

# SYSTEM OF CARE

SOCIAL SERVICES APPROPRIATIONS SUBCOMMITTEE  
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ISSUE BRIEF

## SUMMARY

Children, youth, and families involved with the Utah Department of Human Services (DHS) often have complex needs that are not limited to a single division or service. DHS is implementing a “System of Care” approach that the department describes as follows: “DHS’ program is a nationally recognized, evidence based System of Care approach intended to strengthen children, families, and communities that involves coordinating the appropriate DHS and partner services a family needs, rather than requiring the family to navigate services in silos. System of Care is a common-sense approach that is cost-efficient and effective by seamlessly accessing services for families through collaboration with key partners. The approach offers family choice, is youth guided, culturally competent and community based, with a plan focused on sustainable outcomes.”

The following youth-serving divisions within DHS are involved in the integration of System of Care into practice: 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). The effort also involves partner state agencies, local authorities and private providers.

In FY 2015, DHS used a federal grant opportunity to begin implementation of System of Care and accomplished statewide implementation in June 2017. **As of July 2017, System of Care has served 143 children and youth. For FY 2017, the average cost per family (or child) is \$20,916.** With full implementation, DHS states that the average cost per family should decline and that the program should become self-sustaining by decreasing the need for the department’s most intensive and costly services.

## PROGRAM BACKGROUND

Key features of System of Care are that children and 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 System of Care, DHS will move from a categorical (silo) approach of service delivery to a non-categorical (population of focus) approach” (see Figure 1).

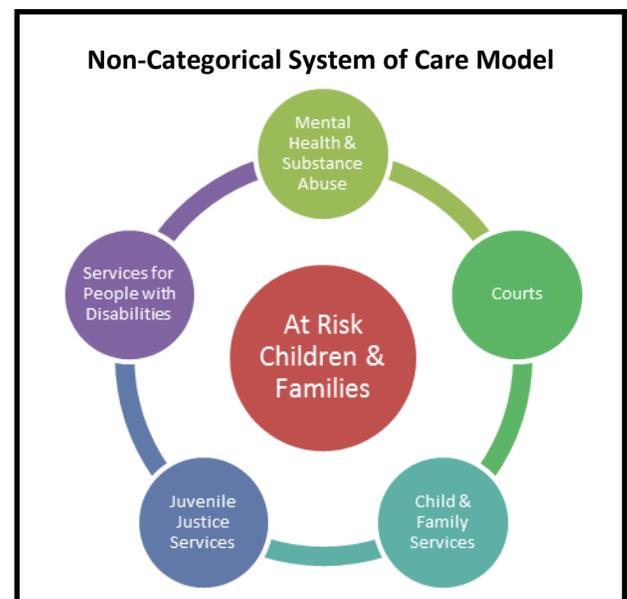


Figure 1. Source: Department of Human Services

**FUNDING SOURCES AND EXPENDITURES**

To implement System of Care, DHS utilizes all federal funding: a “System of Care” grant through the federal Substance Abuse and Mental Health Services Administration (SAMHSA) and Temporary Assistance for Needy Families (TANF) funds from the Department of Workforce Services. These grants allow funds to be carried over from year to year for the period of the grant. FY 2019 funding is expected to be \$3,859,000, which DHS reports will provide sufficient funding for full implementation. The long-term objective of System of Care is to reduce the number of clients with repeated engagements with the highest levels of care, which DHS expects will result in savings that can be reinvested to fund System of Care efforts after federal funding has expired.

<b>Funding Source</b>	<b>FY 2018</b>	
Federal Funds		
SAMHSA System of Care	4,000,000	Over 4 year period
TANF	3,837,284	Over 3 year period
Transfers (Match)	600,000	
	<u>8,437,284</u>	

Table 1

Expenditures have increased over time as the program has been implemented across the State. FY 2018 expenditures represent the anticipated full cost of program implementation. In FY 2017 expenditures were \$20,916 per child on average – over time, DHS anticipates that the incremental increase in individuals served will reduce the average costs.

