

## Full Service Partnership: Older Adults (RFP #1300)

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Submitted by:

## Wilshire Community Services

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The Full Service Partnership is a natural fit for Wilshire's current continuum of care for older adults. Individuals who present with significant emotional and psychological concerns would receive comprehensive mental health services that could include: individual and/or family therapy; peer counseling; socialization opportunities; and in-home support (transportation, housework, shopping/errands, etc).

Friday, February 6, 2015

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## **2. Project Summary**

Wilshire Community Services (WCS) has over twenty-five years of experience providing behavioral health and other support services to older adults. With a professional staff that is trained and experienced in working with an older adult population, Wilshire Community Services is uniquely positioned to address the needs of older adults who require specialized, intensive mental health treatment. Wilshire Community Services currently offers a continuum of care for older adults that include: depression assessments and treatment; professional individual and group therapy; Senior Peer Counseling; Caring Callers; and the Good Neighbor Program. Together, the programs of Wilshire Community Services provide opportunities for individualized treatment plans based on the intensity of the presenting needs and the goals set by the client and their support system(s). The Full Service Partnership is a natural fit for Wilshire's continuum and would provide the opportunity for a smooth transition from services designed to address critical needs to services designed to maintain wellness.

Wilshire Community Services' Full Service Partnership (FSP) Program would include an Administrator (whose time would be divided between all older adult programs), a full-time Licensed Clinician, a part-time Licensed Clinician, a full-time Case Manager, a part-time Case Aide, and a full-time Administrative Office Professional. The Full Service Partnership staff would work as a team of professionals to address the clinical, biological, and social needs of each client assigned to the FSP. WCS staff would work in close collaboration with San Luis Obispo County Behavioral Health to address the psychiatric and medication needs of FSP clients.

WCS would utilize our current practices and procedures when administering the Older Adult FSP program. Wilshire Community Services currently designates different levels of care in order to make appropriate treatment planning decisions for each older adult referred for services. Each level of care provides individualized care plans and support services based upon the goals of the client and available services and resources. The assigned level is reassessed regularly and can be changed in the event that the needs of the client deem it necessary. Various combinations of services may be offered at all levels; however, the level of need, intensity of, and duration for certain services may increase at the higher levels.

Each client assigned to or referred to the Older Adult FSP program would receive a face to face intake assessment by a licensed clinician. The clinicians meet the clients in a place that is most comfortable to them (i.e. client's home, senior center, family home, park, etc). The assessment is a thorough bio/psycho/social assessment that outlines the client's strengths, areas where increased support is necessary, client's own goals for wellness, resource assessment, and when appropriate, a family report and goals for client. At the end of each assessment, the clinician assigns a Case Management Level to determine the best approach to treatment taking into consideration the client's current mental presentation, the goals for treatment, and the resources that will be necessary to obtain goals. The Case Management Levels are described as such:

### **Level I – Low Need**

- Minimal Case Management Required.
- No or very few limits to client's ability to function independently.
- Client has the ability to independently access resources with some information or guidance.
- Mild to Moderate emotional/psychological symptoms (it seems that supportive services could alleviate psychological symptoms).
- Direct internal referral to a volunteer program is feasible.

**Level II – Moderate Need**

- Intermittent Case Management Required.
- Moderately complicated resource needs. Client seems to require minimal assistance (beyond information) to access appropriate resources.
- Visible lack of family and/or community support.
- Mostly isolated with limited social interactions.
- Some limited ability to function independently.
- Moderate to high levels of emotional/psychological symptoms (it seems that counseling or other therapeutic interventions will be necessary to alleviate psychological symptoms).
- It seems that professional staff oversight will be necessary in addition to a referral to volunteer program.
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**Level III – Complex Need**

- Intense, frequent, and long-term case management is required.
- Complex medical issues (i.e. multiple medical conditions, chronic illness, complex medical regimen).
- Complicated and intensive resource needs. Client seems to require assistance with accessing and utilizing appropriate resource.
- Severe levels of emotional/psychological symptoms (it seems that professional intervention is necessary to alleviate psychological symptoms).
- May require the involvement of a multi-disciplined team (i.e. PCP, family, in-home care, etc) designated to promote and secure the on-going wellness of the client.

All clients assigned to the Older Adult Full Service Partnership Program would be assessed as a Level III Case Management need. Clients that do not appear to require this level of support could receive services through one of the other WCS programs; if the client's needs change, a reassessment could be performed immediately and adjustments made to the treatment as needed, up to and including enrollment into the Older Adult FSP Program.

Clients enrolled in the Wilshire Community Services' Older Adult FSP Program would receive the following clinical services as outlined in the Request for Proposal:

**A. Clinical Services**

- a. Outreach and engagement of referred clients, and enrolled clients on an on-going basis, as needed:** All of the services provided by Wilshire Community Services are offered in the home of the clients or in places designated by the client as being comfortable to them (i.e. Senior Centers, home of family member, park, etc). The staff at Wilshire Community Services is accustomed to providing clinical and support services in settings which are not necessarily considered traditional. This is especially critical when working with an older adult population which is more likely to be limited by transportation options, physical disabilities, or other things that may make accessing traditional services difficult.

The Older Adult FSP at Wilshire Community Services would utilize existing field-based skills to reach out to and engage clients. Working with an older adult population typically requires a slower-paced onset with special attention being placed on building rapport and trust. The older adult population is not always comfortable with or has experience with mental health support; building trust and a

sense of being understood are the keys to the ongoing success of the therapeutic relationship. The staff at Wilshire Community Services has a deep understanding of and an appreciation for the best practices when engaging an older adult client and would utilize these existing skills and practices when working with FSP clients. All clients enrolled in the FSP program would receive, at minimum, a face to face contact with their assigned Case Manager every 30 days. Preference will be placed on providing services face to face whenever possible. Face to face contact is the best practice when working with older adults in that it helps to build rapport and reduces the risk of miscommunications that can sometimes occur with telephone or electronic communication.

**b. Culturally-and linguistically-appropriate services:**

Wilshire Community Services is dedicated to providing culturally appropriate, individualized treatment plans. The cultural priorities of a client are always taken into consideration when developing and implementing treatment plans.

Wilshire Community Services currently employs a Spanish-Speaking Licensed Clinical Social Worker who is a Clinical Supervisor for Senior Peer Counseling. This staff person would be available to assist with outreach and ongoing services to Spanish-Speaking clients. The staff at Wilshire Community Services also has experience using translators and the Language Line when staff is not available to accommodate the language needs of a particular client. All available efforts would be made to accommodate any cultural and/or linguistic needs that should arise. The older adult population is a culture within itself and as such holds unique considerations in regards to therapeutic needs and approaches. There also exists, unique linguistic needs in regards to the hearing abilities and difficulties with speech with which some clients may present. The staff at Wilshire Community Services is trained and experienced with addressing the unique needs of older adults in a way that honors their unique culture and preferences.

**c. Field-based clinical services:**

As previously mentioned, Wilshire Community Services provides all services in the home of clients or in places where older adults naturally gather. The staff is trained to work outside an office setting and has an understanding of the unique struggles such work can present or heighten, such as maintaining appropriate boundaries, assessing and securing the health and safety of staff and clients, and being aware of the environment and how this environment may be impacting the client's presenting issues.

**d. Trauma-informed/trauma-specific treatment:**

Trauma-informed care will be practiced in every stage of work with older adult FSP clients. Every interaction WCS staff has with clients will take into account the attitudes and feelings of clients who have had traumatic experiences, as a means of devising useful treatment approaches for them.

Specific trauma-informed techniques that can be an important part of working with older adults, include: being sensitive that prospective clients may have undergone trauma previously, and approaching them gradually and patiently when

trying to engage them; being knowledgeable about and considering historical or cultural events that have traumatized certain generations; consider that memories and emotions relevant to past traumas resurface when older adults begin to become less active; and utilize skills to reduce trauma feelings expressed by cognitively impaired older adults (i.e. redirecting, asking clients to share stories, etc).

**e. Evidence/excellence based practice models:**

Wilshire Community Services currently utilizes a variety of Evidence Based Practice models that integrate the best research evidence with clinical expertise and patient values. Many of the models used to treat depression in older adults can be effective in treating other presenting issues and diagnosis. Wilshire Community Services Older Adult FSP would incorporate:

- Psychotherapy Interventions: Cognitive Behavioral Therapy, Behavioral Therapy, Solution-Focused Therapy, Reminisce Therapy, and Empowerment Therapy techniques.
- Multidisciplinary mental health outreach services.
- Collaborative and integrated mental and physical health care

**f. Mental health services, including individual, family, group, collateral, psychological testing and targeting case management services:**

All FSP clients will be assigned a licensed clinician who will provide regular individual therapy sessions, symptom assessment, and psychological testing. The clinician will work closely with the FSP team to address on-going and changing needs. Clients will also have access to family therapy, family mediation services, and Care Management Team Meetings (to include collateral supports) as deemed necessary by the team and the client working in close collaboration.

