



**Utah State Legislature
Social Services Appropriations Subcommittee
Unanswered Questions and Responses
2015 General Session**

Representative Chavez-Houck:

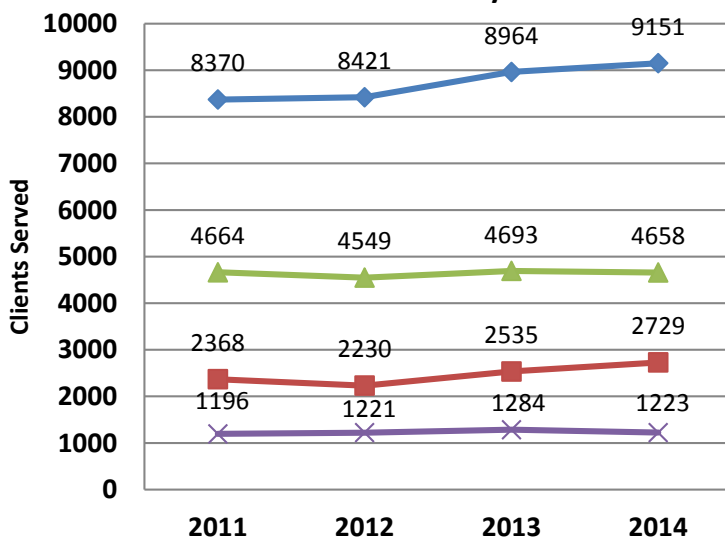
(2/4/15) Please provide a comparison of cost per case for DCFS in-home vs. out of home placement so the Committee can see the trend line of making the shift.

-AND-

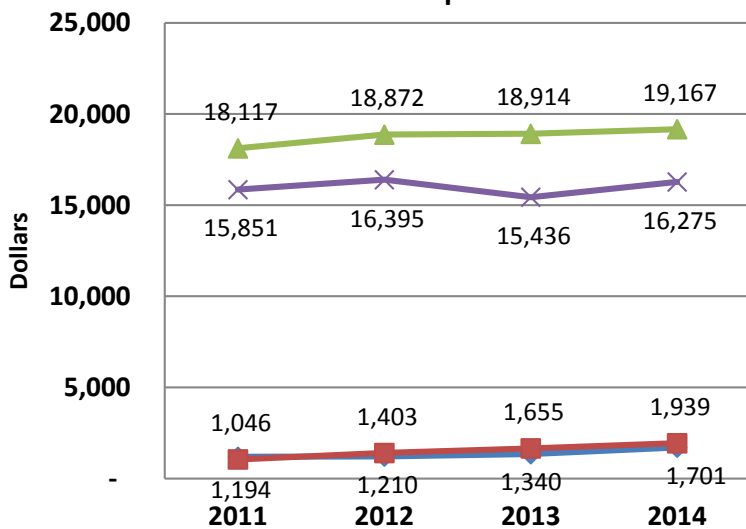
Senator Jackson:

(1/29/15) Given that the DCFS long term goal is to reduce the use of foster care by reducing recurrences of child abuse and neglect and the need for DCFS intervention, please provide FY 2011-FY2015 comparison information for In-home Services and Out of Home Services both statewide and in particular for the Northern Region where increased in-home efforts have been fully implemented. As part of answering this question, please show caseloads as well as average cost per case for both statewide and Northern Region.

Clients served by DCFS



Cost per Client



◆ In-Home Statewide ■ In-Home Northern
▲ Out of Home Statewide × Out of Home Northern

These graphs reflect case cost data and case count comparing in-home services and foster care services for the period from FY 11-14 for DCFS Northern Region and statewide. (FY 15 data will be available by late August 2015.) FY 11-14 is a good baseline period from which to measure future trends as DCFS in-home services are strengthened statewide.

As we continue the implementation of HomeWorks incrementally throughout the state we will continue to evaluate the practice change and the impact of this practice change on the efficacy and efficiency of outcomes we seek for our children and families. A team from the University of Utah is evaluating implementation of HomeWorks over the next three years and will provide reports on outcomes, cost analysis, and process efficiency.

Representative Redd:

(1/29/15) Provide readily available information regarding the cost for local mental health centers (LMHCs) of maintaining individuals waiting for civil beds at the Utah State Hospital while still in the community by: 1) providing by LMHC the number waiting for USH civil commitment as of a certain date, 2) the annualized cost of those waiting as of a certain date, 3) who bears the financing cost of those waiting (by funding source), and 4) any information regarding how the current situation compares to those waiting in previous years

Local Mental Health Authority	Most recent Year	Most Recent Year Average Wait Time in Days	# of Clients	Total Number of days	Currently on Waiting list as of May 4, 2015
Bear River	FY2014	27.6	6	166	1
Central	FY2015	0	0	0	0
Davis	FY2015	11.6	5	58	1
Four Corners	FY2015	0	0	0	2
Northeastern	FY2014	12.5	2	25	1
San Juan	FY2015	0	0	0	0
Salt Lake County	FY2015	54.5	15	810	1
Southwest	FY2015	0	0	0	0
Summit	FY2015	0	0	0	0
Tooele	FY2015	0	0	0	0
Utah County	FY2015	7.4	7	52	4
Wasatch County	FY2015	0	0	0	0
Weber	CY2015	10	2	20	1

Local Authority allocation of civil State Hospital beds history: Each local authority is allocated a number of hospital beds according to approved formula. The local authority is primarily responsible to manage the "waiting list" for their allocated beds if their allotment is full. All Local Authorities participate in a monthly coordinating meeting with the State to help coordinate use of beds and outplacement to help individuals who are ready to transition back into the community.

