

# SYSTEM OF CARE

SOCIAL SERVICES & EXEC. OFFICES AND CRIMINAL JUSTICE APPROPRIATIONS SUBCOMMITTEES  
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ISSUE BRIEF

## SUMMARY

Children and youth involved with the Utah Department of Human Services (DHS) often have complex needs. DHS is implementing an “evidence-based system of care intended to strengthen children, families, and communities.” DHS believes its system of care is a “coordinated, common-sense approach [which] is cost-efficient and effective to meet short-term needs as well as advance Utah’s long term success.” DHS states that its System of Care, “is a nationally recognized, evidence-based approach for delivering coordinated services through collaboration with key partners.” The following divisions within DHS are involved in planning for statewide implementation of the System of Care by April 2017: 1) Child and Family Services (DCFS), 2) Juvenile Justice Services (DJJS), 3) Services for People with Disabilities (DSPD), and 4) Substance Abuse and Mental Health (DSAMH). Key features of the model are that children, youth, and their families have access to services that are: “1) available within their community or neighborhood; 2) delivered in the least restrictive, most clinically appropriate and normative environment; 3) responsive to the individual strengths, needs, and cultures of the child/family; 4) comprehensive and coordinated to address multifaceted needs; 5) responsive to the impact of trauma in the lives of children, youth, and their families; 6) available at the earliest possible time to improve outcomes; [and] 7) inclusive of the child, youth, and their families and incorporates their natural support system. Under the System of Care, DHS will move from a categorical (silo) approach of service delivery to a non-categorical (population of focus) approach.”

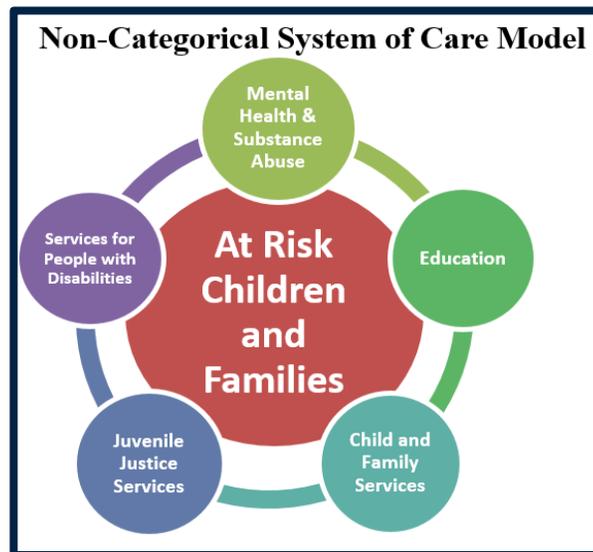


Figure 1

Source: Utah Department of Human Services

## Overview

System of Care started in FY 2015, with expenditures of \$179,500. In the current fiscal year, one region has been staffed. The plan is to fully implement and staff all regions by the end of FY 2017.

To implement the Department’s System of Care, DHS utilizes funding from a federal “System of Care” grant through the Substance Abuse and Mental Health Services Administration (SAMHSA) as well as TANF from the Department of Workforce Services. These grants allow for carryover which enables the award to be used over the entire period of the

grant. Expenditures will increase over time as the program becomes fully implemented. The grants allow for any funds not drawn to be used in future years within the grant period.

<b>System of Care Expenditures - FY 2015 through FY2017</b>						
<b>BUDGET</b>		<b>Expenses for FY 2015</b>	<b>Estimated Expenses for FY2016</b>	<b>BUDGETED Expenses for FY2017</b>	<b>Estimated FTE for FY2017</b>	<b>Summary Description of System of Care Estimated Expenses</b>
						Management, technology, finance & contracting for the System of Care, including expenditures for services.
System of Care Grant	CAA	\$ 134,000.00	\$ 755,700.00	\$ 1,173,900.00	2.45	
TANF System of Care	CAA	45,500.00	763,500.00	973,200.00	17.5	Case Management in regions
<b>TOTAL SYSTEM OF CARE</b>	<b>CAA</b>	<b>\$ 179,500.00</b>	<b>\$ 1,519,200.00</b>	<b>\$ 2,147,100.00</b>	<b>19.95</b>	

Table 1

Table 2 shows the anticipated FY 2017 Model of Care funding sources.

