

SYSTEM OF CARE IMPLEMENTATION IN NEW YORK STATE

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CENTER FOR HUMAN SERVICES RESEARCH
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Table of Contents

Executive Summary	3
Introduction	8
Method.....	9
Part 0: Survey Demographics	12
Part 1: Overall Survey Results	15
I. Introductory Questions: SOC & HFW Knowledge and Prioritization	16
II. Overall Assessment of SOC Implementation.....	24
III. Strategic Plan for the System of Care Approach.....	25
IV. Service Delivery Guided by System of Care Values and Principles	27
V. Services and Supports Based on the System of Care Approach	38
VI. System Infrastructure Based on System of Care Approach.....	42
VII. Commitment to the SOC Philosophy and Approach	44
Part 2: Regional Profiles	51
I. Capital.....	52
II. Central.....	54
III. Finger Lakes	55
IV. Long Island.....	56
V. Mid-Hudson.....	57
VI. Mohawk Valley	58
VII. New York City.....	59
VIII. North Country.....	60
IX. Southern Tier	61
X. Tug Hill Seaway	62
XI. Western.....	63
Reference	64

Executive Summary

BACKGROUND

This report presents findings from a 2020 survey of individuals across New York State (NYS) to gather information on statewide System of Care (SOC) implementation. 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. These individuals received the SOC Implementation Survey (adapted from Stroul, Dodge, Goldman, Rider, & Friedman, 2015) which is designed to "...assess progress in a community or region implementing the SOC approach for children, youth, and young adults with behavioral health challenges and their families." This tool measures level of implementation across five major areas of SOC implementation: 1) an existing plan for the SOC approach, 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. The survey was administered from February 5 to March 2, 2020. The response rate was 51% (578 out of a possible 1071), with responses from 57 upstate counties and NYC.

The objectives for the administration of the survey were to:

1. understand SOC implementation throughout NYS in order to assess SOC strengths and needs statewide;
2. identify areas of change compared to the 2019 survey administration;
3. inform targeted, county-based development; and
4. guide statewide efforts to support SOC implementation.

KEY FINDINGS

Overall

- Reported knowledge of SOC was high; however, SOC was not widely implemented in NYS. Just over one-third of respondents reported that the SOC approach was being implemented "substantially" or "extensively" in their community.
- Findings between 2019 and 2020 were similar among many components of the survey. Several areas, including strategic plan for the SOC approach and subscales of the service delivery guided by SOC values and principles (i.e., youth-guided, evidence-informed, service array, and data and accountability) showed statistically lower scores in 2020. Even in these cases, mean differences between 2019 and 2020 were small.
- Respondents from schools consistently reported lower SOC implementation compared to respondents from other service systems.
- The Long Island, Mid-Hudson and Western regions had consistently higher scores compared to NYS averages in nearly all domains of the survey, reflecting stronger SOC implementation in these regions.
- Respondents from counties with NYS SOC pilot sites (i.e., participants in the NYS SOC HFW pilot project) consistently scored higher than respondents from counties without NYS SOC pilot sites on all domains of the survey.
- Respondents who reported receiving SOC training or technical assistance (TA) also reported stronger SOC implementation than those who had not received such support. However, these patterns were not generalizable to the county level, as often some respondents within a county reported receiving such assistance but others within the same county did not. In addition, individuals requesting training and TA may be more knowledgeable of SOC or more engaged in SOC in the first place, which leads them to seek additional learning opportunities.

- There was little evidence of regional SOC development. Notably, the county-level breakouts within the regional profiles (see Part 2 of report) demonstrated that there was often variation within a region, with most regions having some counties with mostly high and others with mostly low average responses compared to state averages. The Long Island region was an exception, such that both Suffolk and Nassau counties were similar to each other.
- The 2020 survey administration was focused on only the most relevant stakeholders serving children and youth in each county. However, there were still high proportions of “don’t know” responses throughout the survey, potentially indicating that some partners identified as important to the SOC were not aware of SOC-relevant activities. This pattern indicates there could be a benefit to increased local communication around SOC. The items that exhibited the highest percentages of “don’t know” responses were regarding the existence of strategic plans (51%) as well as for current and planned HFW implementation (52% and 61% respectively). The items with the lowest percentages of “don’t know” responses were regarding receipt of SOC training and TA in the past year (6%) and availability of the home- and community-based service of outpatient individual therapy (8%).

SOC & HFW Knowledge and Prioritization

- Overall, 75% of respondents indicated that they had a firm understanding of SOC, suggesting SOC information is disseminated well throughout the state. In addition, 63% reported that their county was prioritizing SOC implementation. There were higher proportions of “yes” responses for SOC knowledge and prioritization in 2020 compared to 2019. Slightly less than half of respondents had a firm understanding of HFW (46%), and having a firm understanding of HFW did not improve in 2020 compared to the 2019 administration.
- About a quarter (28%) of respondents reported that their county was implementing or planning on implementing HFW (these items had especially high rates of “don’t know” responses).
- Just over half (54%) of respondents reported that their county had ever received state training or TA, and 31% reported that they had received such help in the past year.
- Respondents from C-SPOAs were among the most likely to report understanding and implementation of SOC and/or HFW in their counties; respondents from Health Homes Serving Children were particularly likely to report knowledge and implementation of HFW, though not on SOC. Respondents from schools and substance use systems were among the least likely to report either knowledge or prioritization of SOC in their county. Those from probation/juvenile justice system were among the least likely to report HFW knowledge and prioritization.
- The North Country, Mid-Hudson, Long Island, and Capital regions had the greatest proportion of positive responses around SOC knowledge and/or prioritization; the Long Island and Mid-Hudson regions had the highest responses around HFW knowledge, current implementation, and planned implementation.

Strategic Plan for the SOC Approach

- The strategic plan for the SOC approach section of the survey had the lowest average implementation score of the survey areas, indicating counties find it challenging to create and implement strategic plans. The overall average was 2.01, which corresponds with “plan exists but is not used” (2).
- About half of respondents (51%) reported that they did not know the extent to which their community had developed or used a strategic plan. Only 15% of respondents indicated that a formal written plan was used extensively in their county.
- All service system types reported a similar level of strategic plan development.
- Respondents from the Mid-Hudson and Mohawk Valley regions reported the highest scores on strategic plan development, while those from the Finger Lakes region reported the lowest.

Service Delivery Guided by the SOC Approach

- The service delivery guided by the SOC approach section of the survey had the highest average implementation score of all the survey areas, suggesting that this area is a strength for SOC implementation in NYS. The overall average was 2.44, which is between “moderately implemented” (2) and “substantially implemented” (3).
- Across all subscales in this area, the greatest strengths were family-driven approach and least restrictive approach. The greatest implementation challenges were seen with cultural and linguistic competence, service array, and youth-guided approach.
- Several subscales showed significantly lower scores between 2019 and 2020 administrations: youth-guided, evidence-informed, service array, and data and accountability. Efforts should be directed towards strengthening these areas to prevent further decline.
- The highest subscale scores were typically found among respondents from the Long Island, Western, Capital, and Mid-Hudson regions. The lowest scores were typically found among respondents from the Finger Lakes, Central, and Tug Hill Seaway regions.
- Respondents from C-SPOAs and Health Homes Serving Children (where available) were typically among the most positive subscale scores, whereas schools reported the lowest subscale scores.

Services and Supports Based on the SOC Approach

- The overall average score on service availability for home- and community-based services was 2.18, which is between “moderately available” (2) and “substantially available” (3). The overall average score on service availability and appropriate use and linkage for out of home treatment services was 2.04, corresponding with “available, somewhat used appropriately and somewhat linked” (2).
- Ratings of overall service availability (for both home-and community-based and out-of-home treatment services) were lower in 2020 than in 2019, though the difference was not quite statistically different ($p = .05$).
- Most home- and community-based services had relatively low reported availability, with only two (medication treatment/management and individualized service planning) reported as substantially or extensively available at least 50% of the time. This varies from 2019, where outpatient individual therapy and crisis response services were the only two services reported to be substantially or extensively available by more than 50% of respondents.
- Home- and community-based services with the lowest ratings of availability included behavioral management skills training, therapeutic behavioral aide services, and tele-behavioral health services, which were substantially or extensively available for fewer than 15% of respondents. In 2019, only tele-behavioral health services fell beneath this same threshold. These data were collected just prior to COVID-19 restrictions on in-person visits; it is likely that tele-behavioral health services have higher availability now.
- Some home- and community-based service items showed notable variation between 2019 and 2020 (greater than 10% difference in ratings of substantially/extensively available). Ratings were lower for outpatient individual therapy, mobile crisis and stabilization, outpatient family therapy, behavioral management skills training, and therapeutic behavioral aide services. Ratings were higher for youth peer support and transportation.
- For out-of-home treatment services, residential treatment and inpatient hospitalization were rated highest and medical detoxification lowest (around 35% of responses, and 13% respectively were rated moderately/mostly available and appropriately linked). This pattern corresponds with findings from 2019.
- Respondents from C-SPOAs reported among the highest and schools among the lowest on ratings of home- and community-based services for different service systems.

- There was strong regional variation for ratings of both types of services. Respondents from Long Island reported the highest average subscale scores in both cases, while those from the Finger Lakes reported the lowest.

System Infrastructure Based on the SOC Approach

- Ratings of infrastructure were generally very similar between the 2019 and 2020 administrations (i.e., not statistically different). All items showed lower ratings for the 2020 administration than 2019, though typically only by a few percentage points.
- The average score in this area corresponded with moderate infrastructure development (mean = 2.10; a 2 corresponds with “moderately implemented”). Still, most items on system infrastructure exhibited low rates of substantial/extensive implementation, indicating room for improvement. Only defined entry points had greater than 25% of respondents report substantial/extensive implementation.
- The items least likely to be substantially or extensively implemented were financing for SOC infrastructure, a structure or process for strategic communications/social marketing, and a structure or process to manage care and costs for high-need populations.
- Respondents from the probation/juvenile justice system reported the highest average infrastructure scores; those from social services reported the lowest.
- There were, however, more extreme differences by geography. The highest-scoring region (Long Island) had an average score that was one full point higher than that of the lowest-scoring region (Finger Lakes).

Commitment to the SOC Philosophy and Approach

- The overall average score on commitment was 2.41, which is between “moderately committed” (2) and “substantially committed” (3).
- Ratings of commitment were generally very similar between the 2019 and 2020 administrations.
- Of all the SOC partners, providers were rated as the most committed, followed by youth and family leaders. Managed Care Organizations (MCOs) were perceived as the least committed. This pattern of responses was the same as in 2019.
- Several types of SOC partners were rated particularly high on perceived commitment to SOC (greater than 50% of respondents rated them substantially or extremely committed): mental health systems, direct service providers, and direct service provider administrators and managers.
- Several types of SOC partners were rated particularly low on perceived commitment to SOC (fewer than 30% of respondents rated them substantially or extremely committed): courts/judiciary systems, physical health systems, Medicaid systems, and MCOs managing physical and behavioral health. It may be beneficial to target SOC outreach to these specific SOC partner types.
- Ratings of perceived commitment of SOC partners varied by the service system in which the respondent worked. Respondents from the probation/juvenile justice system consistently perceived all types of SOC partners as more highly committed (where available). Family peers gave the highest ratings of all the service systems for commitment of youth and family leaders and MCOs, and the lowest of all the service systems for commitment of child-serving systems, policy and decision makers, and providers.
- There were no clear regional patterns for perceived commitment of SOC partners.