All FSP clients will be assigned a Case Manager to assist them with following up with and connecting to recommended resources. The Case Manager will have a minimum of one face to face visit every thirty (30) days. Every attempt will be made to meet with clients face to face whenever contact is necessary. The Case Manager will prioritize services provided by first assisting clients with obtaining and maintaining their basic needs of food, clothing, and shelter. When necessary, other WCS programs such as the Good Neighbor Program, will be utilized to assist clients with meeting their daily needs such as shopping, housework, etc.

With the Older Adult population, it especially important to ensure basic needs are being met. If the needs go unmet, higher levels of stress are more likely which could impact cognitive functioning, physical functioning, and ability to maintain psychological wellness.

**g. Integrated services for co-occurring mental health and substance abuse disorders:**

Issues of co-occurring disorders will be addressed by the FSP team and outside resources utilized when necessary. A common co-occurring disorder in older adults is alcoholism. Alcoholism becomes an issue for older adults partly due to the fact that older adults metabolize alcohol differently and do not understand the profound effect this can have on their cognitive and psychological functioning. Often, problems with alcohol go undetected because symptoms are dismissed as cogni-

tive slippage or the older adult is isolated and the behaviors go unseen by outsiders. Wilshire Community Services staff is trained to assess and address issues with alcohol and have the experience necessary to incorporate recovery interventions into the therapeutic plan.

Another common substance abuse issue comes from mismanaging medications either accidentally or intentionally. Wilshire Community Services has access to a Psychiatric Nurse through Wilshire Home Health who would be available to perform medication evaluation and management to all FSP clients, especially those presenting with issues around medication. The Psychiatric Nurse would work in close collaboration with San Luis County Behavioral Health on issues regarding psychiatric care and medication management.

Wilshire Community Services also employs a certified substance abuse counselor whose expertise would help to inform the team on appropriate and effective interventions.

**h. Client/family self-help and peer support services:**

Wilshire Community Services currently operates two peer-based mental health programs; Senior Peer Counseling and Caring Callers. These programs would be made available to any FSP client who was interested in services and who seemed as though they would benefit from peer support. Senior Peer Counseling provides a volunteer who is 55+ to provide supportive listening and para-professional counseling. Caring Callers is a socialization program that provides weekly home visits to older adults who are primarily isolated and do not have opportunities for social engagement. Isolation has been shown to cause and increase feelings of depression, especially amongst the older adult population. Caring Callers provides an opportunity for clients to feel connected to another person and to feel a sense of being part of the greater world.

FSP clients would have the ability to access either of these services as part of their treatment plan. As clients achieved their definition of wellness, they would also have the opportunity to volunteer with one of these programs if that was something that had meaning to them and seemed to give them a feeling of purpose.

Wilshire Community Services is also dedicated to providing services to family members of older adults. Many older adults have adult children as caregivers and this can often put stress on even the best of relationships. FSP clients, in particular, would most likely have a long history of mental illness and difficult family dynamics. This type of family history makes family supports even more critical. The older adult will have a difficult time maintaining wellness if their family system, especially their caregiver, is burnt out or harboring negative feelings caused by a lifetime of struggles.

With the consent and involvement of the identified FSP client, Wilshire Community Services will provide family therapy, family mediation, and family care consultations so that caregivers have the ability to feel empowered, engaged, and informed. There are also a variety of community partners who provide specialized support to caregivers such as, the Alzheimer's Association or Coast Caregiver Resource Center; Wilshire Community Services would have the ability to link family members to these resources and surround them with services intended to encourage the overall wellness of the family and support system.

**i. Vocational and educational services and/or referrals:**

Typically services of this nature for older adults include lifeskill courses and technology assistance. Wilshire Community Services will be offering a series of lifeskill courses to assist older adults with such things as; managing finances, recognizing and avoiding fraud, hiring in-home assistance, etc. These courses would be available to FSP clients. FSP clients would also have access to one-on-one coaching and assistance by their Case Manager.

Wilshire Community Services utilizes volunteers through our Caring Callers program to teach older adults technology based skills such as: accessing the internet, using the internet, programming cell phones, etc. These types of technology based skills can help to decrease feelings of isolation and has also been shown to build confidence and improve overall mood.

As part of their treatment plan, clients may wish to gain a new vocational skill or gain experience working in a certain area. The Older Adult FSP team would work with our existing volunteer programs, community partners, and other community resources to link clients to volunteer opportunities that allow them to use their existing skills while gaining new ones. This approach can remind older adults that they do still hold worth. It is also great exercise for the brain of an older adult to gain new skills and continue to learn throughout the aging process.

**j. Support and consultation to clients' families and other major supports:**

The work with Older Adult FSP clients would take a team approach to treatment. The clients' families and identified support system would be considered part of this team. To what capacity the support system would be involved would be determined on a case by case basis and would take into account the clients' wishes and family history. Whenever possible, advisable, and safe, the clients' support system would be involved in their treatment and would have a deep understanding of the issues impacting their loved ones and have access to resources to support them in their caregiver role(s).

**k. 24/7 assessment and crisis response services:**

Wilshire Community Services would provide trained, on-call staff for 24/7 crisis response. The on-call responsibilities would rotate between Older Adult FSP team members and a clinical staff person would always be available for consult. The crisis responders would be familiar to the clients.

**l. Interagency Collaboration:**

Wilshire Community Services would work in close collaboration with San Luis Obispo County Behavioral Health to ensure that the client's needs are being addressed in a holistic and impactful manner. Regular communication would take place between Wilshire Community Services' FSP team and County personnel working in contact with FSP clients.

Wilshire Community Services would also work in close collaboration with Wilshire's other agencies; Home Health and Hospice, to provide a continuum of care that includes Home Health needs and end of life needs.

Wilshire Community Services is already involved in the Mental Health Services Act Advisory Council, the Innovation Stakeholder Group, and the Prevention and Early Intervention network of providers. Wilshire Community Services would uti-

lize knowledge of these existing programs to provide resource connection when appropriate and necessary.

**m. Community Partners:**

With resources for Older Adults being so limited; community partnerships are critical to any successful work. One agency cannot do everything but each can do something and when done together, amazing things can happen for clients.

Wilshire Community Services values community partnerships and is part of the: Adult Services Policy Council, Adult Abuse Prevention Council, Health Service Agency meetings, the First Responders Meeting, and the Alzheimer's Association Program Advisory Council. WCS works hard to maintain constant partnerships and to work in close collaboration with agencies that support the work done with clients.

**n. Linkage to other resources, as needed:**

Wilshire Community Services' FSP Case Manager would be a current staff person who once worked at Linkages in San Luis Obispo. She has over ten years of experience linking Older Adults to resources. The Case Manager and Administrative Office Professional would be responsible for maintaining an up to date resource list so that access to these resources is timely and smooth.

The Case Manager would work closely with the clients to ensure that they are able to easily access resources while putting emphasis on the client doing the work themselves. Rather than simply providing a phone number or making a referral; the Case Manager would work with clients to determine what it is they need to ask, practice making the phone call, sitting with them while they call, and helping them to track any necessary follow up steps.

Helping the clients to feel empowered and teaching them to advocate for their own needs would be a main component to the Older Adult FSP program at WCS. This approach to resource connection has been shown to increase feelings of self worth, result in higher utilization of resources, and higher on-going success rates with clients.

**o. N/A**

**p. N/A**

**q. Specialized interventions for Older Adults:**

The clinical staff at WCS is specially trained in working with older adults. Ongoing trainings and best practice research are a standard of practice at Wilshire Community Services. Clinicians would utilize; Life review, interventions that consider the six-dimensions of aging well (emotional, Intellectual, Purposeful, Physical, Social, and Spiritual), solution-focused practices, and combination of other modalities and interventions.

When working with an Older Adult population, it also critical to consider medical and cognitive diagnosis that may be interfering with mental health support. The entire person must be considered when working with clients; otherwise important elements of wellness may be missed. Clinicians work in close contact with the clients' Primary Care Physicians and other professionals who may be providing care to the client in order to determine all elements of the individual and ad-

dress concerns from every angle. A common problem for older adults in accessing services is the confusion between what is physical and what is psychological; at Wilshire Community Services, we believe the two are intertwined and you cannot successfully address one area without also addressing the other.

The other component to the Full Service Partnership is wellness and recovery. Wilshire Community Services recognizes that the concepts of “wellness” and “recovery” are very individualized concepts that can change as people change and begin to appreciate themselves in a more holistic manner. The Older Adult FSP team would include the client in every component of their care. The client’s input would direct the treatment plan. The client would remain in the driver seat and the FSP professional team would serve as a passenger whose role it is to notice the passing scenery and help the client to pay attention to things that they may have not had the opportunity or ability to notice before.

All of the programs under Wilshire Community Services embrace the concept of self-determination. Self Determination is the belief that older adults have the right and ability to choose and control their own quality of life, their own goals and dreams, and what services they need to obtain them. This mode of service delivery would inform all of the actions taken by the Older Adult FSP team at WCS. The following outline the wellness and recovery services that would be available through WCS:

#### **B. Wellness and Recovery Services**

##### **a. Outreach and engagement of referred clients, and enrolled clients on an ongoing basis, as needed:**

All of the services provided by Wilshire Community Services are offered in the home of the clients served or in places designated by the client as being comfortable to them (i.e. Senior Centers, home of family member, park, etc).

