# FLEXIBLE INTEGRATED TREATMENT (FIT)



DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES

MHSA Steering Committee March 17, 2022

## FLEXIBLE INTEGRATED TREATMENT PRESENTERS

- Sheri Green, Sacramento County Health Program Manager greenshe@saccounty.gov
- Kristen Curry, Sacramento County Program Coordinator <a href="mailto:curryk@saccounty.gov">curryk@saccounty.gov</a>
- Karen Thompson, HeartLand Child and Family services Program Manager of Collaborative Services karen.thompson@doingwhateverittakes.org
- Lalila Cota, HeartLand Child and Family Services Housing Coordinator <u>lalila.cota@doingwhateverittakes.org</u>
- Kris Rickards, Sacramento Children's Home, FIT Clinical Program Manager kris.rickards@kidshome.org
- Jennifer Churchill, Sacramento Children's Home, FIT Advocacy Supervisor jennifer.churchill@kidshome.org
- Julia Weber, Capital Star, Housing Resource Specialist, <u>jweber@starsinc.com</u>
- Davina Cueller, Capital Star, Advocate Supervisor, <a href="mailto:dcuellar@starsinc.com">dcuellar@starsinc.com</a>

# WHAT IS FLEXIBLE INTEGRATED TREATMENT (FIT)?

FIT is Sacramento County's primary outpatient mental health program for children with serious emotional disturbance under the age of 21 years, and their families. Services include:

- Strength-based, culturally competent, flexible and integrated, child/youth-centered, family driven, developmentally appropriate, effective quality mental health services.
- 2. Services to alleviate symptoms and support development of age appropriate cognitive, emotional, and behavioral skills necessary for maturation, and improve mental health conditions that affect quality of life across home, school, and community.
- 3. Family voice and choice and are honored and supported. Families have a high level of decision-making power and are encouraged to use their natural supports
- 4. Services are integrated in collaboration with child serving systems, agencies and other individuals involved with the youth (such as schools, probation, child welfare, health care, etc.).

# WHAT IS FLEXIBLE INTEGRATED TREATMENT (FIT)?

In 2019-2020 the FIT program was redesigned to include:

- 1. Improve access for high need geographies 15 sites, across 10 providers
- 2. Flexible services to allow a family to stay with the same provider if their needs increase
- 3. Diversifying staff credentials to allow for a variety of service needs
- 4. More intentional integration with schools
- 5. Providing access to peer and family member advocacy and support in all contracts
- 6. Offering evidence based, promising practices and community defined practices at <u>all</u> FIT sites

# FIT AND COMMUNITY SERVICES AND SUPPORTS (CSS)

In May and June 2019, the MHSA Steering Committee discussed, supported and recommended expanding the CSS component to include the redesigned the Flexible Integrated Treatment program

- 1. The Sacramento County Board of Supervisors approved this initiative in December, 2019
- 2. CSS flexible services and dollars were made available starting March, 2020

## FIT CONTRACTED PROVIDERS IN SACRAMENTO COUNTY

- 1. La Familia
- 2. Heartland 2 Sites
- 3. Turning Point
- 4. Sacramento Children's Home
- 5. Dignity 2 Sites

- 6. River Oak 2 Sites
- 7. Stanford 2 Sites
- 8. UC Davis
- 9. Capital Star
- 10. Uplift 2 Sites



# FLEXIBLE INTEGRATED TREATMENT (FIT)? THE "FRONT DOOR" TO MH SERVICES

- Assessment
- Case management
- Intensive Care Coordination for children involved with multiple systems
- Support parents to help address their child's mental health needs
- Facilitate Child and Family Team mtgs

- Crisis intervention 24/7 through <u>The Source</u>
   916-SUPPORT
- Intensive home based services (IHBS)
- Medication support
- Plan Development
- Individual and Group Therapy
- Psychoeducation
- Rehabilitation



https://mentalhealthservicerequest.saccounty.net/



# FIT AND COMMUNITY SERVICES AND SUPPORTS (CSS)

Community Services and Supports component of MHSA allowed us to continue providing treatment services to people of all ages living with serious mental illness, with a focus on the unserved and underserved population in our county, <u>PLUS...</u>