CONCLUSIONS AND FUTURE DIRECTIONS

These results suggested little change in the implementation of SOC across NYS in the past year; in general, average scores remained in the “moderate” implementation range. In areas that significantly decreased between 2019 and 2020 (i.e., strategic plans, and service delivery guided by SOC values for: youth-guided, evidence-informed, service array, and data and accountability), the average difference in means was quite small. However, respondents reported a greater understanding of SOC in 2020 compared to 2019 (75% compared to 66%). Improving implementation can be challenging, but expanding knowledge of SOC is an important first step to develop an SOC.

Some findings can help inform the next steps in supporting county-based and statewide SOC development. Survey results point to particular topics, systems, and geographic locations for targeted support. Additional information on SOC implementation efforts may be helpful in survey topic areas that exhibited lower scores. Focusing statewide training and technical assistance on the following topics can aid SOCs in building, supporting, and maintaining their SOC framework:

- Information dissemination of HFW and supporting development of HFW practice;
- Development and use of a strategic plan;
- Service delivery guided by SOC values and principles of cultural and linguistic competence, service array, and youth-guided approach;
- SOC system infrastructure (specifically financing and processes for strategic communications and managing care and costs); and
- Availability and use of home- and community-based services and out-of-home services, specifically behavioral management skills training, therapeutic behavioral aide services, tele-behavioral health services, and medical detoxification.

Further, targeting efforts with specific stakeholders, systems (e.g., school), and counties can help improve knowledge and communication around local and regional SOC development and implementation. Because schools are a system that reaches nearly all youth and are often a frequent referral source, it is very important to develop SOC values and principles in schools. NYS SOC has begun collaborating with Project AWARE (Advancing Wellness and Resilience in Education), which will likely lead to greater SOC implementation in schools.

Likewise, providing technical assistance that transcends specific systems within counties may do more to bring all systems into the SOC. This is currently being pursued through NYS SOC-funded day-long workshops (i.e., SOC 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.

Due to high variation of county SOC development within regions (with the exception of Long Island), training and TA applied at the regional level may not be the most beneficial. A better approach may be to use technology to present different “grade” levels of SOC information. That way beginner, as well as advanced, counties can find the appropriate level of information to build their SOC.

There may also be a benefit of county variation within a region in that the county with the most developed SOC could serve as a mentor to neighboring counties in the region. These mentors could be leveraged as local leaders to assist less developed SOCs. Regional Interagency Technical Assistance Teams (RiTAT) may provide an opportunity to build these mentoring relationships.

Introduction

The SOC Implementation Survey is primarily comprised of the Rating Tool for Implementation of the SOC Approach for Children, Youth, and Young Adults with Behavioral Challenges and Their Families, which is designed to “...assess progress in a community or region implementing the system of care approach for children, youth, and young adults with behavioral health challenges and their families” (Stroul, Dodge, Goldman, et al., 2015).

The NYS Office for Mental Health contracted with the Center for Human Services Research (CHSR) to administer the SOC Implementation Survey to SOC representatives throughout NYS to analyze the degree of SOC implementation at the county level. This analysis is part of the larger evaluation of the SOC approach in New York. The SOC Implementation Survey was first administered in the winter of 2019; full analyses can be found in the “System of Care Implementation in New York State” 2019 report. Here, the tool was re-administered in the winter of 2020 to examine changes in SOC implementation over the past year; assess continuing SOC knowledge, gaps, and needs statewide; inform targeted county-based development; and explore ways in which statewide infrastructure could be strengthened to promote, grow, and maintain the SOC framework.

Given these objectives, CHSR has developed four broad research questions that informed the following analyses:

1. What areas of SOC implementation demonstrate the greatest strengths and challenges?
2. Are there certain regions of the state where SOC and High Fidelity Wraparound (HFW) are more extensively implemented? Do areas of strength and need vary by region? Are there particular counties within each region that would benefit from extra attention?
3. Do respondents from counties participating in the HFW pilot report higher SOC implementation?
4. Do respondents who have received SOC training or technical assistance in the past year have higher SOC implementation?

Method

SAMPLE

All Children's Single Points of Access (C-SPOA) Coordinators of NYS were asked to provide a list of individuals who are meaningfully involved in their county SOC. The intent of this sampling strategy was to include representatives from all the child-serving systems in the county who would be most knowledgeable on SOC activities. A more streamlined process was needed because a substantial portion of 2019's contacted participants indicated that they were unaware of their county's SOC or were not involved in services or supports serving children or their families.

Contact lists were created through feedback from C-SPOAs, Center for Children and Families (CCF) Health Home Coalition, and prior contact lists. Through all of these methods, representatives from 53 upstate counties and New York City received the survey¹. The number of individuals surveyed per county varied generally with a range from one to 48². The survey was distributed to a total of 1071 individuals across the state. Responses were collected between February 5 and March 2, 2020.

ANALYSIS

Overall survey analyses were grouped by section of the survey:

- Introductory items: SOC & HFW knowledge and prioritization,
- Overall assessment of SOC implementation,
- Strategic plan for the SOC approach,
- Service delivery guided by the SOC approach,
- System infrastructure based on the SOC approach, and
- Commitment to the SOC philosophy and approach.

Within each of these sections, analyses were sometimes reported by item or by subscale (when available). Data is additionally available by breakdowns by service systems, region, if county has a pilot site, and if respondents received SOC training or TA in the previous year.

Identification of relatively strong and challenging domains and items were addressed by looking at descriptive statistics around the various domains and their specific items. Particular attention was paid to whether aspects of SOC have been implemented "substantially" or "extensively," as this level of implementation is ultimately the goal of the SOC initiative.

For most items on the survey, there was a substantial proportion of "don't know" or missing responses. In order to calculate means, these responses were excluded from the calculation of percentages, limiting the denominator to only the quantitative responses that can be used in calculations. Other calculations required an alternative in which "don't know" responses are treated as the absence of an affirmative response and are included in the denominator against which the percentage of affirmative responses is calculated. Throughout the report, the bar graphs showing the percent of respondents reporting "substantial" or "extensive" implementation for each survey item are calculated in this manner, with "don't know" responses taken as an indication that the respondent does not believe that the item in question is substantially or extensively implemented.

Comparison between domains were based on the mean subscale score for each domain. Subscale scores ranged from 0 (generally indicating no SOC implementation) to 4 (generally indicating extensive SOC implementation). Individuals' scores were included in subscale calculations if more than two-thirds of the questions in the subscale had a valid response (i.e., excluding missing and "don't know" responses).

¹ Warren and Washington, and Fulton and Montgomery, were surveyed together because they have combined systems. The four counties who did not receive the survey were: Allegany, Onondaga, Schenectady and Schuyler. However, we did receive some responses from these counties via respondents that serve multiple counties.

² For one county, the 2019 contact list was used because an updated list was not provided in 2020, so this county had a greater number of contacts with 87.

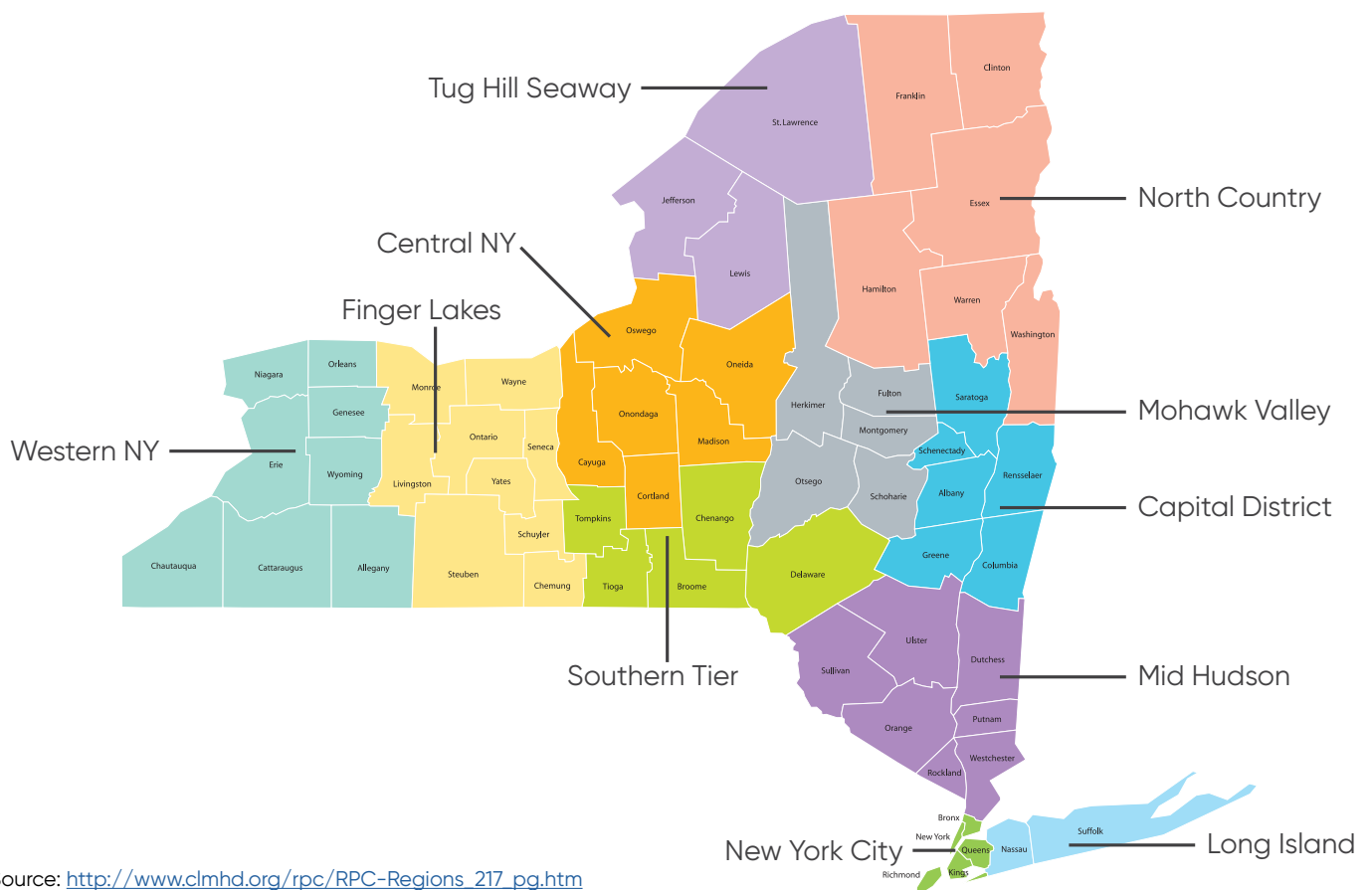
SERVICE SYSTEMS

Service system implementation differences were examined by comparing the mean scores for each domain by service system of NYS (when at least 10 responses were available per service system). These breakdowns are useful in identifying if particular service systems need to be better engaged with SOC implementation and in identifying the service systems that are leaders in SOC implementation.