Older Adults often face situations in which they are told what to do and how to do it. Many of our older adult clients describe aging as “disappearing”. When a clinician or support person approaches older adult clients with respect and an understanding that they are the experts of their own life; it reminds the older adult that they do still have value, skills, and the ability to manage their own lives. This is the first step towards empowerment and recovery. From the very beginning of our work with clients, WCS staff encourages clients to be a part of the solution; a solution that they define for themselves. The clients are always encouraged to be self advocates and rather than do the work for them, clients are supported while they do the work for themselves.

##### **b. Culturally-and linguistically-appropriate services:**

Wilshire Community Services is dedicated to providing culturally appropriate, individualized treatment plans. The cultural priorities of a client are always taken into consideration when developing and implementing treatment plans.

##### **c. Field-based clinical wellness and recovery services:**

The FSP team at Wilshire Community Services would be available to accompany clients to community appointments and/or events that support wellness and recovery. For example, if a client is in need of in-home support services through Social Services; a case manager would accompany clients to appointments with

MediCal Eligibility Workers, assist them with filling out the application, guiding them as they obtain all of the necessary supporting documents, and support them through the process until needed services are obtained.

Perhaps what the client expresses would be helpful is being able to sit on the beach for an hour a week; WCS would work to find a volunteer that could drive the client to the beach and sit with them. WCS would work diligently to include, in the treatment plan, anything the client identifies as being critical to their recovery.

Wilshire Community Services has partnerships with many agencies in town that serve older adults; the FSP team would work with clients to build connections with other resources in the community that could support their recovery. Services would not be limited to what we have available in our office but would extend to the entire community.

**d. Trauma-informed/trauma-specific treatment:**

Wilshire Community Services believes and models the idea that people who have experienced trauma can and do heal and recover. This belief is built into every approach we take with clients seeking recovery and wellness.

Wilshire Community Services' Older Adult FSP would utilize support from peers, consumers, survivors, former clients, and recovering persons and mentoring by providers in order to promote healing and long-term recovery.

**e. Evidence/excellence based practice models:**

Wilshire Community Resources had the opportunity to participate in the MHA Innovation Projects from 2010 to 2012. Wilshire's project was to test whether or not using a care team approach to older adult mental health treatment would increase outcomes. The project produced evidence that involving a multidisciplinary group that also includes the client and their support systems greatly impacts the effectiveness of interventions and encourages long-term improvement.

With these findings in mind, Wilshire Community Services Older Adult FSP program would include a multidisciplinary approach that would access community resources, existing support systems, and other collateral contacts to provide holistic and appropriate support to the client so that wellness may be achieved and maintained.

It is also best practice, when working with older adults, to address basic needs of food, clothing, and shelter. When clients are struggling to maintain basic needs, they cannot focus on the work of getting and staying well. Encouraging clients to identify and address their own needs and empowering them to maintain a quality of life, will encourage recovery and a sense of wellness. In times of emergencies, WCS will have on reserve finances to assist clients with tangible resources, such as; food, clothing, utilities, etc.

**f. Money Management:**

Wilshire Community Services will provide lifeskill courses to clients that teach money management skills, such as, balancing a checkbook, creating a budget, and paying bills.

Whenever it does not appear to be in the best interest of the client to manage their own money and the client is in agreement; the FSP team will assist the client

with designating a rep payee or accessing other bill payer services. The goal would be to stabilize their financial condition and eliminate the stress that accompanies money trouble. The long-term goal would be for the client to have enough financial resources to independently secure their basic needs and strengthen their sense of empowerment and solidarity.

**g. Transportation:**

Wilshire Community Services currently operates the Good Neighbor Program which provides volunteer assistance with a number of life supporting services, including, transportation. FSP clients would have access to the Good Neighbor Program and could receive door-to-door transportation at no cost to them. Transportation is available for any location, although priority is given to those who need transportation to locations concerning health and safety.

WCS also works in close collaboration with Ride-On Transportation, Dial-A-Ride, and Senior Shuttles. When possible, clients would receive training and support around how to access public transportation options. A local agency, RideShare, conducts trainings designed for older adults that teach them how to ride the bus and understand the bus schedule. Clients enrolled in FSP would have access to the training and the support of their Case Manager.

The Case Manager would be available to provide transportation in the event that all other options have been exhausted and/or the Case Manager needs to be present for an appointment to assist the client with participating in and benefiting from the appointment.

**h. Benefits Establishment:**

The FSP team would work in collaboration to identify which benefits the clients may be eligible. The Case Manager would work with the client to assist them with advocating for potential benefits and filling out appropriate paperwork.

Often the task of applying for benefits can be overwhelming and cumbersome for older adults. The Case Manager would work alongside clients to break the task down into small steps and would support the client throughout the process.

WCS staff has experience with assisting clients with MediCal applications, "Veteran's Deserve" benefits, housing applications, Disability Eligibility applications, etc.

**i. Housing Assistance:**

WCS staff would work with existing community resources to assist clients with accessing and maintain appropriate and safe housing.

**j. Assistance with access to physical health care:**

WCS staff would work closely with clients to ensure that their physical health care needs are being met. Services may include; helping clients secure a primary care physician; attending medical appointments with the client and helping them to remember the physician's direction and orders; connecting clients to home health needs when appropriate (nurse, physical therapy, occupational therapy, etc).

Medication management and medical follow up is critical when working with older adults. The FSP team would have access to all of the services provided by Wilshire Home Health and would be able to easily connect client with medical staff to address any physical health concerns. Wilshire also has a Medical Director on staff that could provide consultations as needed.

**k. Client/family self-help and peer support services:**

FSP clients would have access to Wilshire Community Services' Caring Callers and Senior Peer Counseling programs. These programs provide peer support and opportunities for engagement with individuals outside of the FSP team.

Engaging and supporting client's family and support systems is a critical piece to successfully working with older adults. Family members that provide care to the older adult population present with high levels of caregiver stress and caregiver burnout. Often times there exists a long history of family dynamics and difficult relationships. When these things are addressed and family members are encouraged and given permission and assistance to set reasonable boundaries, things can improve for both the family and the client.

Families of FSP clients would have access to family therapy, family mediation services, parent/adult child mediation, and caregiver support groups offered through the Alzheimer's Association or Coast Caregiver Resource Center.

**l. Vocational and educational services and/or referrals:**

WCS understands that as older adults are nearing the end of their life they often struggle to maintain a sense of purpose; a feeling that their life has meaning. Often by addressing the vocational goals of clients, clients begin to find purpose and a sense of being important in this world.

WCS would address these needs by providing volunteer opportunities which would allow older adult clients to feel connected, gain new skills or use existing skills, and find enjoyment in doing something for others in need.

WCS would also access volunteers to teach older adult clients new skills such as how to use email, to create a stronger sense of connection to family who may not be close by and to reduce feelings of loneliness.

**m. Support and consultation to clients' families and other major supports:**

Supportive services would be made available to the family members and support systems of FSP clients. With the clients' consent and involvement, family members would be involved in the treatment plan to the level deemed appropriate. Staff would be available to provide education, consultation, and support to the clients' support system.

Through WCS' existing programs, it has become apparent that supporting the family unit and strengthening support systems will improve the long-term benefits of interventions and help to maintain recovery.

**n. Socialization, recreation and faith-based services:**

FSP clients would have several options for accessing socialization and recreational activities. The plan to meet this need would depend on the client's physical ability. With clients who are primarily homebound, a visit from a Caring Caller volunteer may be the most appropriate. WCS would also pull from the client's interest and history to bring things to them that could be healing, such as musicians, art therapy, looking through photo albums, etc.

With the clients who have the physical ability to join in activities, WCS would hold monthly activities in which the clients could participate. This may be a movie night, book club, field trips, or other activities that allow them to engage with life and meet people with whom they may share their experiences and gain support and encouragement.

The FSP team would work with clients to build or rebuild upon spiritual or religious resources that have provided strength throughout life for the clients. Team members would also help older adults seek new foundations of strength or meaning from spiritual or existential sources, realizing that for some older adults, religious concepts may not be of importance or interest.

**o. Interagency Collaboration:**

WCS works very closely with agencies in the County that provide services to older adults. Many of these agencies would be involved with the FSP client and would be available to offer long-term support to assist in the clients' recovery. Some of these agencies may be the Alzheimer's Association, Adult Protective Services, or Senior Homemaker Program.

WCS is well connected in the world of older adult service providers and have many strategic partners. WCS staff understands the typical needs of older adults and have a strong understanding of agencies that address these needs.

**p. Community Partnerships:**

WCS will continue to build partnerships that encourage services designed to address the whole person. WCS will consider the clients' idea of "recovery" and work with community providers to access an array of services.

WCS will also reach out to Community Providers to provide trainings, events, and information so that clients are aware of services available and could advocate for their needs.

