99,000
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$286,278			\$286,278
c. Employee Benefits	\$101,855			\$101,855
d. Total Personnel Expenditures	\$388,133	\$0	\$0	\$388,133
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$5,000			\$5,000
d. General Office Expenditures	\$5,000			\$5,000
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports	\$4,500			\$4,500
g. Other Operating Expenses (provide description in budget narrative)	\$10,080			\$10,080
h. Total Operating Expenditures	\$24,580	\$0	\$0	\$24,580
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
	\$216,000			\$216,000
<b>6. Total Proposed Program Budget</b>				
	\$628,713	\$0	\$99,000	\$727,713
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)	\$145,543			\$145,543
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$145,543	\$0	\$0	\$145,543
<b>3. Total Revenues</b>				
	\$145,543	\$0	\$0	\$145,543
<b>C. One-Time CSS Funding Expenditures</b>				
	\$0			\$0
<b>D. Total Funding Requirements</b>				
	\$483,170	\$0	\$99,000	\$582,170
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				100.0%

**EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet**

County(ies): San Joaquin

Fiscal Year: 2006-07

Program Workplan # FSP-6

Date: 3/6/06

Program Workplan Name GOALS-Gaining Older Adult Life Skills

Page 1 of 1

Type of Funding 1. Full Service Partnership

Months of Operation 1

Proposed Total Client Capacity of Program/Service: 45

New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0

Prepared by: Beth A. Way

Client Capacity of Program/Service Expanded through MHSA: 45

Telephone Number: (209)468-8778

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries, Wages and Overtime
<b>A. Current Existing Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
		<b>Total Current Existing Positions</b>	0.00	0.00	
<b>B. New Additional Positions</b>	Chief Mental Health Clinician		0.50	\$67,664	\$33,832
	Mental Health Clinician III		1.00	\$61,381	\$61,381
	Mental Health Clinician II		1.00	\$54,060	\$54,060
	Psychiatrist		0.30	\$147,159	\$44,148
	Nurse-Registered		0.50	\$63,418	\$31,709
	Psych Tech/MH Spec II		1.00	\$38,231	\$38,231
	Sr. Office Assistant		0.75	\$30,556	\$22,917
					\$0
	CBO-Case Managers		3.00		\$0
	CBO-Management		0.75		\$0
	CBO-Recovery Coach/Specialist		3.00		\$0
	CBO-Outreach Worker		1.50		\$0
	CBO-Clerical		0.75		\$0
					\$0
	<b>Total New Additional Positions</b>	0.00	14.05		\$286,278
<b>C. Total Program Positions</b>		0.00	14.05		\$286,278

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.  
 b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.



**EXHIBIT 5c—Mental Health Services Act Community Services and Support Budget Narrative  
GOALS-Gaining Older Adult Life Skills Full Service Partnership Work Plan**

**County: San Joaquin**  
**Workplan # FSP-6**

**Fiscal Year: 2006-07**  
**Date: 3/10/06**

**1. Expenditures**

**a. Client, Family Member and Caregiver Support Expenditures**

**i. Travel and Transportation**

**ii. Housing**

1. Housing-\$1,700 per client for the year (45 Clients) \$ 76,500

**iii. Employment and Education Supports**

1. Employment-\$500 per client for the year (45 Clients) \$ 22,500

**iv. Other Support Expenditures**

**v. Total Support Expenditures**

**\$ 99,000**

**b. Personnel Expenditures**

**i. Current Existing Personnel Expenditures**

**ii. New Additional Personnel Expenditures**

1. Chief Mental Health Clinician-(.5 FTE @ \$67,664) \$33,832  
 2. Mental Health Clinician III-(1 FTE @ \$61,381) 61,381  
 3. Mental Health Clinician II-(1 FTE @ \$54,060) 54,060  
 4. Psychiatrist-(.3 FTE @ \$147,1590) 44,148  
 5. Nurse-(.5 FTE @ \$63,418) 31,709  
 6. Psychiatric Technician/MH Specialist II-(1 FTE @ \$38,231) 38,231  
 7. Senior Office Assistant-(.75 FTE @ \$30,556) 22,917 \$286,278