- 1. FIT providers can use MHSA services flexibly to enhance treatment outcomes and accessibility for children and families in ways we never could before, including services to more directly support housing and impact homelessness
- 2. Flexible dollars are used by each FIT provider differently to meet the needs of families in their geographic area

## FLEXIBLE HOUSING SUPPORTS USING CSS FUNDS

#### **Services**

- Address stressors that affect mental health
- Landlord Mediation
- 3. Support with housing searches
- 4. Address issues in the home that affect housing stability
- 5. Address housing issues that negatively impact mental health

#### Financial Assistance with Housing

- 1. Rental Assistance
- 2. Hotel/Motel Payment (Sheltering)
- 3. Security Deposits
- 4. Utilities
- 5. Building Maintenance and Repair
- 6. Credit Repair Fees
- 7. Housing Document Readiness
- 8. Moving Expenses
- 9. Furniture
- 10. Other Household Goods



# New Challenges for Housing services

FIT providers had to learn to provide these new CSS flexible services such as:

- 1. Document housing, when housing is not a "mental health" treatment
- 2. Support housing costs and prevent dependence on the funds
  - a. This was even more challenging for undocumented families
- 3. Use a new homeless database
  - a. Help clients gain access to housing wait lists
  - b. Help prove homeless status
- 4. Appeal to landlords in a tight rental market,
  - a. Very difficult to meet multi-bedroom apartments that families need
- 5. Advocate with families, while not alienating landlords

### COMMON NEEDS WHERE MHSA SERVICES CAN HELP

- Lost employment or reduction of work hours during global pandemic
  - Fast Food Restaurants, House Cleaning, School Support Employees
- Many undocumented families ineligible for various community resources
  - COVID-Related Relief Funds, Disability, Unemployment, Tax Economic Impact Payments
- Lease holder moved into senior living leaving family without a home
  - MHSA Funded Hotel Vouchers
  - Advocacy and Linkage to Housing Programs and Caregiver Mental Health Services

### COMMON NEEDS WHERE MHSA SERVICES CAN HELP

# Unable to work due to child with disability and lack of childcare

- Referrals to Child Action
- Helped with SSI and disability forms and IHHS forms and interviews
- Financial supports for basic life needs
- Connections to other needed community resources

#### Income earner passed away

- Provided families with food resources
- Assisted with transferring of lease agreements
- Rental payments- short term
- Connections to the consulate to aid in gaining a Visa for the parent to come to the United States from Mexico

# Reduction of income due to Covid-19 diagnosis and quarantine

- Connecting to SNAP and how to use the online delivery services
- Assisted some families with short term rental assistance
- Connecting to food banks to support in physical needs
- Completion of applications for housing vouchers

## COMMON NEEDS WHERE MHSA SERVICES CAN HELP

#### Caregiver health issues and inability to work

■ Sudden injuries, Covid19, Long term disabilities

#### Fled domestic violence situations and unable to pay rent independently

Having to become primary income earner, medical bills, singular income household

#### Systemic barriers to community resources

- Gaining access to housing waitlists and vouchers (SERA2, HMIS Eligibility)
- Staying on waitlists (Housing Choice Vouchers)
- Being available when reach the top of waitlists (Technology Barriers)

## CULTURALLY RESPONSIVE MHSA SUPPORT

#### Assessing all families' housing status at intake and throughout services

■ Looking beyond whether family is housed versus unhoused and also assessing housing "stability"

Utilizing Rent Calculator for every MHSA case to ensure equitable rental assistance

■ Ensures equal access to MHSA support

Open to and advocating for different methods of income verification

■ Handwritten wage stubs, bank account statements, income receipts

## CULTURALLY RESPONSIVE MHSA SUPPORT

#### **Promoting Voice and Choice of family**

- Use Child and Family Team Meeting for treatment and housing plans
- Access to Advocates for times when families are uncomfortable speaking up.
- Assign staff that speak the family's preferred language when possible, or an interpreter when staff don't speak the language.