**q. Linkage to other resources, as needed:**

Each FSP client would have an assigned Case Manager whose role it is to understand community resource and how to access those resources. The Case Manager would work with clients to identify what resources could be helpful and then assist them with accessing and maintaining those resources.

WCS will keep an up to date resource guide and assist clients with accessing services independently.

**r. N/A**

**s. N/A**

**t. Specialized Interventions for Older Adults:**

The clinical staff at WCS is specially trained in working with Older Adults. Ongoing trainings and best practice research are a standard of practice at Wilshire Community Services. Clinicians would utilize; Life review, address the six-dimensions of aging well, solution-focused practices, and combination of other modalities and interventions.

### **3. Organization**

Wilshire Community Services is an agency operated by Wilshire Health and Community Services, Inc. Wilshire Health and Community Services is a California not for profit, public benefit operating corporation. As a leading provider of comprehensive health care and related services, Wilshire employees serve thousands of patients annually from offices in Los Angeles, Ventura, Fresno, Kings, Tulare, Merced, San Luis Obispo and Santa Barbara Counties. The services provided through Wilshire Health and Community Services share a common goal; to help clients experience better health, a better life, and a better community. With this vision in mind, the mission of Wilshire Health and Community Services is “Helping People Live a Better Life”.

With origins dating back to 1947, Wilshire Health and Community Services had its beginnings as an acute care hospital in Southern California. Today, with an experienced management team and a corporate philosophy that emphasizes quality care and enhanced choice for patients and their families, Wilshire Health and Community Services offers a full range of services including: Wilshire Home Health, Wilshire Hospice, and Wilshire Community Services.

Wilshire Community Services was formed in 1998 when Caring Callers joined the family of Wilshire programs. A few years later, Senior Peer Counseling became part of the Wilshire Programs. Wilshire Community Services soon became a leading provider of services for Older Adults in San Luis Obispo County. In 2008 Wilshire Community Services became a contracted provider under the Mental Health Services Act, Prevention and Early Intervention funding. MHSA allowed Wilshire Community Services to expand Behavioral Health services to include a Marriage and Family Therapist who performed depression screenings and provided individual and group therapy. Over the past 7 years, WCS has been growing and improving the clinical services available through the Older Adult programs. WCS is now the only behavioral health service agency that focuses solely on services to older adults. The staff and management at WCS are dedicated and committed to improving the quality of life of Older Adults in our community. The services provided by WCS are professional, accessible, and have a track record of proven success.

### **4. Project Description**

#### **a. Summary of Approach:**

The overarching principles of Wilshire’s Older Adult FSP program would be to:

- help clients engage in activities that are meaningful, foster healthy interdependence, and/or give back to the community;
- provide a sense of support and connectedness in the world;
- involve families and support systems in clients’ treatment and recovery in the most helpful way possible;
- have available an FSP team member who is known to the client to provide crisis services 24/7;
- provide supports that minimize the need for psychiatric hospitalizations;
- reduce presently occurring abuse as well as the potential for future abuse of older adult clients;
- minimize clients’ interactions with law enforcement;
- promote and model the belief in wellness and recovery;
- help older adult clients progress in their recovery and achieve growth in self-reliance

With these principles in mind, Wilshire Community Service's Older Adult Full Service Partnership Program would provide intensive supportive and therapeutic interventions to older adults age 60 and over. The approach taken by Wilshire Community Service would embrace the "whatever it takes" approach established by Full Service Partnerships. The goal of the program would be to include the clients and their support systems to create and deliver a service plan that is in line with their own goals and definitions of wellness. Wilshire Community Services would incorporate the following Guiding Principles of MHSA:

**Client and family driven system of care:**

The core of Wilshire's Older Adult FSP Program would be client participation. Especially when working with an older adult client, their involvement and agreement with set goals is critical. Older adults have often lost or significantly forgotten their sense of empowerment. By allowing clients the room to be their own experts in care and allowing them to create their own plan for wellness, clients can feel empowered and in control of their destiny. It also allows for realistic goals based on how the client defines "success" and "recovery". For the client "recovery" may mean living independently or feeling a sense of purpose; by allowing the client to define their own goals, they are more likely to feel a sense of connection to the service plan and feel as though it is important to follow set goals and steps.

Wilshire Community Services has also had the opportunity through an MHSA Innovation project to see the positive results that can be achieved when a care management team comes together to support clients. This is why WCS would work diligently to include client's support systems, including physicians, family members, caretakers, etc. WCS would also work with collateral contacts such as neighbors, service providers, etc to prevent communication breakdowns and encourage support of the clients' treatment plans.

Clients would also have the opportunity to volunteer for WCS programs and in this way establish a sense of purpose, connection to their community, and a feeling of camaraderie with their fellow volunteers.

**Integrated service experiences**

WCS provides all services in the home of clients or in places designated by the client as being comfortable to them. In this way, access to services is not restricted. WCS realizes that when people feel as though they are on the edge of a crisis, they need and want immediate services. WCS responds to each referral received in a timely manner. All referrals receive follow up of some type within 24 hours and face to face contact by a clinician being made within 72 hours of receiving the referral. All clients are approached as individuals with unique needs, desires, and strengths. WCS strives to provide services that are inclusive not exclusive. There are very few eligibility requirements to receive services; the requirements that are in place are there to ensure that the target population is able to receive services. WCS strives to serve each client through one of the programs available on our continuum and/or to offer community resources that may be more appropriate to meet a specific need. WCS is a member of the American Society on Aging, the National Senior Peer Counseling Association, the Adult Services Policy Council, and the Adult Abuse Prevention Council. WCS stays aware of best practices and latest research and incorporates changes as necessary to provide the highest quality of service to clients.

WCS has a continuum of services available to older adult clients. Clients would have access to all of the services and have the ability to decide which services would best fit into their treatment plan. WCS would also assist the FSP clients with accessing services outside of the WCS umbrella. Every client receives a bio/psycho/social assessment that incorporates dual diagnosis and other presenting issues that could impact recovery. The assessments are routinely reviewed with clients

and modified as needed. Additional supports may be added when deemed necessary or scaled back when the client is experiencing decreased symptoms and ready to establish more independence.

**Cultural Competence:**

Wilshire Community Services is uniquely qualified to provide FSP services to older adults. WCS has a track record of successful programming for older adults and a trained staff that is comfortable with, familiar with and skilled at incorporating a variety of elements and approaches into the work that is done with older adults. WCS clinicians are trained to consider all elements of a client's culture and to build cultural responsiveness into every interaction they have with clients. The Older Adult FSP Team would encourage and support clients to express and incorporate their own values and beliefs into the treatment plan.

By using a multidiscipline team and support system, there is a variety of viewpoints and cultural beliefs that can be accessed to test whether or not the proposed treatment plan adheres to cultural responsiveness. Changes to the plan can be made if they no longer meet the clients' needs or no longer reflect the clients' own set of beliefs and values.

All employees of Wilshire Community Services are required to complete a Cultural Competency Training as well as a Harassment Prevention Training. Annual employee evaluations provide a scoring section that is based on an employee's ability to integrate cultural competency into their work; this highlights Wilshire Community Services' belief that Cultural Competency is key in successfully working with clients.

Wilshire Community Services has been successful in using peer relationships to provide mental health services to clients. Peer to peer contact has been proven to be effective when trying to quickly establish trust with a client. Wilshire Community Services will make available peer support rather through direct service or through connection to other community partners.

**Focus on Wellness**

In order to stimulate health and wellness in older adults, the approach of the Older Adult FSP Program would be to focus on the unique circumstances of each situation by viewing the issues in a holistic manner that considers the entire person rather than a singular diagnosis or issue.

Wilshire Community Services would conduct all FSP activities with the belief that Older Adults can and will achieve wellness. Even if the older adult has been struggling with mental illness their entire life; there still exists an opportunity for that individual to experience a quality of life that equals wellness for them.

The priorities of the program would emphasize client inclusion, hope, empowerment, choice, self-determination, self-responsibility, pursuit of quality-of-life goals, experiencing non-patient roles, cultural competency, and individualization of services.

When forming a treatment plan, six recognized dimensions of wellness will be considered. Each of these dimensions works in unison to create an environment where positive aging is possible. The six dimensions include:

- **Emotional:** feelings, managing stress, transitioning
- **Intellectual:** stimulated mind and mental capacity
- **Purposeful:** contributing using ones skills and abilities
- **Physical:** taking action to maintain health
- **Social:** connecting and interacting
- **Spiritual:** exploring and confirming meaning to life

The FSP Team will work to address each of these six dimensions by:

- Performing holistic assessments that utilize observations, personal accounts, and history to document the individual's current level of wellness and to make recommendations for improved wellness.
- Challenge ageist attitudes amongst older adults and their support systems.
- Direct outcomes to improve health, function, and quality of life.
- Empower and encourage older adults to maintain appropriate self-care.
- Promote wellness for caregivers and support systems.