REGIONS

Regional implementation differences were examined by comparing the mean scores for each domain by region of NYS and by presenting profiles for each region and comparing domain scores by individual counties. This report uses the NYS regions defined by the Regional Planning Consortium (RPC). The RPC is a network of 11 regional boards working to encourage collaboration, problem solving, and system improvements for the integration of mental health, addiction treatment services, and physical healthcare in a way that is data-informed, person- and family-centered, cost efficient, and results in improved overall health for adults and children. RPC regions were chosen because they allow a reasonable degree of specificity and correspond with likely overlaps in resources between counties and regional definitions that differ by State agencies.

Regional Planning Consortium (RPC) Regions



Regional scores are presented where there are at least 10 respondents. County-level scores are presented where there are at least five respondents. The latter threshold represents an extremely small N; thus, while county-level results are presented for comparative purposes, they should be viewed and used with caution, particularly where the Ns are below 10. In each regional profile in Part 2, differences from the overall, state-wide average are coded in green text if they are 0.10 or more points greater than the overall average, and in red text if they are 0.10 or less than the overall average.

COUNTIES WITH PILOT SITES

Implementation differences for counties with and without NYS SOC pilot sites were examined by comparing the mean scores for each domain by NYS SOC pilot site in county. Counties with pilot sites were identified as counties that were participating in NYS SOC. Sixteen counties with NYS SOC pilot sites were identified: Bronx, Broome, Cayuga, Chenango, Essex, Franklin, Kings, Nassau, Oneida, Orange, Otsego, Rensselaer, Rockland, Steuben, Suffolk, and Westchester. Breakdowns of analyses by counties with and without pilot sites were conducted because it is likely that counties with pilot sites may be more engaged in SOC activities and therefore may be further along in their SOC implementation.

TRAINING AND TA IN THE PAST YEAR

Implementation differences were also examined by comparing the mean scores for each domain by respondents who reported SOC-related training and TA in the past year compared to those who had not received such support. Breakdowns of analyses by respondents with and without recent training were conducted because it is likely that respondents with recent training may be more engaged in SOC activities and therefore may be further along in their SOC implementation.

A large, stylized number '0' graphic composed of two concentric circles. The inner circle is a medium blue, and the outer ring is a lighter, semi-transparent blue. The text is centered within this graphic.

PART 0:

Survey Demographics

Part 0: Survey Demographics

A total of 609 people answered at least some items, however 61 dropped off before making it to the content items. 548 answered at least one of the introductory items asking about the respondents' familiarity with SOC and HFW and whether their county was prioritizing its implementation. This resulted in a 51% response rate.

Respondents either worked exclusively with one county (80%) or worked with multiple counties (20%). Multiple county respondents worked with anywhere between two and 21 counties; they were asked to select one county about which they would respond for the rest of the survey. All but six did so; these six are excluded from regional and county-level breakdowns.

Respondents were reasonably well-distributed by job level, though there were more middle management (46%) and executive level (35%) participants than direct line staff (16%). "Other" job types (3%) typically stated that the respondent's role was "administration" or "team member" with no further indication as to level of work.

Individuals who responded to the 2020 survey were then compared to the pool of respondents from 2019. Email addresses were used to cross-check entries between years. Interestingly, there was minimal overlap between the two cohorts: of the 913 respondents from 2019, and the 548 respondents from 2020, only 143 originated from the same email address. Therefore, most respondents from each year were unique, and the pool of overlapping respondents too small to be used for further analyses.

Respondents by Service System

Not surprisingly, almost half of respondents (49%) were from the mental health or social services systems. Other frequent service systems included respondents from care management agencies, schools, C-SPOAs, and probation/juvenile justice systems. "Other" responses included working in domestic violence, local government, public health, or multiple systems. Youth peers, physical health, family court, developmental disabilities, and housing systems all had fewer than 10 respondents, so they were not included in breakout analyses. Further, fewer than 10 respondents from Health Homes Serving Children, substance use, and probation/juvenile justice systems answered some items; therefore, these systems are excluded from those sub-tables, but are included where possible.

	N Respondents	Percent
Mental Health	163	30%
Social Services	103	19%
Care Management Agency	49	9%
School	38	7%
C-SPOA (Single Point of Access)	33	6%
Probation/Juvenile Justice	32	6%
Family Peer	28	5%
Substance Use	21	4%
Health Home	10	2%
Youth Peer	9	2%
Physical Health	7	1%
Family Court	6	1%
Developmental Disabilities	6	1%
Housing	5	1%
Other	38	7%

Respondents by Region

For respondents serving multiple counties, respondents' region was determined by their selected county of response. The largest number reported serving the Mid-Hudson and Finger Lakes regions.

	N Respondents	Percent
Mid-Hudson	98	18%
Finger Lakes	96	18%
Western	64	12%
Central	55	10%
North Country	48	9%
Southern Tier	44	8%
Capital	38	7%
Mohawk Valley	34	6%
Tug Hill Seaway	29	5%
Long Island	21	4%
New York City	15	3%
Total	542	100%

Respondents by County with a Pilot Site

About a third of respondents were from a county with a NYS SOC pilot site, whereas the remaining two-thirds were from counties without NYS SOC pilot sites.

County with a NYS SOC pilot site	N Respondents	Percent
Yes	172	32%
No	370	68%

Respondents by Training or TA in the Past Year

About 30% of respondents reported recent SOC training and/or TA, whereas the remaining 70% reported they had not received such support.

Training in past year	N Respondents	Percent
Yes	167	30%
No	381	70%

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PART 1:

Overall Survey Results

Part 1: Overall Survey Results

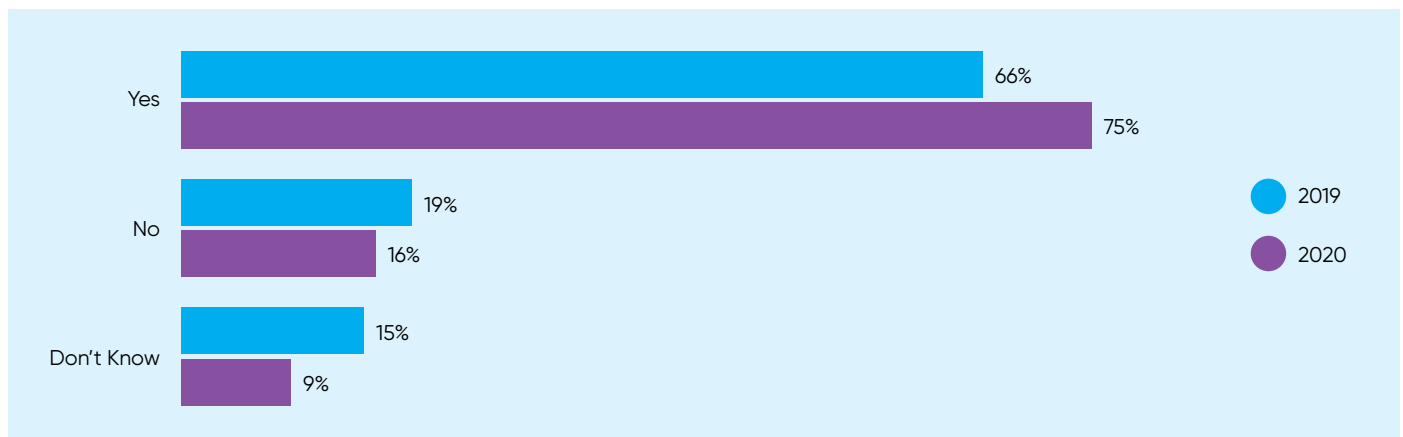
I. INTRODUCTORY QUESTIONS: SOC & HFW KNOWLEDGE AND PRIORITIZATION

The survey began with a short series of Yes/No questions designed to gauge self-reported understanding of SOC and HFW, as well as the extent to which these models are being put into practice by the respondent's county. The items were as follows:

1. I have a firm understanding of the SOC philosophy and goal.
2. Is your county currently prioritizing the SOC philosophy and goals?
3. Have you ever received any SOC training or technical assistance?
4. Have you received any SOC training or technical assistance in the past year?
5. I have a firm understanding of what High Fidelity Wraparound is.
6. Is your county currently implementing High Fidelity Wraparound?
7. Is your county in the planning process with the hopes of implementing NYS's model of High Fidelity Wraparound?

Understanding of SOC Philosophy and Goals

Three-quarters of respondents indicated having a firm understanding of the SOC philosophy and goals, a larger percentage compared to the responses from the 2019 administration of the survey. A smaller percentage of respondents reported "no" and "don't know" in 2020 as well; this decrease from 2019 may be due to more appropriately targeting respondents for the survey.



Understanding of SOC Philosophy and Goals, by Service System

Nearly all respondents in family peer service systems reported a firm understanding of SOC. Respondents from C-SPOAs and mental health service systems also tended to report firm understanding of SOC, whereas respondents in schools and substance use systems were the least likely to report such firm understanding.

Service System	% reporting Yes
Family Peer	96%
C-SPOA	82%
Mental Health	81%
Care Management Agency	74%
Probation/Juvenile Justice	72%
Social Services	71%
Health Home	70%
Other	68%
School	66%
Substance Use	62%

Understanding of SOC Philosophy and Goals, by Region

There was variation in understanding of SOC by region, with respondents from the Mid-Hudson, Capital, and North Country regions the most likely to report a firm understanding, and respondents from the Southern Tier, Tug Hill Seaway, and Central regions the least likely.

Region	% reporting Yes
Mid-Hudson	84%
Capital	82%
North Country	81%
Finger Lakes	77%
Mohawk Valley	74%
New York City	73%
Long Island	71%
Western	69%
Southern Tier	68%
Tug Hill Seaway	66%
Central	64%

Understanding of SOC Philosophy and Goals, by County with a NYS SOC Pilot Site

Respondents from a county with a pilot site were more likely to report that they had a firm understanding of SOC than those not in a county with a pilot site.

County with a NYS SOC pilot site	% reporting Yes
Yes	82%
No	71%

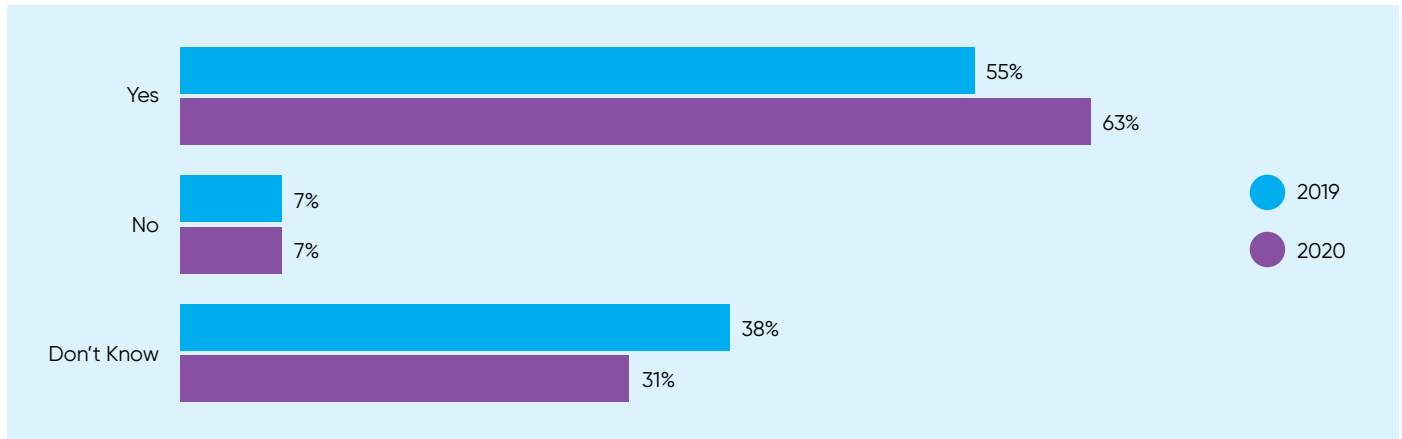
Understanding of SOC Philosophy and Goals, by Training in the Past Year

Nearly all individuals who received training/TA in the past year reported a firm understanding of SOC philosophy and goals, suggesting that training activities may have been effective in reinforcing the SOC philosophy, or that those with an understanding of SOC seek out training opportunities. Only about two-thirds of those without recent SOC training/TA reported a firm understanding of SOC philosophy and goals.

