



SYSTEM OF CARE DEVELOPMENT RESEARCH BRIEF:

Examining Implementation of Strategic Plans across New York State

May 2020

Introduction

This research brief focuses on the role of a strategic plan as a first step towards facilitating System of Care (SOC) development and implementation across New York State (NYS). A strategic plan is described as “the blueprint for expanding the system of care approach” (Dodge, 2014) and is therefore critical to implementing an SOC that comprehensively and holistically serves children and youth in the community. Due to the statewide focus on coordinated care and cross-systems collaboration, one would expect most NYS counties to have a plan in place. However, developing and using a strategic plan can be difficult, especially in the absence of external funding, staff time, and/or targeted guidance. One way such resources may be available is through a connection to a Substance Abuse and Mental Health Services Administration’s (SAMHSA) System of Care expansion grant (SOC grant), either through receiving a grant directly or connecting with NYS SOC (the state level SOC grant). Thus, counties with access to an SOC grant would be expected to have more developed strategic plans compared to counties without this resource.

The following brief examines the extent to which NYS counties have implemented a strategic plan and the importance of the strategic plan in overall SOC implementation. It will also discuss whether strategic plan implementation remains an area of need for NYS counties. Finally, it will examine whether counties without access to an SOC grant, who likely have fewer resources, have less developed strategic plans. Results are intended to identify where to target future strategic plan development efforts.

Methodology

All county Children’s Single Points of Access coordinators (C-SPOAs) were asked to provide a list of individuals who are leaders in each child-serving system of their SOC. The SOC Implementation Survey (adapted from Stroul, Dodge, Goldman, et al., 2015) was used to measure level of implementation across five major areas: 1) an existing plan for the SOC approach (i.e., strategic plan), 2) service delivery guided by SOC values and principles, 3) services and supports based on the SOC approach, 4) system infrastructure based on the SOC approach, and 5) perceived commitment to the SOC philosophy and approach. Items were scored on a five-point scale with values ranging from 0 (indicating a lack of SOC implementation) to 4 (indicating extensive SOC implementation). The survey also included an open-ended item at the end to solicit any additional thoughts on SOC implementation. The survey was administered from February 5 to March 2, 2020. There was a 51% response rate (548/1071).

Mean scores were calculated for each of the instrument's five major areas to quantify level of implementation for each area. Individuals' scores were included in area calculations if more than two-thirds of the questions in the area had a valid response (i.e., excluding missing and "don't know" responses). Linear regression was used to explore the impact of the five major areas of implementation on an overall SOC implementation item. MANOVA was used to examine if the presence or absence of a connection to an SOC grant predicted scores on the five major areas of implementation. Independent samples t-tests were conducted to compare mean implementation scores for counties with and without a recent SAMHSA SOC grant¹ and with and without a pilot site participating in the NYS SOC initiative^{2,3}. Chi-Squares were conducted to examine group differences in the extensive use of strategic plans and "don't know" responses. Open-ended responses were examined to identify mentions of strategic plans and, in particular, the role that participation in NYS SOC or history of a SAMHSA grant may have played in developing and using a strategic plan.

Findings

Importance of Strategic Plans

Results from the regression model showed scores on an existing plan for the SOC approach was a significant predictor of overall SOC implementation even after controlling for the implementation scores of each of the other major areas, $b = .094$, $t(154) = 2.81$, $p < .01$., suggesting that efforts towards advancing a strategic plan are beneficial towards SOC implementation as a whole.

Open-ended responses reflected the perceived benefit of creating and using a strategic plan. In particular, several respondents tied creation of a plan to addressing some of the challenges introduced by Medicaid redesign. As one respondent noted, "It is very disheartening that the financial state of the SOC is causing regions and agencies across the state to not be able to support [our] wonderful services. I hope that we can come up with a plan to continue to provide these services to the youth in our care." Another respondent wrote, "...the communication, collaboration, accountability, genuine care, outcome driven approaches, and inclusive approach among and between systems is lacking. Perhaps an appointment of a lead agency to create an SOC oversight plan is in need and could be part of the solution." Thus, some counties are suggesting the development of a plan as a first step toward addressing children's service needs, particularly to address difficulties stemming from Medicaid redesign.

Creation and Use of Strategic Plans in NYS

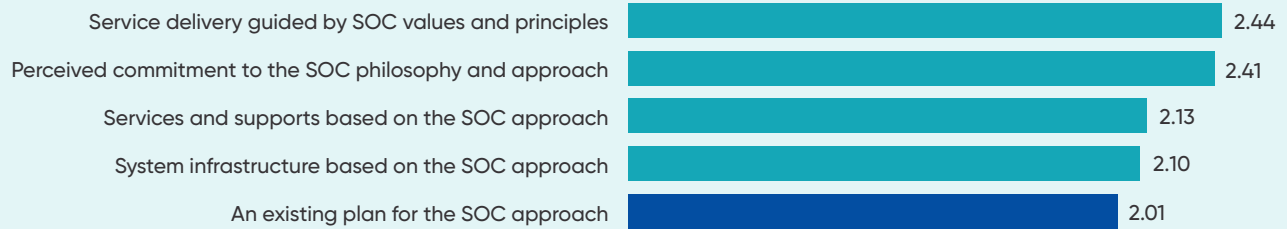
Average scores on the five major areas of implementation were examined. The area with the lowest average implementation score was the extent to which there was an operating strategic plan for SOC implementation (see Figure 1). Further, only 15% of respondents indicated that a formal written plan was used extensively in their county. These data suggest that communities tended to struggle with creating and implementing this critical aspect of SOC development.