### **Community Collaboration**

Wilshire Community Services recognizes that in order to truly support the long-term wellness of older adults, other community resources are necessary. Wilshire Community Services has worked diligently to build relationships with community partners and has a history of collaboration when it is in the best interest of clients and their support systems. Past collaborations include: offering therapy groups to clients of the Alzheimer's Association who were recently diagnosed with a cognitive disorder; working with Transitions-Mental Health Association to offer a community training on aging and mental health; and WCS receives referrals and works in close collaboration with Adult Protective Services, the Long-Term Care Ombudsman, hospitals and local medical care providers, and other service providers in San Luis Obispo County.

### **b. Target Population**

Wilshire Community Services Older Adult FSP Program would provide comprehensive and intensive mental health and supportive services to older adults age 60+ who are unserved or underserved by current systems; have high risk conditions such as co-occurring, medical, or drug and alcohol issues; suicidal thoughts; suffer from isolation or homelessness; and are at risk of inappropriate or premature out-of-home placement.

The FSP program will serve clients throughout San Luis Obispo with services being offered in the home of clients or in locations designated as most comfortable by the client.

Client's enrolled in the Older Adult FSP program will be considered a high level of risk and in need of intensive case management and other support services.

### **c. Work Plan (To follow next page)**

WILSHIRE COMMUNITY SERVICES  
OLDER ADULT FULL SERVICE PARTNERSHIP PROGRAM

**Project Goal Statement:** To offer intensive interventions through a range of services and supports based on each individual's needs.

**OUTCOME #1:** Utilize current staff to build the Older Adult FSP

**OUTCOME #1 WORKPLAN**

Activity	Resources	Time Frame	Responsible Person	Anticipated Outputs
<i>WCS will identify existing staff that exhibit the skills and experience to service clients of the Older Adult FSP Program.</i>	<ul style="list-style-type: none"> <li>▪ Human Resources</li> <li>▪ Existing staff</li> </ul>	6/1/2015 – 7/1/2015	Traci Mello	<i>A fully staffed FSP program that includes staff with experience necessary to easily transition current FSP case load.</i>
<i>Design and organize standard policies and procedures utilizing current best practices used by Wilshire Community Services</i>	<ul style="list-style-type: none"> <li>▪ Existing policies</li> <li>▪ Innovation data</li> </ul>	7/1/2015-8/15/15	Traci Mello	<i>A standard handbook to be used by team members and shared with client and/or support systems.</i>

**OUTCOME #1 EVALUATION PLAN**

Outcome #1: Outcome Indicator(s)	Data Collection Method and Timeframe
<ul style="list-style-type: none"> <li>• The successful creation of a skilled, trained, and appropriate FSP team</li> <li>• Policies and procedures that guide the work of team members and assure adherence to FSP program goals and practices.</li> </ul>	<ul style="list-style-type: none"> <li>• Regular review of staff to ensure that qualification requirements are met</li> <li>• Review of policies and procedures</li> </ul>

**OUTCOME #2:** Create policies and procedures; forms and publications; and create processes for data entry and data reporting

**OUTCOME #2 WORKPLAN**

<b>Activity</b>	<b>Resources</b>	<b>Time Frame</b>	<b>Responsible Person</b>	<b>Anticipated Outputs</b>
<i>WCS will work closely with SLO County Behavioral Health to gain a thorough understanding of necessary documentation.</i>	<ul style="list-style-type: none"> <li>▪ <i>SLO County Behavioral Health</i></li> <li>▪ <i>Experience with creating patient forms and knowledge of required information</i></li> </ul>	<i>6/1/2015 to 7/1/2015</i>	<i>Traci Mello</i>	<i>Forms that allow for accurate and relevant record keeping</i>
<i>WCS will ensure access to and train staff to use Database</i>	<ul style="list-style-type: none"> <li>▪ <i>SLO County Behavioral Health</i></li> <li>▪ <i>Information Technology Department at WCS</i></li> </ul>	<i>7/1/2015 to 8/1/2015</i>	<i>Traci Mello Director of IT (WCS)</i>	<i>Ability to enter and access data</i>
<i>WCS will create any necessary forms to ensure that documentation is thorough and meets all of the necessary requirements</i>	<ul style="list-style-type: none"> <li>▪ <i>Experience creating forms for new programs</i></li> </ul>	<i>6/1/2015 to 7/30/2015</i>	<i>Traci Mello VP of Business Development (WCS)</i>	<i>Forms that meet the needs of the program and SLO County Behavioral Health</i>

**OUTCOME #2 EVALUATION PLAN**

<b>Outcome #2: Outcome Indicator(s)</b>	<b>Data Collection Method and Timeframe</b>
<ul style="list-style-type: none"> <li>• 100% of required information will be captured and stored in a confidential and safe manner.</li> <li>• Data reporting to SLO County Behavioral Health will be timely, accurate, and appropriate</li> <li>• Clients will have more access to available mental health services.</li> </ul>	<ul style="list-style-type: none"> <li>• Review data with SLO County Behavioral Health</li> <li>• 30 day evaluation of data collection and reporting methods to ensure appropriateness</li> </ul>

**OUTCOME #3:** Individuals currently enrolled in existing Older Adult FSP Program experience immediate response and support through the transition.

**OUTCOME #3 WORKPLAN**

Activity	Inputs	Time Frame	Responsible Person	Anticipated Outputs	Progress Reporting <i>(Complete for Progress Report Only)</i>
<i>Arrange for face to face meetings with all currently enrolled clients for purpose of rapport establishment and to help clients feel comfortable with change in administration.</i>	<ul style="list-style-type: none"> <li>▪ <i>FSP team members working together to obtain existing client information and perform outreach tasks.</i></li> </ul>	<i>7/1/2015 to 8/1/2015</i>	<i>FSP Team</i>	<i>Clients express an understanding of administration change and a feeling of comfort with current team members. At the end of the initial 30 day period of transfer, clients will show little to decrease in feelings of wellness and stability.</i>	<i>Clients self report and psychological testing comparisons.</i>

**OUTCOME #3 EVALUATION PLAN**

Outcome #3: Outcome Indicator(s)	Data Collection Method and Timeframe
<ul style="list-style-type: none"> <li>• 100% of existing Older Adult FSP clients will receive face to face contact by Wilshire Community Services Older Adult FSP Clinician.</li> <li>• 90% of existing Older Adult FSP clients will report feelings of ease and comfort with the transition to WCS.</li> </ul>	<ul style="list-style-type: none"> <li>• Client surveys and reports</li> <li>• Psychological testing to establish baseline and changes throughout the course of service delivery</li> </ul>

**OUTCOME #4:** Identify strategic partners and build collaborative relationships

**OUTCOME #4 WORKPLAN**

Activity	Inputs	Time Frame	Responsible Person	Anticipated Outputs	Progress Reporting (Complete for Progress Report Only)
<i>Identify community organizations, individuals, an resources that are likely to utilize FSP Services</i>	<ul style="list-style-type: none"> <li>▪ <i>WCS staff is knowledgeable about resources in the community and has established relationships with various organizations throughout the County.</i></li> </ul>	<i>7/1/2015 to 9/30/2015</i>	<i>Traci Mello</i>	<p><i>Collaborative projects to address the on-going needs of individual.</i></p> <p><i>Improve relationships with service providers in the community</i></p>	<p><i>Monitor options available to clients</i></p> <p><i>Be mindful of strategic partnerships and relationships with other service providers</i></p>
<i>Community Outreach and Engagement</i>	<ul style="list-style-type: none"> <li>▪ <i>Marketing &amp; Outreach Director</i></li> <li>▪ <i>Website and Social Media presence</i></li> </ul>	<i>7/1/2015 to 12/31/2015</i>	<i>Traci Mello Marketing and Outreach Coordinator</i>	<i>Increased public awareness and understanding of FSP services including how to access services and what to expect from services</i>	<i>Surveys can be administered to test public awareness at the start of program and again at the end of 2015.</i>

**OUTCOME #4 EVALUATION PLAN**

Outcome #3: Outcome Indicator(s)	Data Collection Method and Timeframe
<ul style="list-style-type: none"> <li>• The formation of at least three (3) strategic partners</li> <li>• A resource list that includes options for all age groups</li> </ul>	<ul style="list-style-type: none"> <li>• A review of strategic partnerships</li> <li>• Review of resources available</li> </ul>

**OUTCOME #5:** Increase the capacity of the Older Adult FSP Program from 15 clients to 30. This number will be increased incrementally over a three period and will eventually maintain a goal of 30 clients served a year.