Training in past year	% reporting Yes
Yes	94%
No	66%

Prioritization of SOC Philosophy and Goals

In 2020, almost two-thirds (63%) of respondents reported that their county was prioritizing SOC philosophy and goals, higher than just over half in 2019.



Prioritization of SOC Philosophy and Goals, by Service System

Again, respondents working in mental health services, C-SPOAs, and family peer services were the most likely to report that their counties were prioritizing SOC; respondents in substance use systems were the least likely.

Service System	% reporting Yes
Mental Health	75%
C-SPOA	73%
Family Peer	71%
Care Management Agency	61%
Health Home	60%
Social Services	56%
Probation/Juvenile Justice	53%
School	53%
Other	50%
Substance Use	48%

Prioritization of SOC Philosophy and Goals, by Region

There was variation in reported prioritization of SOC by region, with respondents from the North Country and Long Island the most likely to report that their county was prioritizing SOC, and respondents from Tug Hill, the Southern Tier, and New York City the least likely.

Region	% reporting Yes
North Country	83%
Long Island	76%
Mid-Hudson	69%
Capital	63%
Mohawk Valley	62%
Finger Lakes	60%
Western	59%
Central	56%
New York City	53%
Southern Tier	52%
Tug Hill Seaway	52%

Prioritization of SOC Philosophy and Goals, by County with a NYS SOC Pilot Site

Respondents from an HFW county with a pilot site were more likely to report that their county was prioritizing SOC than those in a county without a pilot site.

County with a NYS SOC pilot site	% reporting Yes
Yes	76%
No	57%

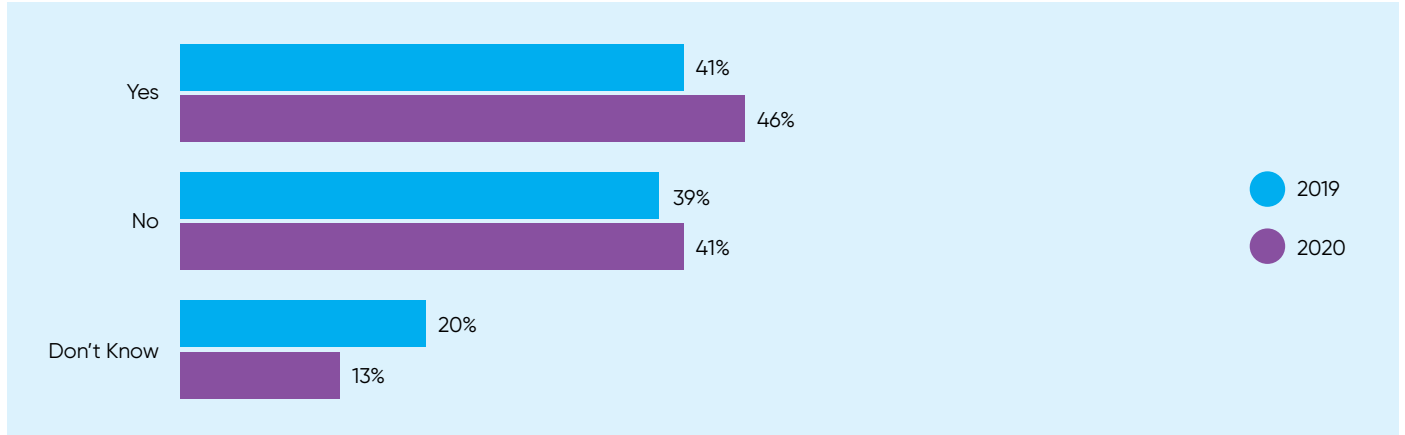
Prioritization of SOC Philosophy and Goals, by Training in the Past Year

Recent training respondents report higher prioritization of SOC than those who were not recent trainees. It is reasonable that those prioritizing SOC would be more likely to seek out training opportunities to build SOC skills or that trainings would lead to prioritization of SOC.

Training in past year	% reporting Yes
Yes	86%
No	53%

Understanding of High Fidelity Wraparound

While three-quarters of respondents reported a firm understanding of SOC, many fewer reported a firm understanding of HFW. This rate was not substantially different from 2019; in fact, while there was a lower rate of respondents who reported that they did not know whether they had a firm understanding, slightly more reported that they did not have a firm understanding of HFW.



Understanding of HFW, by Service System

Respondents working as C-SPOAs and in Health Homes Serving Children were the most likely to report that they had a firm understanding of HFW; respondents in probation/juvenile justice and substance use were the least likely.

Service System	% reporting Yes
C-SPOA	79%
Health Home	70%
Family Peer	61%
Care Management Agency	53%
Mental Health	49%
Other	45%
Social Services	44%
School	32%
Probation/ Juvenile Justice	22%
Substance Use	14%

Understanding of HFW, by Region

There was variation in understanding of HFW by region, with respondents from the Long Island and Mid-Hudson regions most likely to report a firm understanding, and respondents from the Southern Tier and Finger Lakes regions the least likely.

Region	% reporting Yes
Long Island	67%
Mid-Hudson	63%
Central	49%
New York City	47%
Capital	45%
North Country	44%
Mohawk Valley	41%
Tug Hill Seaway	41%
Western	41%
Finger Lakes	35%
Southern Tier	34%

Understanding of HFW, by County with a NYS SOC Pilot Site

Respondents from an HFW county with a pilot site were more likely to report that they had a firm understanding of HFW than those in a county without a pilot site.

County with a NYS SOC pilot site	% reporting Yes
Yes	64%
No	38%

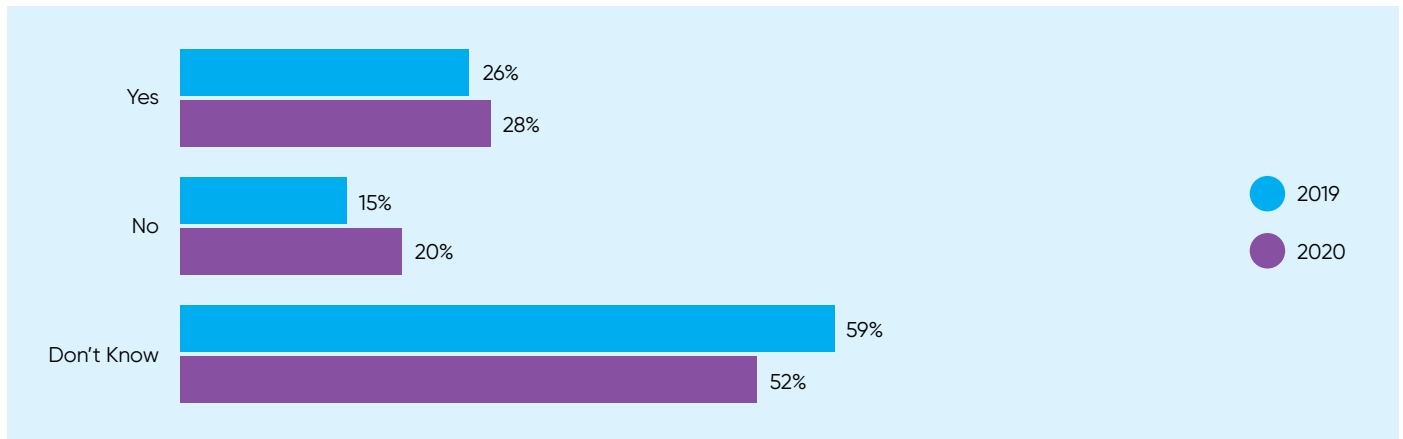
Understanding of HFW, by Training in the Past Year

Respondents with recent training reported higher understanding of HFW than those without recent training, possibly suggesting trainings aided respondents in understanding HFW better.

Training in past year	% reporting Yes
Yes	66%
No	37%

Implementation of High Fidelity Wraparound

Just over a quarter of respondents indicated that their county was currently implementing HFW. Again, while there was a lower rate of respondents who reported that they did not know whether their county was currently implementing HFW than in 2019, more reported that they were not implementing HFW.



Implementation of HFW, by Service System

Respondents working in C-SPOAs and Health Homes Serving Children were more likely than those in any other systems to report that they were currently implementing HFW; respondents in schools and substance use were the least likely.

Service System	% reporting Yes
Health Home	60%
C-SPOA	58%
Mental Health	35%
Family Peer	32%
Care Management Agency	31%
Social Services	22%
Probation/Juvenile Justice	19%
Other	18%
Substance Use	14%
School	13%

Implementation of HFW, by Region

There was variation in reported current implementation of HFW by region. Respondents from Long Island were the most likely to report current implementation, and respondents from New York City, Tug Hill, and the Finger Lakes the least.

Region	% reporting Yes
Long Island	67%
Mid-Hudson	50%
Southern Tier	39%
Western	27%
Central	26%
North Country	25%
Mohawk Valley	24%
Capital	18%
Finger Lakes	13%
Tug Hill Seaway	10%
New York City	7%

Implementation of HFW, by County with a NYS SOC Pilot Site

Respondents from a county with a pilot site were more likely to report that their county was currently implementing HFW than those in a county without a pilot site; however, agreement was not universal, and even about one-third (33%) of those in a county with a pilot site did not know whether their county was currently implementing HFW (versus 61% in counties without HFW pilot sites who did not know whether their county was currently implementing HFW).