Comparison of waiting list to previous years: Each Local Authority tracks their bed allocation and "waiting list" independent from the Utah State Hospital. This makes it challenging to compile a statewide comparison of waiting lists over time that compares "apples to apples". When a bed is available the local authority prioritizes the needs of individuals needing a higher level of care and submits an admission packet to the State Hospital. The State Hospital only receives an admission packet if a bed is available. If Local Authorities have a critical need for a bed and their allotment is full, they can work with other Local Authorities who may have a vacant bed to arrange to utilize the available bed.

Who bears the financial cost of the waiting list?: Local Authorities bear the cost of service, usually in a private inpatient setting, while an individual is waiting for a State Hospital bed to become available. The cost of services per day can vary significantly depending on the level of care needed for support, insurance coverage, services for co-occurring substance use treatment and private hospital inpatient costs. Expenses paid by local authorities for each day an individual is on the waiting list can range from \$500 - \$1800 a day depending on these variable inpatient costs.

Senator Weiler:

(1/29/15) Federal funds in the Department of Human Services (DHS) went down from \$119,361,500 in FY 2015 Appropriation to \$118,501,500 in FY15 Authorized (see department-wide table in COBI). Is this downward trend in federal funds something DHS plans on in the future? Is there a reason for the decreasing trend?

There are a variety of reasons for the change in federal funds between our appropriated budget and our authorized budget. In this instance, the main reason for the differential in FY15 is due to the way TANF funds are directed. The legislature appropriated TANF funds to the Department of Human Services as federal funds; however, we actually receive these funds as transfers from the Department of Workforce Services. When we were updating our budgets to the authorized amounts, we corrected this to reflect what was actually going to happen. The Department of Human Services does not anticipate a decreasing trend. DHS will continue to seek federal grants that assist us in carrying out our statutory responsibilities and promote Department objectives such as prevention and early intervention, System of Care, and keeping children in their home.

Senator Christensen:

(1/29/15) For all reported performance measures included in the 2014 General Session base budget bill (S.B. 8), provide an explanation regarding the choice of the target and a response regarding increasing the target where actual experience was 10 percent or greater above the chosen target.

Each year the Department of Human Services reports to the Social Services Appropriations subcommittee on a variety of performance measures for each of our five main divisions within this committee, as well as the Executive Director's Office. Of the performance measures reported by the department in FY14, four exceeded the target by ten percent or greater. Here are those measures and context for the targets-

EDO:

Office of Licensing issue a license within 30 days of proof of compliance by a licensee (Target = 90%)

FY 14 Actual= 100%

Due to consistently meeting or exceeding the target for this measure, it was changed by the Office of Licensing in the 2015 General Session base budget bill (S.B. 7, Item 26) to:

Percentage of initial foster care homes licensed within three months of training completion (Target = 60%)

DSAMH:

Mental Health Services -Adult Outcomes Questionnaire - Percent of clients stable, improved, or in recovery while in current treatment (Target = 70%)

FY 14 Actual=83.7%

Mental Health Centers - Youth Outcomes Questionnaire - Percent of clients stable, improved, or in recovery while in current treatment (Target = 70%)

FY 14 Actual=85.6%

We believe it is important to provide consistency in our standards and expectations for services to adults and youth. We are pleased that we exceeded our targets so greatly this year in both the Adult and Youth Outcomes Questionnaire measurement, however, this is the first year that the Youth Outcomes measurement was above the target. We continue to evaluate our measures and our targets to determine if they are reasonable and making us and our providers "stretch" while providing services to people who have health conditions which they will often need to manage and adjust the interventions and services for them throughout their lifetime.

(Continued response- question repeated for reference)

Senator Christensen:

(1/29/15) For all reported performance measures included in the 2014 General Session base budget bill (S.B. 8), provide an explanation regarding the choice of the target and a response regarding increasing the target where actual experience was 10 percent or greater above the chosen target.

DCFS:

Administrative Performance- Child Status: Percent satisfactory outcomes on qualitative case reviews

(Target = 85%)

FY 14 Child Status Actual= 95%

The Qualitative Case Review team measures performance targets that were set as a result of the David C. lawsuit settlement and are based on reasonable minimum performance standards that reflect quality casework and positive outcomes for children, families, and the system. According to statute these performance standards shall only be amended when it is “necessary and proper for the effective administration of the division; or necessary to comply with, or implement changes in, the law.” Utah Code Ann. § 62A-4a-117 (2)(a)(i)and(ii)

In the past five years, this is the first instance of the division exceeding the performance target on this particular measure by such a great degree, as you can see in the table below. We believe it is proper to continue to evaluate our targets, and in areas in which there is a sustained trend of exceeding those, to review the measurement goals and determine whether adjustments are warranted.

Score on Child Status in Qualitative Case Review				
Fiscal Year	2012	2013	2013	2014
Actual Child Status score	89%	86%	91%	95%

Cases are required to meet the designated targets on the qualitative case review. If not met, regions must develop a process improvement plan to remedy and strengthen the care of children and families served by the division. Our quality assurance encourages high performance with proven effectiveness, rather than accepting a minimum compliance threshold.

Thank you for your interest in the mission and work of the Department of Human Services. We are grateful for your leadership and look forward to continuing to work together in the best interest of Utah’s children, families and adults.

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More information and annual reports from all our Divisions can be found at: hs.utah.gov