**OUTCOME #5 WORKPLAN**

Activity	Inputs	Time Frame	Responsible Person	Anticipated Outputs	Progress Reporting <i>(Complete for Progress Report Only)</i>
<i>Identify existing County Behavioral Health clients that are appropriate for and could benefit from Older Adult FSP services</i>	<ul style="list-style-type: none"> <li>▪ <i>WCS staff would work in close collaboration with County Behavioral Health to identify Older Adult clients who frequently utilize services and/or seem to need more intensive services to maintain wellness.</i></li> </ul>	<i>8/1/2015 to 1/1/2016</i>	<i>FSP Team</i>	<i>Client case load of 20clients</i>	<i>Output reports</i>
<i>Community Outreach and Engagement to encourage knowledge of program and referrals from community partners</i>	<ul style="list-style-type: none"> <li>▪ <i>Marketing &amp; Outreach Director</i></li> <li>▪ <i>Website and Social Media presence</i></li> </ul>	<i>9/1/2015 to 1/1/2016</i>	<i>Traci Mello Marketing and Outreach Coordinator</i>	<i>Increased public awareness and understanding of FSP services including how to access services and what to expect from services</i>	<i>Monitor and report on number of referrals received from the community and community partners</i>
<i>Maintain a successful staff to client ratio</i>	<ul style="list-style-type: none"> <li>▪ <i>Ensure that each client has access to individualized and regularly provided services.</i></li> <li>▪ <i>Utilize a combination of FSP team members (therapist, case manager, AOP, etc) to ensure client is seen regularly.</i></li> <li>▪ <i>Hire additional staff as needed.</i></li> </ul>	<i>On going after 7/1/2015</i>	<i>Traci Mello FSP Team</i>	<p><i>Clients receiving quality, individualized service in a timely manner.</i></p> <p><i>Clients have contact with FSP team members that are genuine, warm, and familiar to them.</i></p>	<p><i>Routine review of number of visits received by clients</i></p> <p><i>Client self reported regarding feelings of being supported</i></p>

## OUTCOME #5 EVALUATION PLAN

Outcome #3: Outcome Indicator(s)	Data Collection Method and Timeframe
<ul style="list-style-type: none"><li>• Increase caseload to 20 clients in 2015, 25 clients in 2016, and 30 clients in 2017.</li><li>• Increase referrals received from the community and community partners</li></ul>	<ul style="list-style-type: none"><li>• Review of clients served, intakes completed, service engagements completed, and number of referrals received.</li><li>• Client satisfaction surveys</li><li>• Review of caseload management abilities with priority being placed on “is the FSP team able to do whatever it takes with the current size of the case load”. Adjustments will be made as needed.</li></ul>

## On-Going Work Plan/Goals to be Established 7/1/2015

Year One Goal: Enroll and serve 20 clients into the Older Adult FSP

Year Two Goal: Serve 25 clients through the Older Adult FSP

Year Three Goal: Serve 30 clients through Older Adult FSP

### Service Goals:

- 100% of newly referred clients will be contacted by Wilshire Community Services within 24 hours of receiving initial referral.
- 100% of newly referred clients will receive a face to face intake assessment by a licensed clinician within 72 hours of receiving initial referral. Responses to hospitals, emergency rooms, urgent care centers, inpatient hospitals, and other institutional settings will be given priority and face to face contact initiated within 24 hours of receiving referral information.
- 80% of direct services will be provided in the field.
- 100% of enrolled OA FSP client will receive, at a minimum, a face to face monthly check-in by their assigned Case Manager.
- During the first 6 months following enrollment, 100% of clients will receive weekly therapy session with their therapist.
- At the 6 month mark, 100% of clients will be reassessed by clinician to see if frequency of sessions can be decreased and/or if other therapeutic interventions could be initiated (Peer Counseling, Family Therapy, etc).
- 100% of enrolled OA FSP clients will receive a minimum of 4 service engagements a month (a "service engagement" is supportive services such as transportation, house work, shopping and errands, etc).

### Outcome Goals:

- Clients will present with a 25% reduction in the presentation of symptoms at the end of 6 months following enrollment.
- Clients will present with a 75% reduction in the presentation of symptoms at the end of 1 year following enrollment.
- Clients will report a higher overall satisfaction with life as a result of participating in the OA FSP.
- Clients will set their own goals for recovery and benchmarks will be set and monitored for each goal established.

### Programmatic Goals:

- Decreased the need for institutionalized care by 80%
- Decrease involvement with law enforcement by 90%
- Decrease incidence of homelessness by 90%

## **Team Qualifications and Professional Experience**

Wilshire Community Services includes a dynamic team of professionals. The Older Adult Full Service Partnership would include:

### **Traci Mello - Administrator**

Traci Mello is a Marriage and Family Therapist with over 10 years of experience working with older adults. Traci has been with Wilshire Community Services for five years and currently serves as the Director of Senior Services. In this capacity, Traci oversees 4 programs and was instrumental in increasing the clinical competency of these programs. Traci was also responsible for managing and developing The Good Neighbor Program when it was introduced to San Luis Obispo. Traci has experience with program development including hiring staff, managing a budget, and monitoring outcomes. Traci also serves as the Clinician assigned to Wilshire's Clearings program and in this capacity, Traci provides depression screenings to older adults and individual therapy for those clients presenting with symptoms of depression and having an acute need for treatment.

Prior to joining the team at WCS, Traci worked as a Social Services Practitioner for Adult Protective Services in Santa Barbara County. As an APS Social Services Practitioner, Traci was responsible for responding to and investigating reports of adult physical, sexual and financial abuse as well as neglect, abandonment, isolation and other mental or emotional abuses or self-neglect. The Practitioner level Social Worker is assigned the most complex APS cases; including, situations involving dual diagnosis, hoarders, complex financial situations, severe family dysfunction, and clients with repeated APS history. Traci was responsible for developing and implementing short-term service plans; providing, when necessary, counseling to clients and adult children. Work to enhance the development of healthy family functioning and support; monitor progress as appropriate to assure objectives have been adequately met; act on behalf of the aged or dependent adult to make referrals to community resources.

Traci will work as a secondary therapist to FSP clients. The goal of Wilshire Community Services is to increase the number of clients served; adding a part-time therapist will allow for an increased case load with the same individualized and intensive treatment.

### **Jessica Devereaux, Case Manager**

Jessica has seven years of experience as a Case Manager working with Older Adults. Jessica has extensive knowledge of resources available in the community. Jessica serves as an advocate to her clients and has the ability to quickly build and maintain rapport.

Jessica would be the assigned Case Manager for any client enrolled into the Older Adult FSP Program. Jessica would help to facilitate access to on-going resources and would follow-up with clients on a regular basis. Jessica would build a strong relationship with clients so that they feel comfortable, safe, and a part of the team at Wilshire Community Services.

### **Jennifer Kaplan, Administrative Office Professional**

Jennifer Kaplan has three years of experience working with individuals in substance abuse treatment programs. During her time with Intervention Institute in Thousand Oaks, Jennifer provided counseling, case management, program assistance, and group counseling. Jennifer has experience working with a diverse population.

Jennifer will work as the Administrative Office Professional and will be responsible for maintaining a warm and welcoming environment that is sensitive too and designed to meet the comfort needs of clients. Jennifer will act as the point of first contact for anyone calling into the office or visiting our offices. Jennifer will also be instrumental in the data tracking and reporting portion of this

program. She will also be involved in the design and implantation, using her unique knowledge to inform policies and procedures. Jennifer will work closely with the Case Manager and offer Case Management support as needed.

**Michelle Blanc, Clinical Supervisor**

Michelle Blanc is a Licensed Clinical Social Worker with experience at California Men’s Colony. Michelle will be instrumental in training and supervising staff to work with individuals who are involved in the criminal justice system. While at the California Men’s Colony, Michelle was responsible for performing suicide assessments and intervening when there seemed to be a risk for harm. Michelle has over 4 years of experience as a Social Worker and has supervised clinical staff. Michelle also lives and has worked in North County and is familiar with resources in that area.

**5. Data Collection and Performance Measurement**

- a. Wilshire Community Services would work in accordance with the goals established and outlined in the MHSA Annual Update and Three Year Expenditure Plan. The goals are as follows:
- Provide culturally sensitive mental health services that assist individuals in maintain their recovery in the community with the greatest level of independence possible.
  - Reduce the subjective suffering from serious mental illness for older adults.

Wilshire Community is well positioned to meet these goals. Wilshire Community Services has a highly trained and skilled staff with years of combined experience working with older adults in a variety of settings. Wilshire Community Services respects and remembers that self-determination should also be priority one when working with older adults. It is this belief that allows the work to be appropriate, accessible, and effective.

Wilshire Community Services also has a deep and researched understanding about the gaps that exist in services for older adults. It is these gaps that often prevent long-term recovery. Wilshire Community Services has worked to close existing gaps by adding programmatic elements and/or building community collaborations that provide important, life-sustaining services.

The idea of providing “culturally sensitive mental health services” also includes providing services to older adults who may present with cognitive impairment in addition to mental health concerns. Working with a population that presents with both mental and cognitive concerns takes a unique and skilled approach. Wilshire Community Services is well trained and experienced in working with older adults with a variety of disabilities and presenting issues. The transition to WCS would be smooth and produce positive results.