In addition to having the lowest area specific mean score and a low percentage of extensive use, responses to the item asking about the existence of a strategic plan yielded a very high proportion of "don't know" responses. In fact, the majority of respondents (51%) reported that they did not know the extent to which their community had developed or used a strategic plan. This could indicate that either a plan does not exist or that it does exist but is not widely disseminated to all the vital child-serving partners in the county; either way, communication around a strategic plan seems to be an area of need. The lower implementation score coupled with the importance of this implementation area indicates this is an area to focus improvement efforts.

1 Recent SAMHSA SOC grantee counties: Cayuga, Chautauqua, Herkimer, Onondaga, Otsego, and Rockland.

2 Counties with pilot sites: Bronx, Broome, Cayuga, Chenango, Essex, Franklin, Kings, Nassau, Oneida, Orange, Otsego, Rensselaer, Rockland, Steuben, Suffolk, and Westchester.

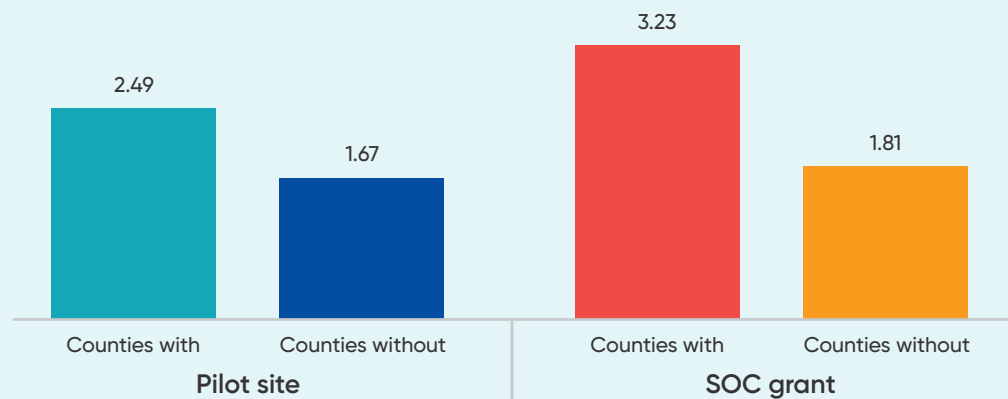
3 There is overlap between the pilot and SAMHSA SOC grantee categories: 61% of SAMHSA SOC grantee counties are also pilot counties and 16% of pilot counties are also SAMHSA SOC grantee counties.

Figure 1: Mean implementation scores for five major SOC focus areas⁴ (N=261-361)

Targeting Strategic Plan Support

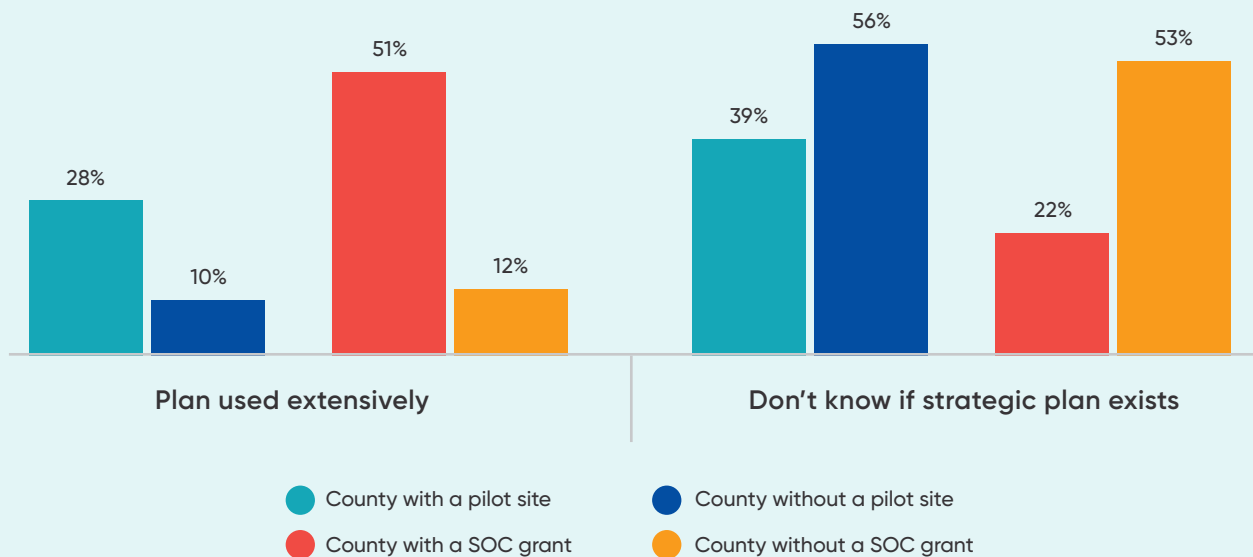
Counties with a pilot site or SOC grant reported higher development across all of the SOC Implementation Survey's major areas, $F(5, 148) = 6.78, p < .001$, suggesting these sites did better across the board, including in strategic plan implementation. Open-ended responses provided further support for the inference that grant history played a role in enhancing counties' SOC. One respondent wrote, "We had a federal SOC grant [...] and made significant progress on all aspects covered in the survey." Another respondent described a similar experience: "When [we] held the grant, it gave the community an opportunity to truly ensure 'no decision about me without me'." This evidence points to the connection between an SOC grant and enhanced SOC implementation, including impacts on this brief's focus area, strategic plans.