**iii. Employee Benefits**

1. Benefits calculated at 47% for Regular employees and 15% for Temporary employees \$101,855

**iv. Total Personnel Expenditures**

**\$388,133**

**c. Operating Expenditures**

**i. Travel and Transportation**

1. Staff mileage reimbursements and county motor pool costs based on past history \$ 5,000

**ii. General Office Expenditures**

1. Office supplies, printing, small equipment \$ 5,000

**iii. Rent, Utilities and Equipment**

**iv. Medication and Medical Supports**

1. Estimated Prescription Drug Costs \$ 4,500

**v. Other operating Expenses**

1. Communication and data line charges \$ 10,080

**vi. Total Operating Expenditures**

\$ 24,580

**d. Estimated Total Expenditures when service provider is not known**

**i. Community Based Organization Contracts based on staffing** **\$216,000**

**e. Total Proposed Program Budget**

**\$727,713**

<b>2. Revenues</b>	
<b>a. New Revenues</b>	
i. Medi-Cal (FFP only)	\$145,543
ii. State General Funds –EPSDT	
iii. Total New Revenue	<u>\$145,543</u>
<b>b. Total Revenues</b>	<u>\$145,543</u>
<b>3. One-Time CSS Funding Expenditures</b>	
<b>4. Total Funding Requirements</b>	<u>\$582,170</u>

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

County(ies): San Joaquin

Fiscal Year: 2007-08

Program Workplan # FSP-6

Date: 3/6/06

Program Workplan Name GOALS-Gaining Older Adult Life Skills

Page 1 of 1

Type of Funding 1. Full Service Partnership

Months of Operation 12

Proposed Total Client Capacity of Program/Service: 45 New Program/Service or Expansion New

Existing Client Capacity of Program/Service: \_\_\_\_\_ Prepared by: Beth A. Way

Client Capacity of Program/Service Expanded through MHSA: 45 Telephone Number: (209)468-8778

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases			\$80,325	\$80,325
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports			\$23,625	\$23,625
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$103,950	\$103,950
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)	\$300,592			\$300,592
c. Employee Benefits	\$141,278			\$141,278
d. Total Personnel Expenditures	\$441,870	\$0	\$0	\$441,870
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation	\$5,000			\$5,000
d. General Office Expenditures	\$6,700			\$6,700
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports	\$11,475			\$11,475
g. Other Operating Expenses (provide description in budget narrative)	\$10,580			\$10,580
h. Total Operating Expenditures	\$33,755	\$0	\$0	\$33,755
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
	\$226,800			\$226,800
<b>6. Total Proposed Program Budget</b>				
	\$702,425	\$0	\$103,950	\$806,375
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)	\$161,275			\$161,275
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$161,275	\$0	\$0	\$161,275
<b>3. Total Revenues</b>				
	\$161,275	\$0	\$0	\$161,275
<b>C. One-Time CSS Funding Expenditures</b>				
	\$0			\$0
<b>D. Total Funding Requirements</b>				
	\$541,150	\$0	\$103,950	\$645,100
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				100.0%

**EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet**

County(ies): San Joaquin

Fiscal Year: 2007-08

Program Workplan # FSP-6

Date: 3/6/06

Program Workplan Name GOALS-Gaining Older Adult Life Skills

Page 1 of 1

Type of Funding 1. Full Service Partnership

Months of Operation 1

Proposed Total Client Capacity of Program/Service: 45

New Program/Service or Expansion New

Existing Client Capacity of Program/Service: 0

Prepared by: Beth A. Way

Client Capacity of Program/Service Expanded through MHSA: 45

Telephone Number: (209)468-8778

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries, Wages and Overtime
<b>A. Current Existing Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>	Chief Mental Health Clinician		0.50	\$71,047	\$35,524
	Mental Health Clinician III		1.00	\$64,450	\$64,450
	Mental Health Clinician II		1.00	\$56,763	\$56,763
	Psychiatrist		0.30	\$154,517	\$46,355
	Nurse-Registered		0.50	\$66,589	\$33,294
	Psych Tech/MH Spec II		1.00	\$40,143	\$40,143
	Sr. Office Assistant		0.75	\$32,084	\$24,063
					\$0
	CBO-Case Managers		3.00		\$0
	CBO-Management		0.75		\$0
	CBO-Recovery Coach/Specialist		3.00		\$0
	CBO-Outreach Worker		1.50		\$0
	CBO-Clerical		0.75		\$0
					\$0
				\$0	
	<b>Total New Additional Positions</b>	0.00	14.05		\$300,592
<b>C. Total Program Positions</b>		0.00	14.05		\$300,592

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.  
 b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

**EXHIBIT 5c—Mental Health Services Act Community Services and Support Budget Narrative  
GOALS-Gaining Older Adult Life Skills Full Service Partnership Work Plan**

**County: San Joaquin**  
**Workplan # FSP-6**

**Fiscal Year: 2007-08**  
**Date: 3/10/06**

**1. Expenditures**

**a. Client, Family Member and Caregiver Support Expenditures**

**i. Travel and Transportation**

**ii. Housing**

1. Housing-\$1,785 per client for the year (45 Clients) \$ 80,325

**iii. Employment and Education Supports**

1. Employment-\$525 per client for the year (45 Clients) \$ 23,625

**iv. Other Support Expenditures**

**v. Total Support Expenditures**

**\$103,950**

**b. Personnel Expenditures**

**i. Current Existing Personnel Expenditures**

**ii. New Additional Personnel Expenditures (Includes a 5% COLA)**

1. Chief Mental Health Clinician-(.5 FTE @ \$71,047) \$35,524  
 2. Mental Health Clinician III-(1 FTE @ \$64,450) 64,450  
 3. Mental Health Clinician II-(1 FTE @ \$56,763) 56,763  
 4. Psychiatrist-(.3 FTE @ \$154,517) 46,355  
 5. Nurse-(.5 FTE @ \$66,589) 33,294  
 6. Psychiatric Technician/MH Specialist II-(1 FTE @ \$40,143) 40,143  
 7. Senior Office Assistant-(.75 FTE @ \$32,084) 24,063 \$300,592

**iii. Employee Benefits**

1. Benefits calculated at 47% for employees \$141,278

**iv. Total Personnel Expenditures**

**\$441,870**

**c. Operating Expenditures**

**i. Travel and Transportation**

1. Staff mileage reimbursements and county motor pool costs based on past history \$ 5,000

**ii. General Office Expenditures**

1. Office supplies, printing, small equipment based on past history \$ 6,700

**iii. Rent, Utilities and Equipment**

**iv. Medication and Medical Supports**

1. Estimated Prescription Drug Costs based on history \$ 11,475

**v. Other operating Expenses**

1. Communication and data line charges \$ 10,580

**vi. Total Operating Expenditures**

**\$ 33,755**

**d. Estimated Total Expenditures when service provider is not known**

i. Community Based Organization Contracts based on staffing with a 5% COLA increase \$226,800

**e. Total Proposed Program Budget**

**\$806,375**

<b>2. Revenues</b>	
<b>a. New Revenues</b>	
i. Medi-Cal (FFP only)	\$161,275
ii. State General Funds –EPSDT	
iii. Total New Revenue	<u>\$161,275</u>
<b>b. Total Revenues</b>	<u>\$161,275</u>
<b>3. One-Time CSS Funding Expenditures</b>	
<b>4. Total Funding Requirements</b>	<u>\$645,100</u>