- b. WCS will work accordance with the key outcomes established and outlined in the MHSA Annual Update and Three Year Expenditure Plan The outcomes are as follows:
- Decrease hospitalizations
  - Decrease jail days
  - Decrease homelessness
  - Decrease incidence of elder abuse

In addition, Wilshire Community Services establishes the following key outcomes based on services provided and data collected through existing WCS programs that serve older adults. Data suggests that a critical result of untreated mental health issues results in more frequent incidences of elder abuse. Data also suggests that one of the most underserved older adults populations are those who also present with some level of cognitive impairment:

- Decrease incidences of elder abuse
  - Increase access to appropriate services for those individuals experiencing issues related to a mental health diagnosis AND issues related to a cognitive health diagnosis.
- c. Wilshire Community Services establishes the following program objectives
- Reduce homelessness/maintain suitable housing
  - Reduce or eliminate need for crisis services
  - Reduce or eliminate acute psychiatric and/or medical hospitalizations
  - Reduce substance abuse/dependence to a level that no longer is harmful to the client or the community.
- d. Measurement tools will include:
- Baseline assessments that will be compared to assessments administered every 30 days by a clinician.
  - Case Consultation meetings with FSP team members. Quarterly progress reports to be completed by FSP clinician.
  - Feedback surveys provided to Full Service partners including the clients, support systems, and wellness partners. This would allow for the monitoring and tracking of satisfaction.
  - Reduction in the need for psychiatric hospitalizations.
    - Follow-up assessment to determine; access to on-going services, current symptom presentation, and effectiveness of treatment plan.
- e. The FSP administrator will be responsible for gathering and reporting data. Tasks will include; reviewing documentation, ensuring that data is entered appropriately into database, ensure that follow-up procedures and documentation are completed accurately. The Administrator will stay in contact with County Behavioral Health and will provide all requested reports and documentation in a timely manner. The Administrator will provide, at a minimum:
- Quarterly Progress Reports within 30 days of the end of each quarter;
  - An Annual Progress Report with 30 days of the end of the fiscal year;
  - Any MHPA Progress or Evaluation Report that is required, and/or as may be requested by the County.

## **6. Organizational Capacity**

- a. Wilshire Community Services is currently a contracted provider of Mental Health Services Act Prevention and Early Intervention Services. WCS operates Caring Callers, Senior Peer Counseling, and Clearings; all of these programs are part of the Older Adult initiative. The programs under Wilshire Community Services provide critical mental health support to older adult adults who are experiencing a disruption in their sense of well-being. Services are primarily provided by volunteers with oversight provided by a trained clinician. The Clearings program does not utilize volunteer support, services are solely provided by a professional clinician. The services provided by WCS' PEI programs include: case management, social engagement, peer counseling, individual and group therapy and resource connection.

Through the Clearings program, a clinician performs screenings for depression at places where seniors natural gather (e.g. nutritional sites, senior living environments, etc). The clinician performs immediate assessments and appropriate follow-up based on the results of the screening. The programs of Wilshire Community Services create a natural continuum where clients are able to receive the right level of support at the right time in their lives.

Wilshire Community Services also worked with SLO County Behavioral Health to administer an Innovation Project called "Older Adult Family Facilitation". The goal of this project was to provide intensive Case Management, therapeutic support, and team decision making as a way of serving older adult clients who would traditionally present as being "outside the scope" of existing programs. The project encouraged clients to take charge of their own service needs and the Case Manager worked in close collaboration with the clients to determine; who they wanted on their care team, what goals they would like to reach; and what steps they were willing/able to take to reach those goals. Care team meetings were arranged every month and clients were encouraged to participate. Goals were reviewed; gaps in services addressed; and care plans created to support the long-term wellness of clients. This project discovered the many gaps that exist in services available to older adults and also paved the way for best practice and interventions when working with older adults with intensive and extensive needs.

In addition to the partnership with SLO County Behavioral Health; Wilshire Community Services also has a partnership with Ride-On Transportation Services through the Good Neighbor Program which provides supportive services to older adults and adults with disabilities (including disabilities related to mental health). The Good Neighbor Program utilizes volunteers to make available assistance with transportation, yard work, housework, and shopping and errands. These resources are critical, without these types of supports; many people would be unable to access the help they need to remain well. Services through the Good Neighbor Program would be readily available to those clients who are encountered through the CCRT and who need supportive services in order to access ongoing behavioral health services.

- b. Wilshire Health and Community Services currently operates a large Home Health agency and a Hospice Agency. The field Nurses and Social Workers are equipped with technology that allows for the immediate entry of critical data entry. This technology and technology support is available to WCS staff and would be available to the FSP team. The FSP team would receive equipment that could be utilized in the field (i.e. laptops, cell phones, etc). Wilshire Health and Community Services adheres to HIPAA regulations and all forms of electronic records are HIPAA compliant.
- c. Wilshire Health and Community Services includes a billing and finance team that would directly support the FSP Program. Wilshire also has a Director of Finance that would coordinate all of the billing to SLO County Behavioral Health as well as monitor expenditures and income. (Last audited financial statements are included after the references)
- d. **References**
  - 1. Mark Schaffer, Executive Director, Ride-On Transportation Services  
Address: 3620 Sacramento Drive, San Luis Obispo, CA 93401  
Phone:(805) 541-8747  
Email: [Shaftmt@aol.com](mailto:Shaftmt@aol.com)
  - 2. Phyllis Sorensen, Consumer, Good Neighbor Program/Clearings Program  
Address: 2450 Chamisal Lane, Arroyo Grande, CA 93420  
Phone: 805-489-4082
  - 3. Kym Kusko, Adult Protective Services  
Address: 3433 South Higuera Street, San Luis Obispo, CA  
Phone: 805-781-1780

WILSHIRE COMMUNITY SERVICES, INC.

FINANCIAL STATEMENTS

JUNE 30, 2014 AND 2013



EDWARD WM. GORELICK, C.P.A.  
BRANT C. WEIGAND, C.P.A.  
BRUCE BURG, C.P.A.  
WILLIAM L. OSBORN, C.P.A.  
TERI S. YOON, C.P.A.  
GENE SKYLAR, C.P.A.

DAVID S. USLANER, C.P.A.

## INDEPENDENT ACCOUNTANTS' COMPILATION REPORT

Board of Directors  
Wilshire Community Services, Inc.  
San Luis Obispo, California

We have compiled the accompanying statements of financial position of Wilshire Community Services, Inc. (a non-profit organization) as of June 30, 2014 and 2013 and the related statements of activities and changes in net assets (deficit) for the years then ended. We have not audited or reviewed the accompanying financial statements and, accordingly, do not express an opinion or provide any assurance about whether the financial statements are in accordance with accounting principles generally accepted in the United States of America.

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of financial statements.

Our responsibility is to conduct the compilation in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The objective of a compilation is to assist management in presenting financial information in the form of financial statements without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the financial statements.

Management has elected to omit substantially all of the disclosures and the statements of cash flows required by accounting principles generally accepted in the United States of America. If the omitted disclosures and the statements of cash flows were included in the financial statements, they might influence the user's conclusions about the Organization's financial position, changes in net assets, and cash flows. Accordingly, these financial statements are not designed for those not informed about such matters.

Sherman Oaks, California  
November 7, 2014

WILSHIRE COMMUNITY SERVICES, INC.

STATEMENTS OF FINANCIAL POSITION

JUNE 30, 2014 AND 2013

	<u>A S S E T S</u>	
	<u>2014</u>	<u>2013</u>
<b>CURRENT ASSETS:</b>		
Cash	\$ 7,595	\$ 18,195
Accounts receivable	22,697	43,360
Prepaid expenses and other costs	<u>8,156</u>	<u>5,510</u>
Total Current Assets	<u>38,448</u>	<u>67,065</u>
<b>PROPERTY AND EQUIPMENT - at cost:</b>		
Furniture, fixtures and equipment	41,207	40,343
Less accumulated depreciation	<u>33,135</u>	<u>26,643</u>
Total Property and Equipment - net	<u>8,072</u>	<u>13,700</u>
<b>OTHER ASSETS:</b>		
Deposits	1,000	605
Endowment investments	<u>10,500</u>	<u>10,500</u>
Total Other Assets	<u>11,500</u>	<u>11,105</u>
	<u>\$ 58,020</u>	<u>\$ 91,870</u>
 <b><u>LIABILITIES AND NET ASSETS (DEFICIT)</u></b>		
	<u>2014</u>	<u>2013</u>
<b>CURRENT LIABILITIES:</b>		
Trade accounts payable	\$ 3,309	\$ 1,805
Deferred revenues	9,727	2,537
Due to affiliate	<u>705,529</u>	<u>595,925</u>
Total Current Liabilities	<u>718,565</u>	<u>600,267</u>
<b>NET ASSETS (DEFICIT):</b>		
Unrestricted	(672,054)	(519,255)
Temporarily restricted	1,009	358
Permanently restricted	<u>10,500</u>	<u>10,500</u>
Total Net Deficit	<u>(660,545)</u>	<u>(508,397)</u>
	<u>\$ 58,020</u>	<u>\$ 91,870</u>

See independent accountants' compilation report.