County with a NYS SOC pilot site	% reporting Yes
Yes	58%
No	15%

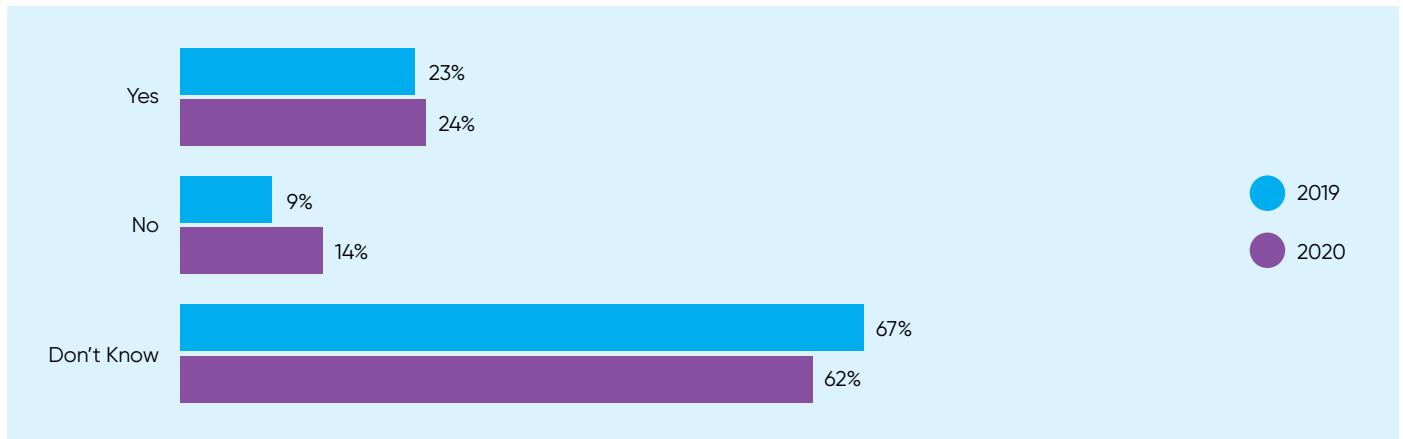
Implementation of HFW, by Training in the Past Year

Implementation of HFW was more prevalent among those with recent training. This could be due in part to the training received in order to implement HFW.

Training in past year	% reporting Yes
Yes	43%
No	22%

Planning for the NYS SOC model

Just under one-quarter of respondents said that their county was in the planning process with the hopes of implementing NYS SOC model. These rates were similar to those found in 2019.



Planning for HFW by Service System

While there was some variation by service system, no systems had respondents who were especially likely to report that their county was planning to implement HFW.

Service System	% reporting Yes
Mental Health	31%
Health Home	30%
Family Peer	29%
Probation/ Juvenile Justice	25%
Care Management Agency	25%
Social Services	23%
C-SPOA	21%
Substance Use	19%
School	16%
Other	16%

Planning for HFW, by County with a NYS SOC Pilot Site

Respondents from a county with a pilot site were more likely to report that their county was planning to implement HFW than those not in a county with a pilot site, but again, all respondents had high rates of “don't know” responses (43% versus 71%, respectively).

County with a NYS SOC pilot site	% reporting Yes
Yes	37%
No	18%

Planning for HFW, by Region

There was variation in reported planning for HFW implementation by region. Respondents from Long Island, Mid-Hudson, and North Country regions were the most likely to report that their counties were in the planning process for HFW implementation, and respondents from the Western, Capital, and Tug Hill Seaway regions the least likely.

Region	% reporting Yes
Long Island	38%
Mid-Hudson	36%
North Country	33%
New York City	27%
Finger Lakes	25%
Central	22%
Mohawk Valley	21%
Southern Tier	21%
Tug Hill Seaway	14%
Capital	13%
Western	11%

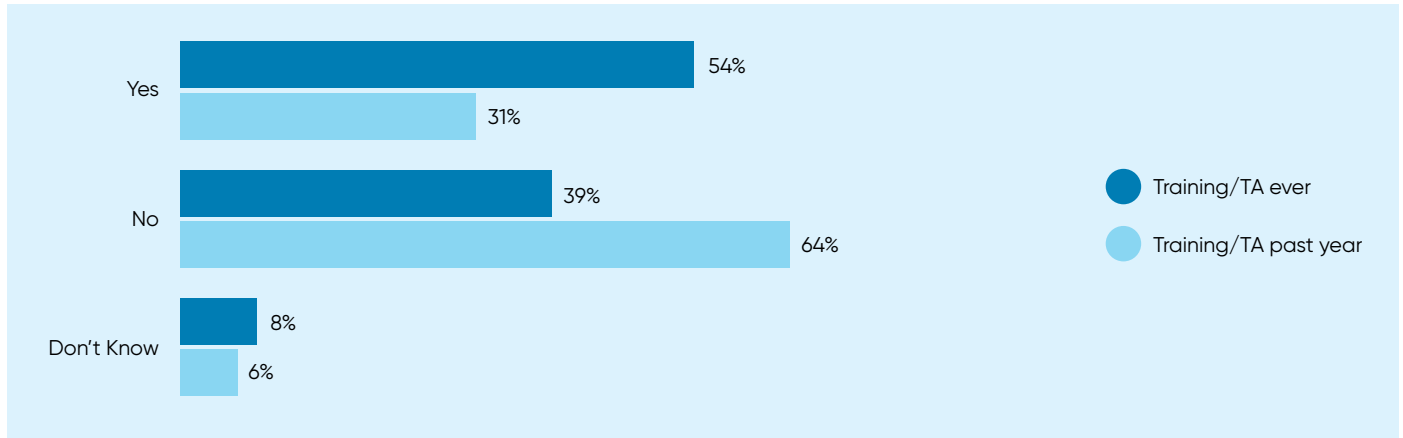
Planning for HFW, by Training in the Past Year

Planning for implementation of HFW was more prevalent among those with recent training. This could be due in part to the training received in order to implement HFW.

Training in past year	% reporting Yes
Yes	41%
No	17%

SOC Training and Technical Assistance

Two questions on receipt of SOC training and technical assistance were added to the administration of the 2020 survey. About half of respondents reported that they had received some SOC training or technical assistance at some point, and about a third reported assistance during the past year. “Don’t know” rates were especially low for these two items, making it likely that respondents felt able to accurately report receipt of these supports.



Interestingly, responses to these items were typically not consistent within a county. This inconsistency may be reflective of the targeted nature of such TA: among many respondents from a county, only a few may have directly received such assistance.

SOC Training and TA, by Service System

Receipt of SOC-related training and TA varied by service system. Health Homes Serving Children and Family Peer respondents were the most likely to report training and TA ever, whereas Family Peer and C-SPOA respondents were more likely to report training and TA in the past year. NYS SOC presents quarterly webinars available to all, in addition to other training opportunities.

Service System	Training/TA past year % reporting Yes	Training/TA ever % reporting Yes
Family Peer	54%	68%
C-SPOA	48%	67%
School	39%	53%
Mental Health	34%	59%
Health Home	30%	80%
Other	29%	47%
Probation/ Juvenile Justice	28%	56%
Social Services	24%	59%
Care Management Agency	24%	47%
Substance Use	10%	29%

SOC Training and TA, by Region

SOC-related training and TA varied by region, as well. In reference to if they ever received training/TA, respondents from the New York City, Mid-Hudson, and North Country regions had the highest percentages of “Yes” responses and respondents from the Mohawk Valley and Capital regions had the lowest. Regarding training and TA in the past year, respondents from the North Country and Mid-Hudson regions reported more “Yes” responses, whereas New York City had the lowest percentage of “Yes” responses.

Region	Training/TA past year % reporting Yes	Training/TA ever % reporting Yes
North Country	48%	63%
Mid-Hudson	35%	63%
Central	33%	51%
Long Island	33%	48%
Finger Lakes	29%	55%
Mohawk Valley	29%	38%
Tug Hill Seaway	28%	55%
Capital	26%	42%
Southern Tier	23%	52%
Western	22%	44%
New York City	13%	73%

SOC Training and TA, by County with a NYS SOC Pilot Site

More respondents from counties with a pilot site reported having received SOC training or TA than those not in a county with a pilot site, although neither group had particularly high percentages of training recipients, possibly reflecting that not all stakeholders within even counties with pilot sites directly received technical assistance.

County with a pilot site	Ever received TA	Received TA in past year
Yes	68%	42%
No	47%	25%

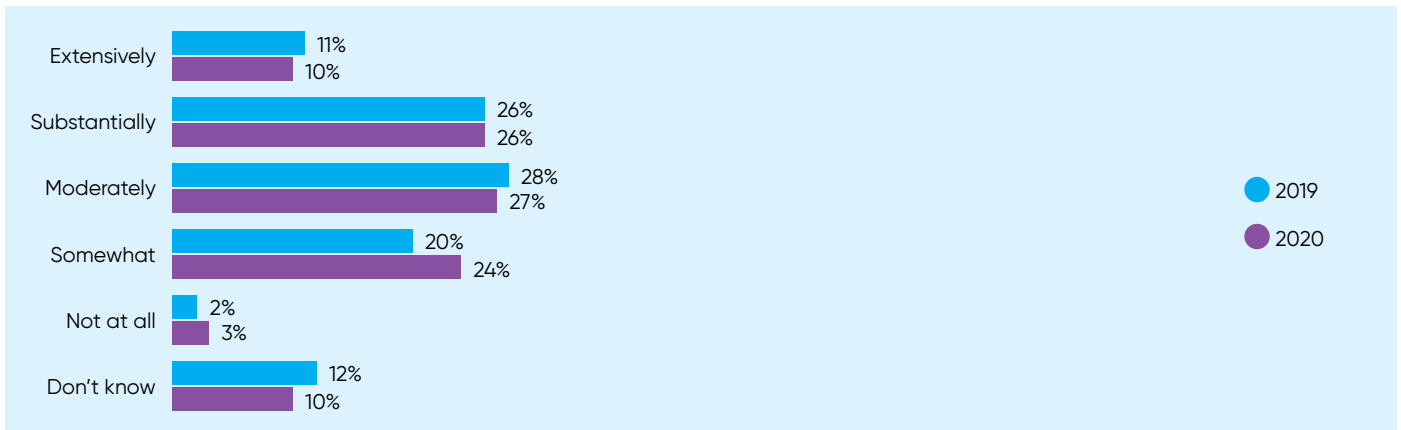
KEY FINDINGS – INTRODUCTORY QUESTIONS: SOC & HFW KNOWLEDGE AND PRIORITIZATION

- Overall, 75% of 2020 respondents indicated that they had a firm understanding of SOC, and 63% reported that their county was prioritizing SOC implementation, an increase from 2019. Fewer reported that they did not know the answers to these questions, suggesting more appropriate survey respondents were reached in 2020.
- Responses regarding HFW were quite similar between 2019 and 2020: just under half of respondents reported having a firm understanding of HFW, and about a quarter that their county was implementing or planning on implementing HFW. These questions had especially high rates of “don’t know” responses. This suggests understanding of SOC is expanding but understanding of HFW is not.
- About half of respondents reported that their county had ever received SOC training or TA, and one-third reported that they had received such help in the past year. However, responses were inconsistent within counties, indicating that these trainings were likely available to individuals or systems within counties rather than to the county-wide SOC.
- Respondents from C-SPOAs were among the most likely to report understanding and implementation of SOC and/or HFW in their counties; respondents from Health Homes Serving Children were likely to report positive responses on HFW, though not on SOC.
- Respondents from schools and substance use service systems were among the least likely to report either understanding or prioritization of SOC or HFW in their county. Those from probation/juvenile justice systems were among the lowest regarding understanding or prioritization of HFW.
- The North Country, Mid-Hudson, Long Island, and Capital regions had the greatest proportion of positive responses for SOC understanding and implementation; the Long Island and the Mid-Hudson regions had the highest responses around HFW implementation.
- Respondents from counties with HFW pilot sites had higher responses on all of these items than their non-pilot counterparts, typically by about 15-20%.