#### Make recommendations, without dictating

- We suggest resources, but ultimately the families chooses
- Include the youth and family voice and choice in decisions about interventions
- Include families in safety planning that they feel they can work with

#### Recognizing that undocumented families have less access to community resources

- Determine what resources they were able to access and help with financial assistance when appropriate
- Aid in connecting to the consulate when appropriate
- Aid in documentation preparation as they often do not have the type of documentation necessary to access housing, aid and work.

# Culturally Responsive MHSA Support

#### Providing longer-term MHSA support depending on specific needs

- Housing First Model
- Housing Plan length designed for sustainability not efficiency

#### Remaining open to family's definition of income and housing sustainability

■ Embracing structures outside of the classic 9-5 (gig work, self employment)

#### Destigmatizing receipt of MHSA support

Adaptability of funding based on individual circumstance

## CHILDREN'S 2020-2021 FISCAL YEAR HOMELESS DATA

Type of Support	Clients Under 21	Average # of Services
Shelter (motel)	53	6.0
Master Lease	17	10.4
Rent Gap	154	2.4 months

Rent Gap	154	2.4 months
Voucher Supplement	19	7.5
Security Deposits	27	1.3

# of Months Clients Under 21 had Rent Gap services during FY 2021	N = 154	%
1 month	78	50.6
2 months	28	18.2
3 months	13	8.4
4-6 months	28	18.2
7-9 months	7	4.5



# FLEXIBLE INTEGRATED TREATMENT FISCAL YEAR 20-21 SERVICES

- 5139 new families were referred to a FIT program
- 8469 Families received FIT services for a total of 299,946 services
- 671 Families <u>received a *flexible* service that was unavailable until FIT became a CSS program</u> for a total of 6230 MHSA services
  - Of the MHSA services, 5536 were flexible services to support overall mental health and wellness needs
  - Of the MHSA services, 694 were specific to housing services and supports
- 239 Families received some sort of rental assistance
- 49 families supported with applying for benefits like SSI, CalWORKs, Medi-Cal





# HEARTLAND CHILD AND FAMILY SERVICES FIT

20-21 DATA AND SUCCESS STORY

PRESENTERS: KAREN THOMPSON and LALILA COTA



# HEARTLAND FLEXIBLE INTEGRATED TREATMENT (2 SITES) FISCAL YEAR 20-21 SERVICES

- 686 new families referred to their 2 Sites
- 1177 families received FIT services for a total of 54,985 services
- 404 families received a flexible service that was unavailable until FIT became a CSS program for a total of 3666 MHSA services
  - Of the 3666 MHSA services, 3559 were flexible services to support overall mental health and wellness needs
  - Of the 3666 MHSA services, 107 were specific to housing services and supports



# Capital Star FIT

20-21 Data

Presenter(s): Julia Weber



#### Slide 21

ZJA14 Overview slide of FIT programs and providers
Zakhary. Jane Ann, 3/11/2022

ZJA15 Then you can intro the 2 that will present
Zakhary. Jane Ann, 3/11/2022

# CAPITAL STAR FLEXIBLE INTEGRATED TREATMENT FISCAL YEAR 20-21 SERVICES

- 252 new families referred to their program
- 477 families received FIT services for a total of 21,977 services
- 14% of families received a *flexible* service that was unavailable until FIT became a CSS program for a total of 333 MHSA services
  - Of the 333 MHSA services, 213 were flexible services to support overall mental health and wellness needs
  - Of the 333 MHSA services, 120 services were specific housing to services and supports



# SACRAMENTO CHILDREN'S HOME FIT

20-21 DATA

PRESENTERS: Kris Rickards, LMFT, LPCC, Clinical Program Manager Jennifer Churchill, Advocacy Supervisor



# SACRAMENTO CHILDREN'S HOME FLEXIBLE INTEGRATED TREATMENT FISCAL YEAR 20-21 SERVICES

- 386 new families referred to their program
- 600 families received FIT services for a total of 18,769 services
- 5% of families received a *flexible* service that was unavailable until FIT became a CSS program for a total of 286 MHSA services
  - 215 MHSA services were flexible services to support overall mental health and wellness needs
  - 71 MHSA services were specific to housing services and supports