**WILSHIRE COMMUNITY SERVICES, INC.**  
**STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS (DEFICIT)**  
**FOR THE YEARS ENDED JUNE 30, 2014 AND 2013**

	2014			2013		
	Unrestricted	Temporarily Restricted	Permanently Restricted	Unrestricted	Temporarily Restricted	Permanently Restricted
<b>OPERATING REVENUES:</b>						
Client services	\$ 376,221		\$ 376,221	\$ 452,864		\$ 452,864
Grant income	32,894		32,894	34,827		34,827
Other	1,481		1,481	2,475		2,475.00
<b>Total Revenues</b>	<b>410,596</b>	<b>-</b>	<b>410,596</b>	<b>490,166</b>	<b>-</b>	<b>490,166</b>
<b>OPERATING EXPENSES:</b>						
Administrative and general	507,298		507,298	466,242		466,242
Occupancy -						
Depreciation	6,492		6,492	7,799		7,799
Rent	59,830		59,830	62,431		62,431
<b>Total Operating Expenses</b>	<b>573,620</b>	<b>-</b>	<b>573,620</b>	<b>536,472</b>	<b>-</b>	<b>536,472</b>
<b>Net Operating Loss</b>	<b>(163,024)</b>	<b>-</b>	<b>(163,024)</b>	<b>(46,306)</b>	<b>-</b>	<b>(46,306)</b>
<b>NON-OPERATING REVENUES (EXPENSES):</b>						
Charitable contributions	6,745		6,745	4,224		4,224
Special events revenue	8,994		8,994	13,321		13,321
Special events expenses	(4,822)		(4,822)	(14,156)		(14,156)
Fundraising and development	(1,519)		(1,519)	(1,810)		(1,810)
Interest	469	\$ 1,009	1,478	452	\$ 358	810
Net assets released from restrictions	358	(358)	-	-	-	-
<b>Total Non-Operating Revenues</b>	<b>10,225</b>	<b>651</b>	<b>10,876</b>	<b>2,031</b>	<b>358</b>	<b>2,389</b>
<b>Increase (Decrease) in Net Assets</b>	<b>(152,799)</b>	<b>651</b>	<b>(152,148)</b>	<b>(44,275)</b>	<b>358</b>	<b>(43,917)</b>
<b>NET ASSETS (DEFICIT) - beginning of year</b>	<b>(519,255)</b>	<b>358</b>	<b>(508,397)</b>	<b>(474,980)</b>	<b>-</b>	<b>\$ 10,500</b>
<b>NET ASSETS (DEFICIT) - end of year</b>	<b>\$ (672,054)</b>	<b>\$ 1,009</b>	<b>\$ (660,545)</b>	<b>\$ (519,255)</b>	<b>\$ 358</b>	<b>\$ (508,397)</b>

See independent accountants' compilation report.

## **7. Cultural Competence**

Wilshire Health and Community Services is dedicated to providing quality service to any individual in need regardless of their race, ethnicity, gender, sexual orientation, primary language, spiritual life, age, or physical condition. While the quality of the service remains the same regardless of culture, the approach used with clients and families takes into account the unique cultural needs of the individuals being served and in that way recognizes that these differences are important and should be considered in the delivery of service.

The programs of Wilshire Community Services are designed to serve individuals who are typically marginalized and under served. The programs under the Senior Services Division serve individuals 60+ and the Good Neighbor Program serves individuals 60+ and any adult 18+ with a disability. The staff and volunteers are highly skilled in working with individuals in such a way that honors their unique situations and incorporates their values, beliefs, and goals in each interaction.

All employees of Wilshire Community Services are required to complete a Cultural Competency Training as well as a Harassment Prevention Training. Annual employee evaluations provide a scoring section that is based on an employee's ability to integrate cultural competency into their work; this highlights Wilshire Community Services' belief that Cultural Competency is key in successfully working with clients.

Wilshire Community Services has been successful in using peer relationships to provide mental health services to clients. Peer to peer contact has been proven to be effective when trying to quickly establish trust with a client. Wilshire Community Services will make available peer support rather through direct service or through connection to other community partners.

*Appendices to follow:*



**b. Budget Narrative**

I. Salary: \$137,260

Administrator/Part-time Therapist	1 - .50 FTE	\$39,520
OA FSP Therapist	1 FTE	\$52,000
OA FSP Case Manager	1 FTE	\$45,760
OA AOP	1 FTE	\$31,200
Case Aide	1 - .50 FTE	\$15,600

- II. Payroll Tax: 8% of total salary
- III. PTO: 7% of total salary
- IV. Health Insurance: 25% of total salary
- V. Workmen’s Compensation: total salary/100 x 51%
- VI. Billing Services: Includes billing to CenCal, private insurance, MediCare and any other billing services. Estimated based on goals of service delivery and estimate client contacts each month.
- VII. Travel: Includes mileage reimbursement for field-based services and transportation services provided to clients by staff.
- VIII. Office Supplies: based on previous expenditures. Expected to be higher in first year during the setup phase.
- IX. Telephone: based on previous expenditures and adjusted to meet the increased staff configuration.
- X. Client Supports: funds to be used for tangible services necessary to meet clients’ needs (emergency housing support, clothing, food, utilities, etc). Estimated at a \$500 allotment per client served.
- XI. Purchased Services: expenses related to translation and interpreter services as needed to work with clients who speak various languages.
- XII. Dues & Subscriptions: professional association dues
- XIII. Accounting and Auditing: this includes services such as payroll, invoicing, and monitoring expenditures and income. This also covers auditing expenses and is based on previous years.
- XIV. Taxes & Licenses: professional licenses dues and necessary taxes
- XV. Meetings, Trainings, Conferences: training expenses are expected to be higher in the first year due to start-up fees. Ongoing training will take place to ensure competency of staff.
- XVI. Equipment Purchases: Higher in the first year due to start-up. Will include laptops, mobile devices, furniture, etc.
- XVII. Repairs & Maintenance: estimated based on previous expenditures
- XVIII. Program Promotion: necessary to educate the public about the Older Adult FSP Program and to build community awareness around mental issues impacting older adults in our community.
- XIX. Postage: based on previous expenditures

- XX. Insurance: standard and based on previous expenditures
- XXI. Utilities: estimated based on previous expenditures and taking into account office space and personnel increases
- XXII. Rent: estimated and adjusted for space needed



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.	<b>All insured premises and operations</b>
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## **ADDITIONAL INSURED PRIMARY AND NON-CONTRIBUTORY ENDORSEMENT FOR PUBLIC ENTITIES**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

---

**A. SECTION II – WHO IS AN INSURED** is amended to include any public entity as an additional insured for whom you are performing operations when you and such person or organization have agreed in a written contract or written agreement that such public entity be added as an additional insured(s) on your policy, but only with respect to liability for “bodily injury”, “property damage” or “personal and advertising injury” arising out of, in whole or in part, by:

1. Your negligent acts or omissions; or
2. The negligent acts or omissions of those acting on your behalf; in the performance of your ongoing operations.

No such public entity is an additional insured for liability arising out of the “products-completed operations hazard” or for liability arising out of the sole negligence of that public entity.

**B.** With respect to the insurance afforded to these additional insured(s), the following additional exclusions apply.

This insurance does not apply to “bodily injury” or “property damage” occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of “your work” out of which injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

**C.** The following is added to **SECTION III – LIMITS OF INSURANCE**:

The limits of insurance applicable to the additional insured(s) are those specified in the written contract between you and the additional insured(s), or the limits available under this policy, whichever are less. These limits are part of and not in addition to the limits of insurance under this policy.

**D.** With respect to the insurance provided to the additional insured(s), **Condition 4. Other Insurance of SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS** is replaced by the following:

#### **4. Other Insurance**

##### **a. Primary Insurance**

This insurance is primary if you have agreed in a written contract or written agreement:

- (1) That this insurance be primary. If other insurance is also primary, we will share with all that other insurance as described in **c.** below; or
- (2) The coverage afforded by this insurance is primary and non-contributory with the additional insured(s)' own insurance.

Paragraphs (1) and (2) do not apply to other insurance to which the additional insured(s) has been added as an additional insured or to other insurance described in paragraph **b.** below.

**b. Excess Insurance**

This insurance is excess over:

1. Any of the other insurance, whether primary, excess, contingent or on any other basis:
  - (a) That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for "your work";
  - (b) That is fire, lightning, or explosion insurance for premises rented to you or temporarily occupied by you with permission of the owner;
  - (c) That is insurance purchased by you to cover your liability as a tenant for "property damage" to premises temporarily occupied by you with permission of the owner; or
  - (d) If the loss arises out of the maintenance or use of aircraft, "autos" or watercraft to the extent not subject to Exclusion **g.** of **SECTION I – COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE.**
  - (e) That is any other insurance available to an additional insured(s) under this Endorsement covering liability for damages arising out of the premises or operations, or products-completed operations, for which the additional insured(s) has been added as an additional insured by that other insurance.
- (1) When this insurance is excess, we will have no duty under Coverages **A** or **B** to defend the additional insured(s) against any "suit" if any other insurer has a duty to defend the additional insured(s) against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the additional insured(s)' rights against all those other insurers.
- (2) When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:
  - (a) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
  - (b) The total of all deductible and self-insured amounts under all that other insurance.
- (3) We will share the remaining loss, if any, with any other insurance that is not described in this **Excess Insurance** provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

**c. Methods of Sharing**

If all of the other insurance available to the additional insured(s) permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any other the other insurance available to the additional insured(s) does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.