II. OVERALL ASSESSMENT OF SOC IMPLEMENTATION

Just over one-third of respondents reported that the SOC approach was being implemented “substantially” (26%) or “extensively” (10%) in their community, while just over 50% reported that the SOC approach was being implemented less than substantially, rates similar to those seen in 2019. However, 10% of respondents did not know the extent of SOC implementation. The mean score on the overall assessment item in 2020 was 2.17 (between “moderately” and “substantially”). Average overall assessment of SOC implementation ratings were not statistically different between the 2019 (2.26) and 2020 (2.17) administrations of the survey.

To what extent do you believe that the SOC approach is being implemented in your community or region?



Overall Assessment of SOC Implementation, by Service System

Interestingly, respondents in probation/juvenile justice service systems reported the highest average levels of SOC implementation; respondents in schools or “other” service systems reported the lowest.

Service System	Mean
Probation/ Juvenile Justice	2.60
C-SPOA	2.38
Mental Health	2.23
Family Peer	2.17
Social Services	2.15
Care Management Agency	2.07
Other	1.80
School	1.75

Overall Assessment of SOC Implementation, by County with a NYS SOC Pilot Site

Respondents from counties with pilot sites reported higher average levels of implementation than those in counties without pilot sites.

County with a NYS SOC pilot site	Mean
Yes	2.50
No	2.02

Overall Assessment of SOC Implementation, by Region

Respondents from Long Island reported the highest average levels of implementation, while those from the Finger Lakes, New York City, and the Tug Hill Seaway regions reported the lowest. This item showed a particularly large spread, with the highest and lowest average scores nearly a full point apart.

Region	Mean
Long Island	2.76
Western	2.37
Mid-Hudson	2.35
Mohawk Valley	2.24
Southern Tier	2.22
North Country	2.21
Central	2.15
Capital	2.13
Tug Hill Seaway	1.94
New York City	1.90
Finger Lakes	1.81

Overall Assessment of SOC Implementation, by Training in the Past Year

Respondents who reported receiving training or TA in the past year reported higher average levels of implementation than those who had not received such support.

Training in past year	Mean
Yes	2.43
No	2.04

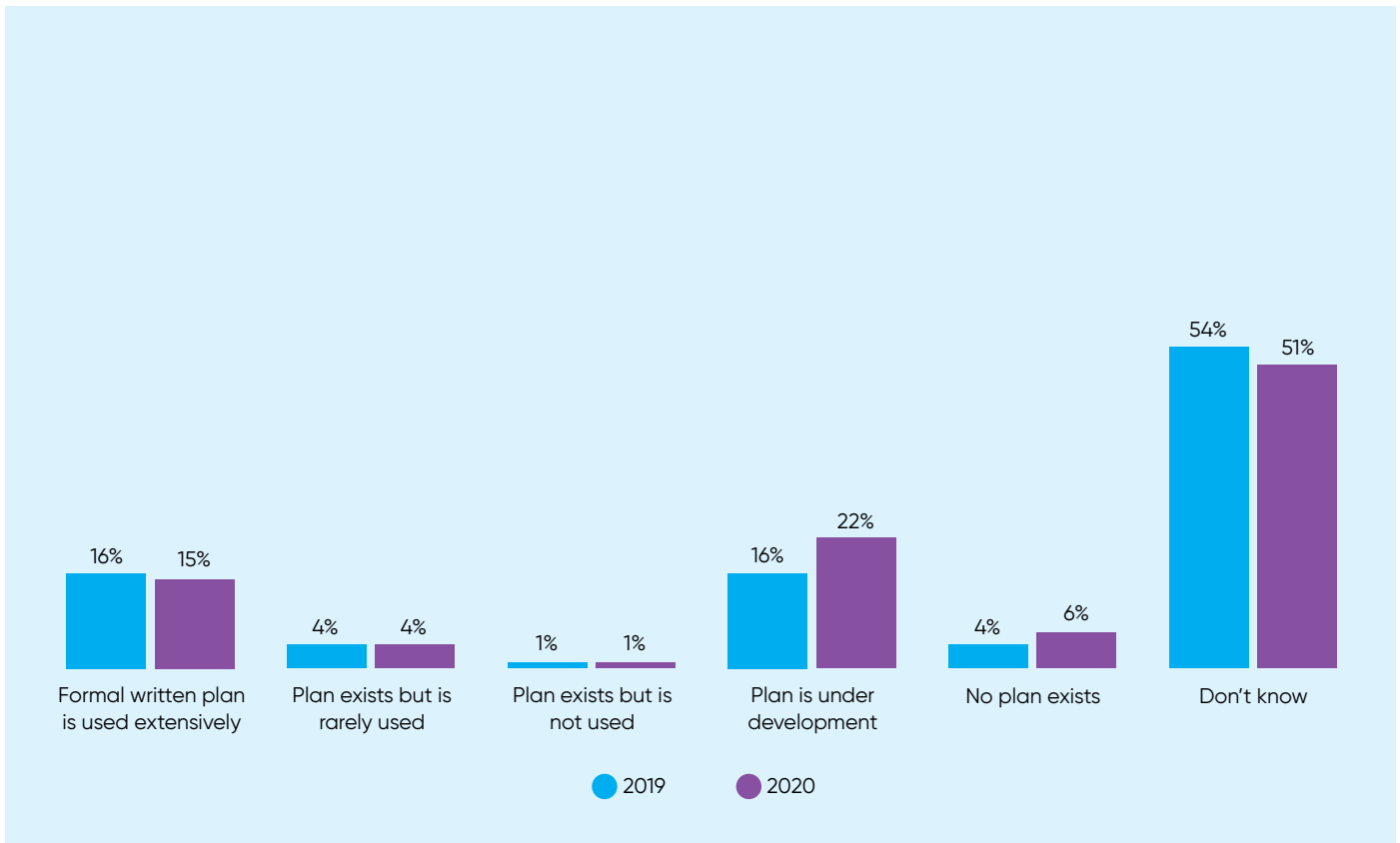
KEY FINDINGS – OVERALL ASSESSMENT

- Over one-third of respondents reported that the SOC approach was being implemented “substantially” or “extensively” in their community, while just over half reported that the SOC approach was being implemented less than substantially.
- Respondents in probation/juvenile justice service systems reported the highest average levels of SOC implementation of all the service systems.
- Regionally, the Long Island region reported the highest overall SOC implementation, and the Finger Lakes, NYC, and Tug Hill Seaway regions reporting the lowest SOC implementation.
- Overall SOC implementation was more widespread among counties with HFW pilot sites and respondents who received training or TA in the past year.

III. STRATEGIC PLAN FOR THE SOC APPROACH

The survey asked respondents to evaluate the extent to which there was a strategic plan in place for SOC implementation and operation. About half of respondents reported that they did not know the extent to which their community had developed or used a strategic plan. Only 15% of respondents indicated that a formal written plan was used extensively in their county. These rates were largely comparable between years, though more respondents indicated that a plan was under development in 2020. The mean score on the overall assessment item in 2020 was 2.01 (corresponding with “plan exists but is not used”). This score was significantly lower than in 2019, when the mean score was 2.28, $t = 2.19, p = .03$. Strategic plan development continues to be an area of lesser focus for counties in NYS.

Existence of a Strategic Plan for SOC Implementation and Operation



Strategic plan, by Service System

Most service systems responded similarly to the existence and use of a strategic plan, averaging around the midpoint of the scale.

Service System	Mean
Probation/ Juvenile Justice	2.15
Mental Health	2.12
C-SPOA	2.10
Family Peer	2.08
School	2.07
Social Services	1.90
Care Management Agency	1.79
Other	1.25

Strategic plan, by County with a NYS SOC Pilot Site

Respondents from counties with pilot sites reported higher scores on the existence and use of an SOC strategic plan than those not in pilot counties.

County with a NYS SOC pilot site	Mean
Yes	2.49
No	1.67

Strategic plan, by Region

Respondents from the Mid-Hudson and Mohawk Valley regions reported the highest scores on this measure, while those from the Finger Lakes region reported the lowest. This item showed a particularly large spread, with the highest and lowest average scores greater than a full point apart.

Region	Mean
Mid-Hudson	2.65
Mohawk Valley	2.64
Western	2.56
Central	2.15
Long Island	1.80
North Country	1.75
Southern Tier	1.73
New York City	1.67
Tug Hill Seaway	1.55
Capital	1.53
Finger Lakes	1.36

Strategic plan, by Training in the Past Year

Respondents who reported receiving training or TA in the past year reported higher average levels of implementation than those who had not received such support.

Training in past year	Mean
Yes	2.17
No	1.85

KEY FINDINGS – STRATEGIC PLAN FOR THE SOC APPROACH

- The majority of respondents reported that they did not know the extent to which their community had developed or used a strategic plan. Only 15% of respondents indicated that a formal written plan was used extensively in their county.
- All service system types reported a similar level of strategic plan development.
- Respondents from the Mid-Hudson and Mohawk Valley regions reported the highest scores on strategic plan development, while those from the Finger Lakes region reported the lowest.
- Strategic plan development was more widespread among counties with HFW pilot sites and respondents who received training or TA in the past year.

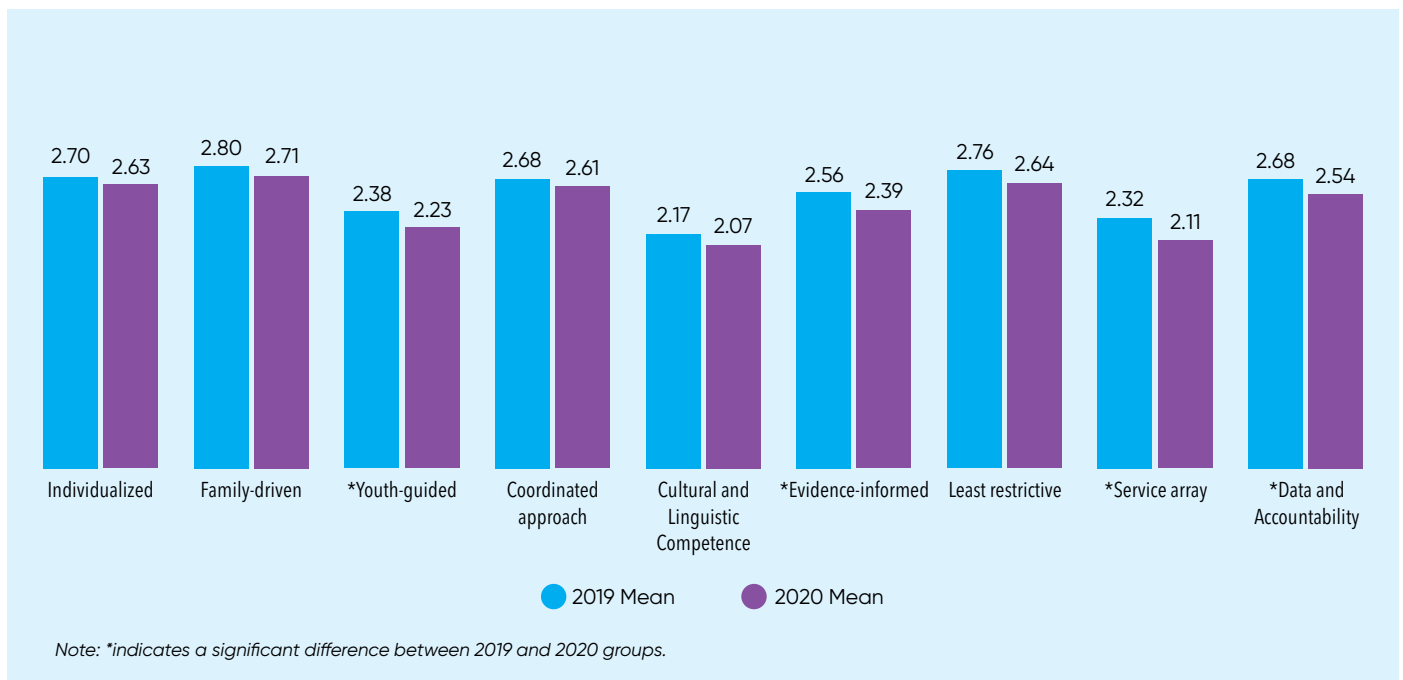
IV. SERVICE DELIVERY GUIDED BY SOC VALUES AND PRINCIPLES

The survey asked respondents to evaluate the extent to which service delivery was guided by SOC values and principles in nine domains:

- Individualized, wraparound approach to service delivery and planning (5 questions);
- Family-driven approach (5 questions);
- Youth-guided approach (5 questions);
- Coordinated approach (4 questions);
- Culturally and linguistically competent approach (5 questions);
- Evidence-informed and promising practices/practice-based evidence approaches (4 questions);
- Least restrictive approach (4 questions);
- Service array (4 questions); and
- Data and accountability (2 questions).