<b>Expenditures</b>	<b>Actual Expenses FY 2017</b>	<b>Estimated Expenses FY 2018</b>	<b>Estimated Expenses FY 2019</b>	<b>Estimated FTE for FY 2019</b>	<b>Summary Description of Expenses</b>
SAMHSA System of Care KAA	\$ 1,537,800	\$ 1,551,500	\$ 1,510,000	3.88	Mangement, Technology, finance and contracting for System of Care including expenditures for services
TANF KAA	1,327,700	2,045,100	2,349,000	17.00	Case Management in regions
<b>TOTAL KAA</b>	<b>\$ 2,865,500</b>	<b>\$ 3,596,600</b>	<b>\$ 3,859,000</b>	<b>21</b>	

Table 2

**IMPLEMENTATION**

DHS realized full implementation in June 2017, as projected. As of July 2017, all five regions are staffed and enrolling clients. The Eastern Region began accepting clients in May 2017.

In order to implement an effective System of Care, DHS believes it must make changes in the following areas: “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.”

DHS has established a State Advisory Council to provide governance and oversight. The membership of this Council is comprised of two Deputy Directors from the Department of Human Services; Directors from Division of Child and Family Services, Division of Juvenile Justice Services, Division of Services for People with Disabilities, Division of Substance Abuse and Mental Health; and representatives from business/local community; education; faith-based organization; family member/family advocacy organization; Department of Health (Medicaid/health disparities); healthcare (to include primary care); Juvenile Court; law enforcement; local providers/refugee population; Substance Abuse/Mental Health Local Authorities (1 urban, 1 rural); federally recognized tribe; Office of Rehabilitation; Department of Workforce Services; and youth (up to age 26) advocacy organization. DHS also has local councils with similar representation.

### **TARGET POPULATION**

System of Care's target population includes children and youth that are: 1) younger than age 22, 2) have behavioral or emotional concerns and complex needs, 3) have received services or are at risk of receiving services from two or more DHS agencies, and 4) have been placed out-of-home or are at risk of being placed out-of-home, including inpatient hospitalization, residential treatment programs, group homes, and child welfare/juvenile justice placements.

As of July 2017, 143 youth have been served through System of Care. Of these youth, all had behavioral or emotional concerns, 68 percent had been in out-of-home placements prior to enrollment in System of Care and 94 percent had been involved with two or more DHS agencies. In addition to the 143 identified clients, 123 siblings and 167 caregivers also received services through System of Care.

System of Care currently has the capacity to serve 130 clients from the target population at any point in time. This is approximately 10 percent of the youth who meet criteria for service in the System of Care program. Regional Advisory Councils, community partners, and social marketing are focused on ensuring that the youth and families with the greatest needs are referred to and enrolled in System of Care.

### **MEASURES OF SUCCESS**

DHS measures System of Care success at individual, family, and system levels. At the individual level, success is measured through improved client outcomes in the areas of:

- General functioning (handling life, getting along with friends, family members and at school);
- Education and vocation (school-age clients stay in school and graduate, transition-age clients gain employment); and
- Social connections (clients have people to talk to, support during crisis and people to enjoy life with).

While enrolled in system of care, general functioning has improved for a net sum of 63 percent of clients; educational measures showed that 100 percent of youth scheduled to graduate from high school did; and 25 percent of youth over the age of 16 gained employment; and social connections improved for 52 percent of clients.

At the family level, success is measured through increases in:

- Formal supports (therapists, caseworkers and services); and
- Informal supports (friends, community members and neighbors).

While in the program, families satisfied with their formal supports increased from 62 percent to 82 percent and families satisfied with their informal supports increased from 48 percent to 67 percent.

System-wide success will be measured through the increased percentage of DHS-involved youth who are served in their homes or in community-based programs rather than in more restrictive and costlier settings, such as juvenile detention centers or psychiatric facilities. System-wide success will also be measured through a reduction in overall repeat youth engagements with DHS's most restrictive services.