Strategic plan awareness and use were impacted by involvement in either statewide or local SOC efforts, such that those counties who either have a NYS SOC pilot site or have recently been awarded a SAMHSA SOC grant were more likely than other counties to have and operate a strategic plan. Figure 2 shows that counties with pilot sites and/or a SAMHSA SOC grant had significantly higher mean scores on the development of strategic plans than counties without such connections, $t(258) = 4.39, p < .001$ and $t(258) = 6.24, p < .001$, respectively. Figure 3 shows that extensive use of a formal written strategic plan was more prevalent among respondents from counties with pilot sites ($\chi^2(1, N = 542) = 30.38, p < .001$) and SOC grants ($\chi^2(1, N = 542) = 45.04, p < .001$) compared to those without. Lower rates of reporting "don't know" of the existence of a strategic plan were observed among respondents from counties with pilot sites ($\chi^2(1, N = 542) = 10.71, p < .001$) and SOC grants ($\chi^2(1, N = 542) = 17.03, p < .001$) compared to those without, which may indicate better communication and dissemination of strategic plans among relevant partners. Taken together, this information suggests that assistance to create strategic plans should be targeted to counties not currently involved in the NYS SOC pilot and who do not have an SOC grant.

Figure 2: Mean implementation scores on strategic plan focus area, for counties with (N=103) and without (N=157) a pilot site and counties with (N=35) and without (N=225) a recent SOC grant

⁴ Ns for the different SOC implementation areas ranged from 261-361: an existing plan for the SOC (N=261), system infrastructure based on the SOC approach (N=354), services and supports based on the SOC approach (N=338), perceived commitment to the SOC philosophy and approach (N=304), and service delivery guided by SOC (N=361). Most variation in Ns is due to variation in proportion of "don't know" responses.

Figure 3: Percentage indicating “plan used extensively” and “don’t know if strategic plan exists,” for counties with (N=103) and without (N=157) a pilot site and counties with (N=35) and without (N=225) a recent SOC grant



Conclusion and Recommendations

Successful implementation of an SOC requires that everyone is on the same page and working from a single, coordinated plan. Responses to the 2020 SOC Implementation Survey showed strategic plans are a challenge for many counties in New York State. Strategic planning was the area least implemented across the state, and in the highest need of support. Strategic plans are also important, as they contribute to overall SOC implementation. If a community wants to improve their SOC, especially in the wake of recent major changes to children's mental health (e.g., Medicaid redesign), creating a strategic plan is a concrete first step.

Overall, few respondents report using a strategic plan extensively in their county. Strategic plans appear to be particularly challenging for those not formally connected to an SOC expansion effort. Whether SOC implementation was developed before attaining an SOC grant or becoming a pilot site or was further enhanced through the SOC support is unknown. Either way, support efforts may be most beneficial if targeted to counties without formal connections to SOC.

There are some resources available for creating strategic plans. The Strategic Planning Guidance for System of Care Expansion (Dodge, 2014) is a helpful resource located in the Toolkit for Expanding the System of Care Approach. In addition, NYS SOC is currently offering opportunities to participate in day-long System of Care Action Planning Workshops with local child-serving leaders to examine strengths, needs and gaps of the local community in order to develop goals and strategies to better serve children, youth, and young adults. These workshops are a helpful first step to beginning work on a strategic plan.

References

Dodge, J. (2014). Strategic Planning Guidance for System of Care Expansion. *Toolkit for Expanding the System of Care Approach*. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health.

Stroul, B., Dodge, J., Goldman, S., Rider, F., & Friedman, R. (2015). Rating Tool for Implementation of the System of Care Approach for Children, Youth, and Young Adults with Behavioral Health Challenges and Their Families Community – State Version. *Toolkit for Expanding the System of Care Approach*. Washington, DC: Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health.

For more information on this work, please see the [*Systems of Care Implementation in New York State Report*](#) (June 2020).



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