The figure below shows the mean subscale scores within each domain. In all cases, “don’t know” responses were excluded from these mean calculations but counted as “no” responses when determining the percentage of respondents who felt that implementation was substantial or extensive.

Across all respondents, the areas of greatest strength were family-driven approach and least restrictive approach. The domains that presented the clearest challenges were cultural and linguistic competence, service array, and youth-guided approach. Interestingly, while the pattern of strengths and challenge areas was quite consistent between the 2019 and 2020 administrations, the mean ratings were slightly lower for 2020 across all domains, with the greatest drop for Service Array (0.21 points). A drop in the mean score for Service Array is somewhat surprising given that changes due to Medicaid Redesign, e.g., reimbursement of peer services, should have led to an increase in service availability. Domains that were significantly lower in 2020, are youth-guided, evidence-informed, service array, and data and accountability. The overall mean for the service delivery guided by SOC values and principles area in 2020 was 2.44 (between “moderately” and “substantially” implemented). This score was significantly lower than in 2019, when the mean score was 2.58, $t = 2.48$, $p = .01$.

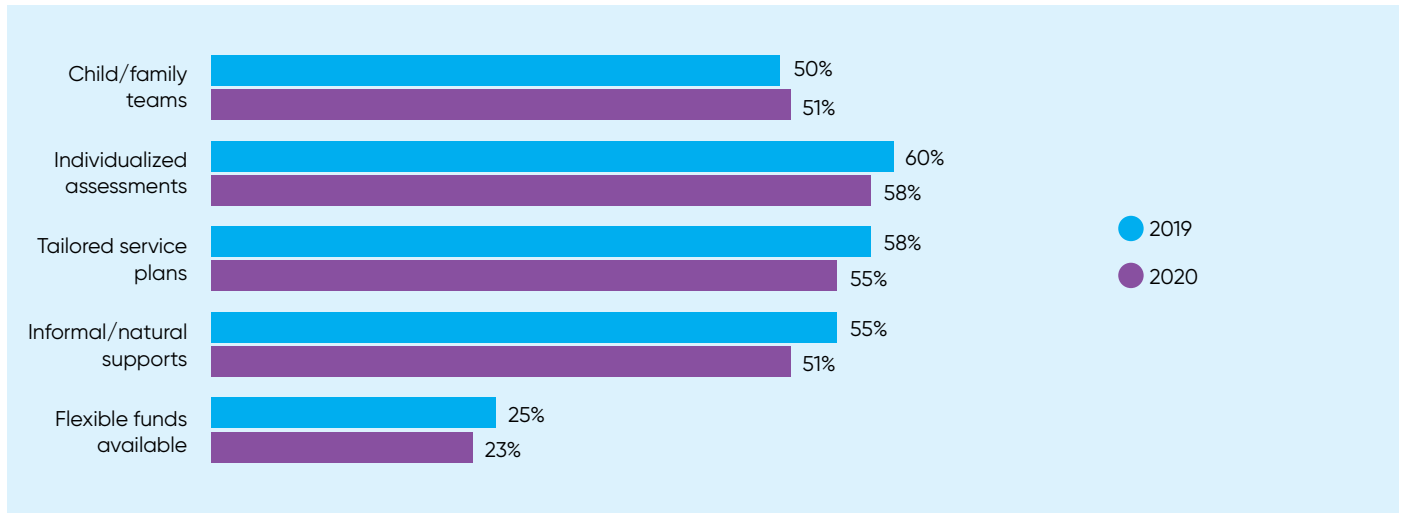


The frequency of substantial or extensive implementation was then examined for each item within each domain. Respondents’ average scores within each domain (excluding missing and don’t know responses) were then compared by service system, region, whether the respondents’ county contained a HFW pilot site, and whether the respondent received SOC training/TA in the past year.

a. Individualized, Wraparound Approach to Service Planning and Delivery

Respondents were most likely to report that their community offered individualized assessments and tailored service plans “substantially” or “extensively.” They were least likely to report that flexible funds were available substantially or extensively. These results were similar to results in 2019.

Percent Reporting Components of Individualized, Wraparound Approach Are Implemented Substantially or Extensively



Individualized, Wraparound Approach to Service Delivery and Planning, by Service System

Respondents from C-SPOAs reported the highest scores; those from schools reported the lowest scores.

Service System	Mean
C-SPOA	2.82
Mental Health	2.78
Probation/Juvenile Justice	2.77
Care Management Agency	2.73
Health Home	2.62
Other	2.56
Social Services	2.47
Family Peer	2.36
School	2.19

Individualized, Wraparound Approach to Service Delivery and Planning, by County with a NYS SOC Pilot Site

Respondents from counties with pilot sites reported higher scores than those in counties without pilot sites.

County with a NYS SOC pilot site	Mean
Yes	2.83
No	2.52

Individualized, Wraparound Approach to Service Delivery and Planning, by Region

There were some regional differences, with respondents from Long Island reporting the highest scores, and those from the Finger Lakes, New York City, and Tug Hill Seaway regions giving the lowest.

Region	Mean
Long Island	3.07
Western	2.84
Mid-Hudson	2.80
Mohawk Valley	2.77
Capital	2.76
Central	2.59
Southern Tier	2.54
North Country	2.50
Finger Lakes	2.36
Tug Hill Seaway	2.35
New York City	2.33

Individualized, Wraparound Approach to Service Delivery and Planning, by Training in the Past Year

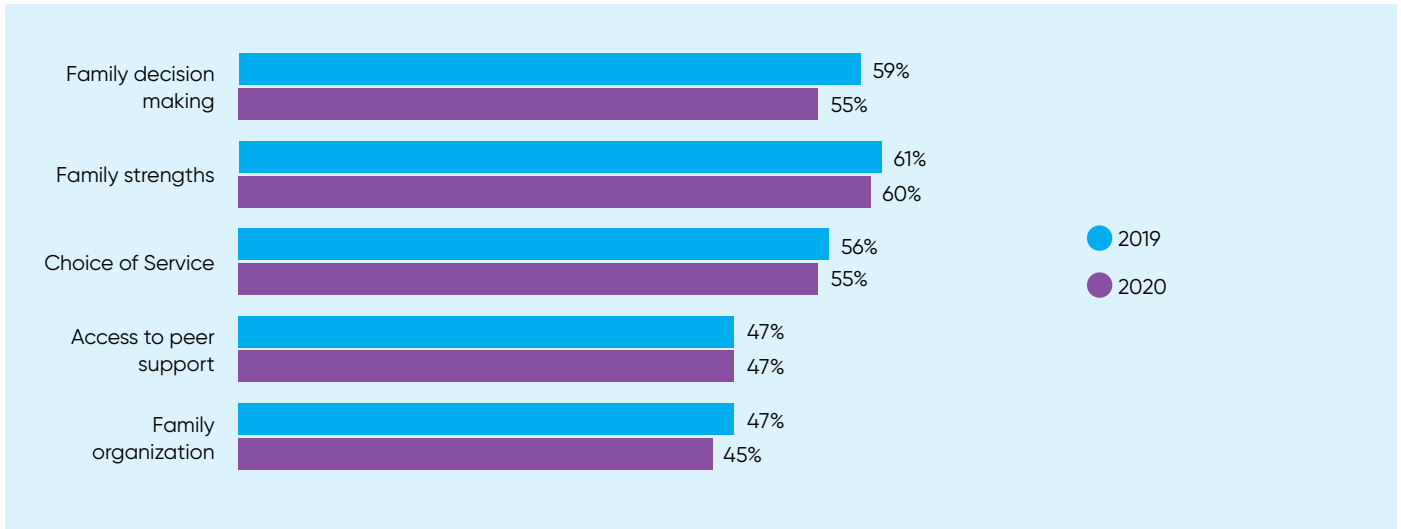
Respondents who had received training or TA in the past year reported slightly higher scores than those who had not received such support.

Training in past year	Mean
Yes	2.73
No	2.57

b. Family-Driven Approach

Respondents were most likely to indicate that family strengths and family decision-making are incorporated substantially or extensively in service planning, and least likely to indicate that families have access to peer support or that a family organization supports family involvement to this degree. Again, these responses were highly similar between administration years.

Percent Reporting Components of a Family-Driven Approach Are Implemented Substantially or Extensively



Family-Driven Approach, by Service System

Respondents from C-SPOAs reported the highest scores; those from schools and substance use systems reported the lowest scores.

Service System	Mean
C-SPOA	3.10
Care Management Agency	2.88
Mental Health	2.84
Family Peer	2.82
Health Home	2.79
Other	2.66
Probation/Juvenile Justice	2.59
Social Services	2.41
School	2.24
Substance Use	2.23

Family-Driven Approach, by County with a NYS SOC Pilot Site

Respondents from counties with pilot sites reported slightly higher scores than those not in pilot counties.

County with a NYS SOC pilot site	Mean
Yes	2.87
No	2.62

Family-Driven Approach, by Region

There was some variation by region, with respondents from Long Island reporting the highest scores, and those from the Central and the Finger Lakes regions reporting the lowest. This item showed a particularly large spread, with the highest and lowest average scores a full point apart.

Region	Mean
Long Island	3.41
Western	3.11
Capital	2.98
Mohawk Valley	2.94
Mid-Hudson	2.84
New York City	2.55
Southern Tier	2.55
Tug Hill Seaway	2.53
North Country	2.50
Central	2.43
Finger Lakes	2.41

Family-Driven Approach, by Training in the Past Year

Respondents who had received training or TA in the past year reported slightly higher scores than those who had not received such support.

