

SYSTEM OF CARE

SOCIAL SERVICES APPROPRIATIONS SUBCOMMITTEE
STAFF: CLARE TOBIN LENCE

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. The System of Care approach involves coordinating the appropriate DHS and partner services a family needs to ensure the family is connected to the right services at the right time across the system, rather than requiring the family to navigate services in silos resulting in fragmentation and duplication. This approach has focused on increasing the engagement of non-governmental, natural supports in the family’s life and community, increasing family self-reliance. DHS believes System of Care is a common-sense approach that is cost-efficient and effective because families are able to seamlessly access services 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 System of Care: 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.

From FY 2015 to FY 2018, DHS used a federal grant to begin implementation of System of Care and accomplished statewide implementation in June 2017. **As of July 2018, System of Care has served 280 families. For FY 2018, the average cost per family (or child) was \$11,326, a decline from FY 2017 costs of \$20,916.** DHS states that the program should become self-sustaining by decreasing the need for the department’s most intensive and costly services, given that high risk residential treatment costs \$228 per day, or \$83,220 per year.

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).

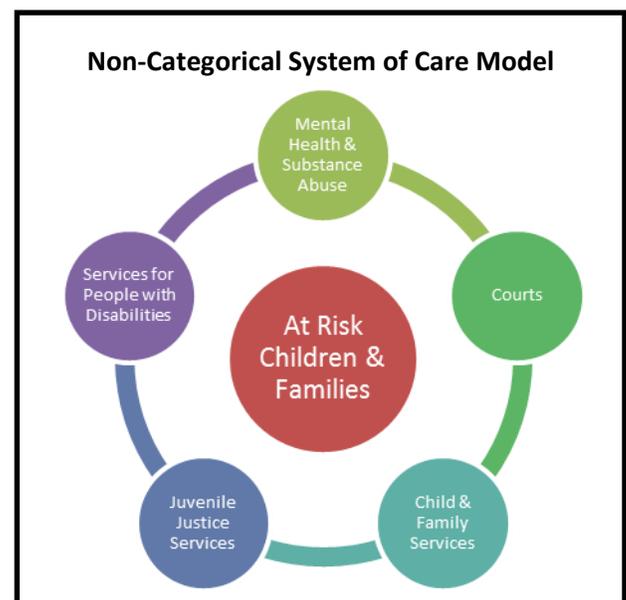


Figure 1. Source: Department of Human Services

FUNDING SOURCES AND EXPENDITURES

To implement System of Care, DHS utilized 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 full period of the grant. The federal grants ended in federal FY 2018. Starting in FY 2019, System of Care will be funded through transfers from other DHS divisions and the use of other federal sources and private grants. FY 2019 funding is expected to be \$3,670,000, which will provide sufficient funding for programmatic needs.

System of Care Funding Sources -- FY 2019	
Source	FY 2019
Transfers	956,000
Other Revenue Sources (SSBG, Casey Foundation, Etc.)	2,714,000
Total	3,670,000

Table 1. *Source: Department of Human Services*

IMPLEMENTATION

DHS realized full implementation in June 2017, as projected. As of July 2017, all five regions are staffed and enrolling clients.

DHS has made 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 created an Integrated Service Delivery (ISD) Steering Committee to improve outcomes and provide governance and oversight for the department. The committee includes executive leadership, direct-service directors, key operation directors, and family advocates. DHS also has Regional Advisory Councils (RACs), with representation from local community stakeholders, families, and youth. The RACs identify gaps and barriers at the local level and provide that information to the ISD steering committee, who prioritizes statewide services.

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 2018, 280 youth have been served through System of Care. Of these youth, all had behavioral or emotional concerns, 69 percent had been in out-of-home placements prior to enrollment in System of Care and 91 percent had been involved with two or more DHS agencies. In addition to the 280 identified clients, 277 siblings and 350 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 56 percent of clients; educational measures showed that 94 percent of youth scheduled to graduate from high school did; and 23 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 65 percent to 90 percent and families satisfied with their informal supports increased from 56 percent to 63 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. As shown in the chart below, admissions to the most restrictive services (the blue line) and readmissions to most restrictive services (the orange line) have decreased since System of Care began.

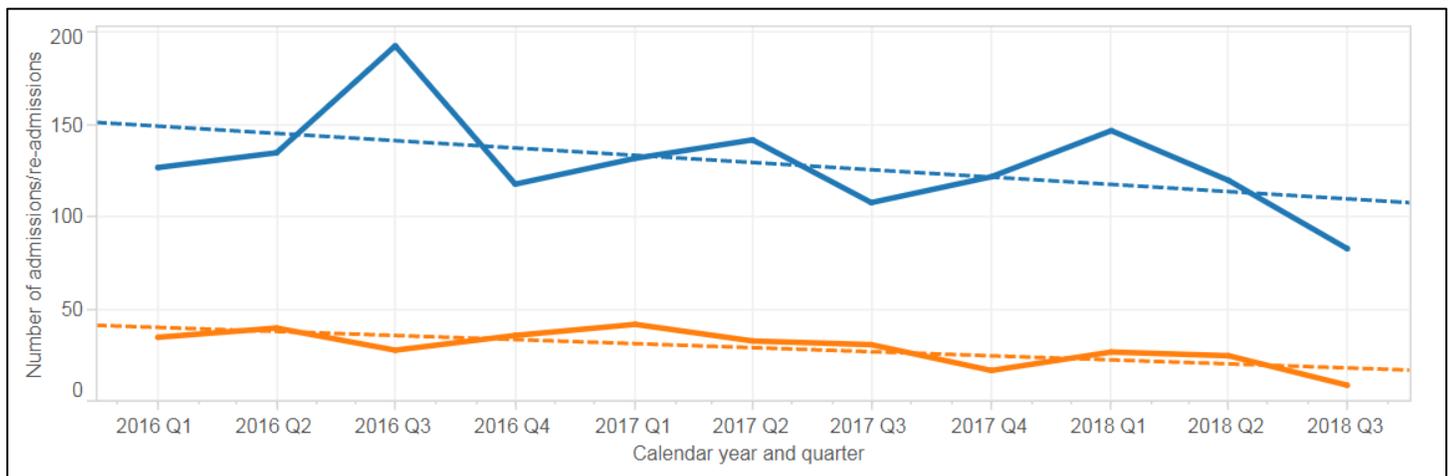


Figure 2. Source: Department of Human Services