System of Care Implementation in New York State

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Introduction

The concept of System of Care (SOC) is a framework with values and principles to guide the field in reforming child-serving systems, services, and supports to better meet the needs of children and youth with or at risk for mental health challenges and their families. The framework includes: 1) a clear philosophy to guide service delivery, 2) an infrastructure to guide services and supports for children, and 3) a broad range of services and supports (Stroul, Blau, & Friedman, 2010, Stroul, 2002).

Methods & Analysis

This report describes the results of two project activities: 1) analysis of quantitative and qualitative data from the SOC Survey, with the goal of identifying areas of strength and challenge in SOC implementation in New York State (NYS); and 2) in-depth qualitative data collection on specific domains of interest, with the goal of providing additional data on these domains to supplement webinar materials and inform SOC development conversations.

Analysis of survey data focused on subscale mean scores and proportions of high and low implementation for individual items. Analysis of interview data focused on extracting data that was relevant to the four selected domains of interest and identifying common and unique themes.

Key Findings & Conclusions

Interesting findings emerged across the data sources that point to successes and challenges in SOC implementation in NYS. Because the survey was collected in early 2020 and the interviews were completed in late 2021, the themes presented likely demonstrate persistent SOC-related successes and challenges in NYS that were extant prior to and persist during COVID-19.

Counties developed cultures of providers that champion the spirit of the SOC philosophy. Many counties and providers in NYS have done well at incorporating and prioritizing SOC values and principles into their work, as reflected in both the survey and interviews.

Individualized care was a strength in NYS. Individualized care items were among the highest scoring on the survey, and individualized care coordination was often reported to be sustainably funded throughout the interviewed counties. NYS counties have been particularly effective at implementing this SOC principle.

Family-driven care emerged as another strength in NYS. The family-driven subscale of the survey was among the most highly and consistently implemented SOC components in NYS. Interviews also revealed that many counties have processes in place to value and incorporate family input.

Counties had structures in place to facilitate a coordinated, cross-system approach to care. Many survey responses reflected counties' strong implementation of a coordinated approach. In addition, interviews revealed that counties often had multiple, regularly scheduled cross-systems meetings to facilitate this approach to care.

Counties faced difficulties building SOC infrastructure. Securing sustainable funding and means to successfully build the infrastructure is essential to support well-functioning SOCs. Infrastructure survey items were rated as less implemented, and interviewed counties reported that SOC infrastructure components often lacked funding.

Counties encountered provider vacancies and turnover. Survey short answer and interview responses pointed to challenges counties faced with provider vacancies and turnover. Counties would likely benefit from guidance and sustainable funding and other strategies to support the attraction and retention of qualified providers so that they are able to continue to serve families as effectively as possible.

Rural communities had unique challenges. Rural counties expressed that SOC development strategies and standards often were not feasible for them to implement. Rural counties would benefit from guidance on creative and rural-specific solutions.

Counties had difficulty adjusting their SOCs to fit within the Health Homes Serving Children (HHSC) framework. NYS recently implemented HHSC to facilitate care for youth and their families. Understandably, there has been confusion related to how this new infrastructure fits within the SOC infrastructure. Because of this uncertainty, counties reported that there are separate SOCs for Medicaid versus non-Medicaid youth. Guidance on how to integrate HHSC within SOCs, so that there can be one holistic SOC, would be beneficial.

Overall, counties found ways to successfully implement many aspects of SOC with their existing resources and skills. Counties were especially creative in finding new solutions to advance their SOCs and serve families given the restrictions in place due to COVID-19 (e.g., using videoconferencing to enhance collaboration and family-driven care). The webinars and technical assistance (TA) offered by the New York State Conference of Local Mental Hygiene Directors, Inc. (CLMHD) and TA Network at the Institute for Innovation & Implementation, University of Maryland School of Social Work (TA Network) are an important next step to give counties the tools they need to overcome challenges and further develop their local SOCs.

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