<b>Anticipated FY 2017 System of Care Funding Sources</b>		
<b>Funding Source</b>	<b>FY 2017 Base Amount</b>	
Federal Funds		
System of Care Grant	\$ 4,000,000.00	Over 4 year period
TANF System of Care	3,400,000.00	Over 3 year period
Transfers	600,000.00	(Match)
	<u>\$ 8,000,000.00</u>	

Table 2

**System of Care Measures of Success**

DHS will measure System of Care success at individual, family, and system levels. At the individual level, success will be measured through decreased drug and alcohol use, decreased chronic absenteeism, increased grade point average and maintained engagement with formal education and/or the workforce. At the family level, success will be measured through decreased risks of domestic violence and improved stability within the homes. System-wide success will be measured through an over-all reduction in the percentage of Utah youth engaged with DHS over time and the increased percentage of DHS-involved youth who are served in their homes or in community-based programs rather than in more restrictive, and thus more costly, settings such as juvenile detentions or psychiatric facilities.

“Based on prior evidence, DHS is confident that these measures will yield positive results. A recent national evaluation provided substantial evidence that the systems of care approach resulted in similar successes at the individual and family levels<sup>1</sup>.” DHS points out that the System of Care has been implemented in New Jersey, Colorado, Louisiana, Oklahoma, and South Carolina. System level outcomes in New Jersey include: 1) a decrease in the percentage of children receiving

<sup>1</sup> Stroul, B. A., Goldman, S. K., Pires, S. A., & Manteuffel, B. (2012). *Expanding the system of care approach: Improving the lives of children, youth, and families*. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children’s Mental Health

residential care; 2) an increase in the number of children served in community-based programs; 3) a decrease in the number of county detention facilities; 4) a decline in the average daily population in juvenile detention facilities; 5) a reduction in 30-day readmissions for acute inpatient discharges; 6) a reduction in inpatient stays; and 7) a decrease in the average number of days for residential stays.

### ***Implementation***

In order to implement an effective System of Care, DHS believes it must effect change in the following four ways: “1) *Policy* by impacting system design, treatment capacity, financing, regulations, and rates; 2) *Management* by enhancing data systems, organizational capacity, quality improvement, and human resource development; 3) *Frontline Practice* by improving assessment, care planning, care management, and services and supports; and 4) the *Community* by enhancing partnerships with families, youth, natural helpers, education, faith-based organizations, businesses, physical healthcare, and other social service agencies.” The System of Care has established a state level Governance and Oversight Committee which includes: 1) DHS executive leadership; 2) the State School superintendent; 3) the Juvenile Court administrator; 4) the Department of Workforce Services director; 5) the State Office of Rehabilitation director; 6) the Salt Lake County Human Services director; 7) the Four Corners Behavioral Health director; 8) families; and 9) youth.

### ***Target Population***

DHS describes its target population as “children and youth (age 0 – 21) who are involved in more than one DHS division and/or multiple child serving systems . . . Children, youth and families with multi-agency involvements, are prone to relapses, and require frequent crisis intervention services.” As of June 2015, the department estimates that defined population to be 10,830 children and youth along with their associated families. DHS states that it wants, “to target coordinated solutions particularly upon cases involving children and youth who are placed out-of-home or are at risk of out-of-home placements – including inpatient hospitalization, residential treatment programs, group homes, and child welfare/juvenile justice placements.”

### ***Utah’s System of Care Experience to Date***

As of January 2016, the System of Care is operating in the Western Region and will be fully implemented in the Northern Region by June 2016. Implementation of System of Care in the Southwest Region will begin in the spring of 2016. In the fall of 2016, System of Care will roll out into the last two regions, Eastern and Salt Lake. By June of 2017, System of Care will be fully implemented throughout the entire state. Since April 2015, System of Care has served 22 families and 99 individuals/family members.

The Department is currently working on developing the infrastructure needed to implement System of Care statewide. While in this phase and prior to full implementation it is not meaningful to analyze costs per individual or family. It should be noted that as implementation progresses, the incremental increase in individuals served will drive down the average costs. The long-term objective of System of Care is to reduce the number of clients going into the highest levels of care which will realize the savings necessary to fund itself after the federal funding has expired.