

FSP PILOT PROJECT PRESENTATION

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IMPACT AREA: FINANCIAL

FEWER PROGRAM SILOS (“BUCKETS”) HAVE RESULTED IN INCREASED CLIENT FLOW AND IMPROVED CLINICAL CARE

BEFORE PILOT

- * Clients might have remained in an FSP (L-4) program even though they were engaged/stable because available dollars existed at the FSP level. FCCS programs were often at capacity system wide
- * Due to FCCS financial limitations, clients had difficulty transitioning effectively from FSP (L-4) to lower levels of care

AFTER PILOT

- * The Pilot has allowed participating agencies to learn/demonstrate the management of funds based upon the clinical needs of the client(s)
- * Programs have the ability to move clients easily within levels of care (L-4 to L-3) and design relevant service delivery packages to best meet their needs
- * Clients who ultimately move to a lower level of care experience less recidivism, with a more comfortable transition from L-3

IMPACT AREA: FINANCIAL

CLIENT SUPPORTIVE SERVICE (CSS) FUNDS

BEFORE PILOT

- * Guidelines restricting access to CSS funds outside of the traditional FSP program can hinder clients from moving into lower levels of care

CSS funds are most frequently utilized to assist clients with:

- Housing subsidies and moving expenses
- Eviction prevention
- Supplement expenses of daily living
- Transportation expenses
- Educational/employment expenses

AFTER PILOT

- * Expanded FSP program makes CSS funds available to both L-4 and L-3 clients
 - * Allows for extension of housing subsidies, thus granting more time for clients to access and be approved for permanent housing
 - * Clients can be accommodated with expense supplements while waiting long periods for SSI to be approved
 - * Clients further along the recovery scale can utilize CSS funds for educational/employment expenses

IMPACT AREA: ADMINISTRATIVE AUTHORIZATION PROCESS

BEFORE PILOT

- * Referrals to and disenrollment's in FSP programs have been managed by SA Navigators along with the recent addition of the SRTS system

AFTER PILOT

- * Program clinical staff is empowered to assess and enroll clients at the appropriate level of care using the DMH Focal Population Notification form process and SRTS. This allows for prompt enrollment at the program level
- * Program clinical staff can easily transition clients to a lower level of care, creating client flow and additional capacity for new clients entering FSP

IMPACT AREA: ADMINISTRATIVE

ADMISSION ENROLLMENT GUIDELINES

BEFORE PILOT

- * Los Angeles County DMH established very defined guidelines for admission to FSP programs

AFTER PILOT

- * Use of expanded state FSP guidelines allows SMI individuals to access treatment prior to the onset of severe symptoms and impairments

IMPACT AREA: ADMINISTRATIVE

ADMISSION ENROLLMENT GUIDELINES

BEFORE PILOT

- * Agency/Program clinical Teams developed their own internal tools and interventions to motivate recovery

AFTER PILOT

- * A uniform clinical tool developed by pilot agencies helps determine current level of care and provides concrete objectives to move clients along the recovery continuum
- * This tool is being used to shape clinical practice and improve client flow

FSP PILOT LESSONS LEARNED

- * Clinical team feels more involved in the engagement process
- * Staff find it easier to transition clients to lower levels of care due to clear clinical markers
- * Staff feel determinant tool allows for more precise evaluation of client's fluctuating status, level of acuity and recovery
- * Staff complete the monthly determinant report as a team, thus increasing communication and feedback
- * Staff use determinate indicators to design program curriculum

FSP PILOT LESSONS LEARNED

- * Data collected from FSP pilot shows an overall 49% increase in discharges from the two previous non-pilot years. The majority of these clients have flowed to Wellness programs or community based services
- * This has allowed FSP pilot programs to continue to build capacity at level 4 and enroll new clients
- * Enrollment numbers have been evenly matched to discharges