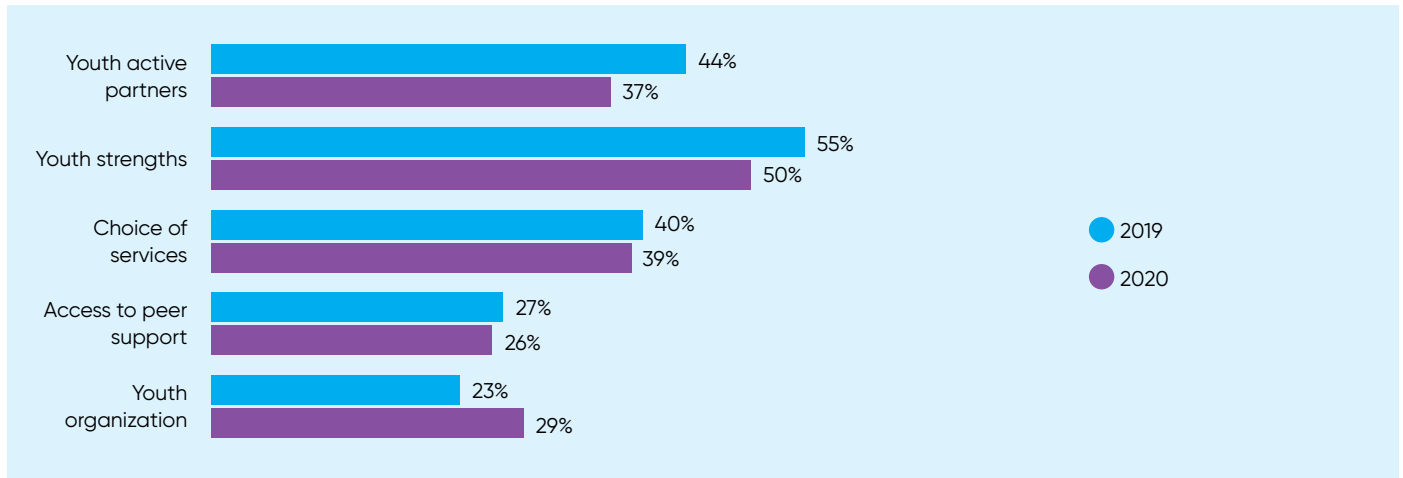
Training in past year	Mean
Yes	2.85
No	2.63

c. Youth-Guided Approach

Respondents were most likely to say that youth strengths are incorporated substantially or extensively, and least likely to report substantial or extensive implementation of youth organizations and access to youth peer support.

Notably, several items showed some shift between 2019 and 2020. First, 2020 respondents were less likely to report substantial or extensive implementation of youth as active partners in service planning and delivery and youth strengths being incorporated into service plans than their 2019 counterparts; however, they were also more likely to report the involvement of youth organizations in service delivery as substantially implemented.

Percent Reporting Components of a Youth-Guided Approach Are Implemented Substantially or Extensively



Youth-Guided Approach, by Service System

Respondents from probation/juvenile justice systems reported the highest scores, followed by those from Health Homes Serving Children and C-SPOA; those from substance use and school systems reported the lowest scores.

Service System	Mean
Probation/Juvenile Justice	2.54
Health Home	2.48
C-SPOA	2.43
Care Management Agency	2.39
Mental Health	2.24
Other	2.22
Family Peer	2.12
Social Services	2.02
School	1.97
Substance Use	1.95

Youth-Guided Approach, by Region

There was some variation in responses by region, with respondents from Long Island giving the highest scores and those from the Finger Lakes and North Country regions the lowest scores.

Region	Mean
Long Island	2.89
Mohawk Valley	2.63
Western	2.44
Mid-Hudson	2.33
New York City	2.33
Capital	2.20
Central	2.13
Southern Tier	2.09
Tug Hill Seaway	2.05
North Country	1.98
Finger Lakes	1.97

Youth-Guided Approach, by County with a Pilot Site

Respondents from counties with pilot sites reported higher average scores than those in counties without HFW pilot sites.

County with a pilot site	Mean
Yes	2.47
No	2.09

Youth-Guided Approach, by Training in the Past Year

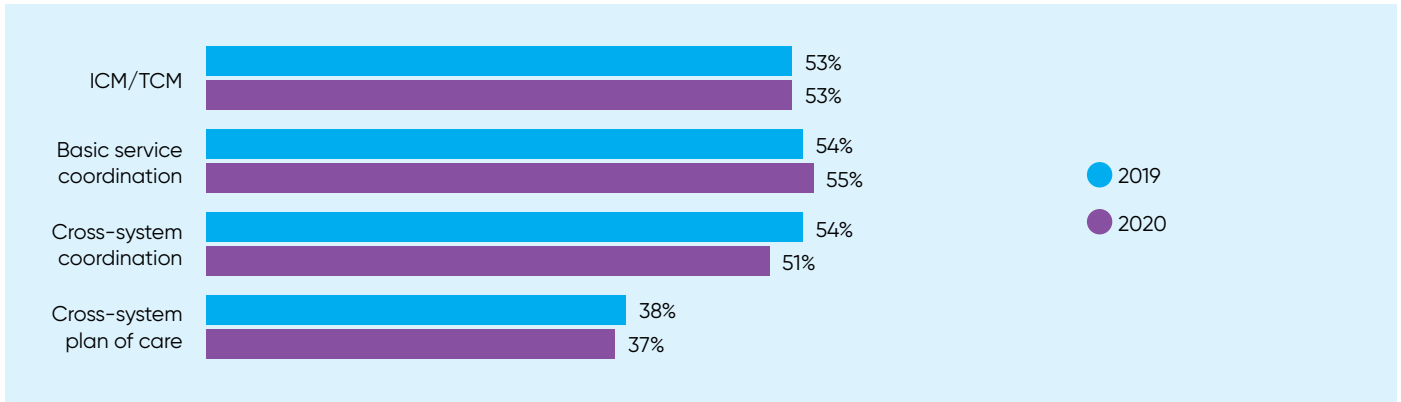
Respondents who had received training or TA in the past year reported slightly higher scores than those who had not received such support.

Training in past year	Mean
Yes	2.34
No	2.16

d. Coordinated Approach

More than 50% of respondents reported that intensive or targeted case management, basic service coordination, or cross-system coordination had been implemented substantially or extensively at their site. Respondents were less likely to indicate that cross-system plans of care had been implemented substantially or extensively. These responses were highly similar to those seen in 2019.

Percent Reporting Components of a Coordinated Approach Are Implemented Substantially or Extensively



Coordinated Approach, by Service System

Respondents from Health Homes Serving Children and care management agencies reported the highest scores; those from schools reported the lowest. This item showed a particularly large spread, with the highest and lowest average scores nearly a full point apart.

Service System	Mean
Health Home	3.03
Care Management Agency	2.94
C-SPOA	2.84
Mental Health	2.74
Probation/Juvenile Justice	2.55
Social Services	2.31
Family Peer	2.31
Other	2.31
School	2.10

Coordinated Approach, by Region

There was some variability by region, with respondents from Long Island giving the highest responses, and those from the Finger Lakes giving the lowest. This item showed a particularly large spread, with the highest and lowest average scores greater than a full point apart.

Region	Mean
Long Island	3.28
Western	2.95
Capital	2.87
New York City	2.84
Mid-Hudson	2.75
Southern Tier	2.59
Mohawk Valley	2.56
North Country	2.53
Tug Hill Seaway	2.40
Central	2.33
Finger Lakes	2.22

Coordinated Approach, by County with a NYS SOC Pilot Site

Respondents in counties with pilot sites reported higher average scores than those in counties without HFW pilot sites.

County with a NYS SOC pilot site	Mean
Yes	2.82
No	2.48

Coordinated Approach, by Training in the Past Year

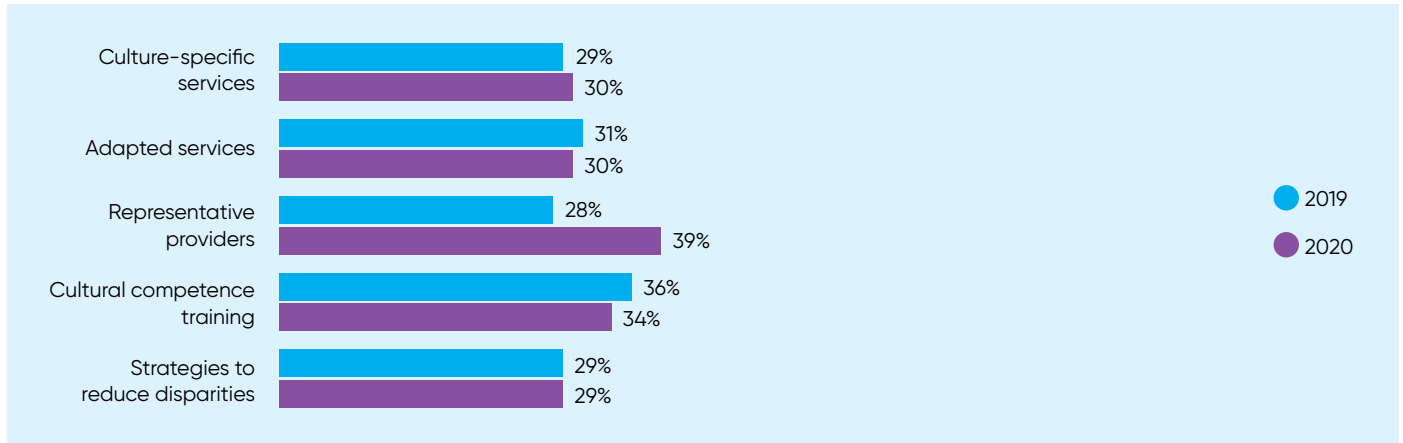
Respondents who had received training or TA in the past year reported slightly higher scores than those who had not received such support.

Training in past year	Mean
Yes	2.74
No	2.53

e. Culturally and Linguistically Competent Approach

Cultural and linguistic competence appeared to be a challenging domain for many communities, with relatively low average subscale scores and low percentages of respondents reporting substantial or extensive implementation on individual subscale items. Interestingly, 2020 respondents were 11% more likely to report that providers represented the cultural and linguistic characteristics of the populations served than were 2019 respondents, indicating potential gains in this area, but all other items were similar between survey administrations.

Percent Reporting Components of Cultural and Linguistic Competence Are Implemented Substantially or Extensively



Culturally and Linguistically Competent Approach, by Service System

Respondents from C-SPOAs and care management agencies reported the highest scores; those from schools reported the lowest scores.

Service System	Mean
C-SPOA	2.34
Care Management Agency	2.31
Mental Health	2.20
Other	1.97
Substance Use	1.89
Probation/Juvenile Justice	1.85
Social Services	1.84
Family Peer	1.78
School	1.49

Culturally and Linguistically Competent Approach, by County with a NYS SOC Pilot Site

Respondents in counties with pilot sites reported higher average scores than those in counties without HFW pilot sites.

County with a NYS SOC pilot site	Mean
Yes	2.37
No	1.91

Culturally and Linguistically Competent Approach, by Region

There was some variability in responses by region, with respondents from Long Island and New York City giving the highest scores, and those from the Tug Hill Seaway and the Finger Lakes regions giving the lowest. This item showed a particularly large spread, with the highest and lowest average scores greater than a full point apart.

Region	Mean
Long Island	2.76
New York City	2.58
Mohawk Valley	2.28
Mid-Hudson	2.21
Capital	2.18
North Country	2.14
Western	2.09
Southern Tier	2.03
Central	1.84
Finger Lakes	1.74
Tug Hill Seaway	1.74

Culturally and Linguistically Competent Approach, by Training in the Past Year

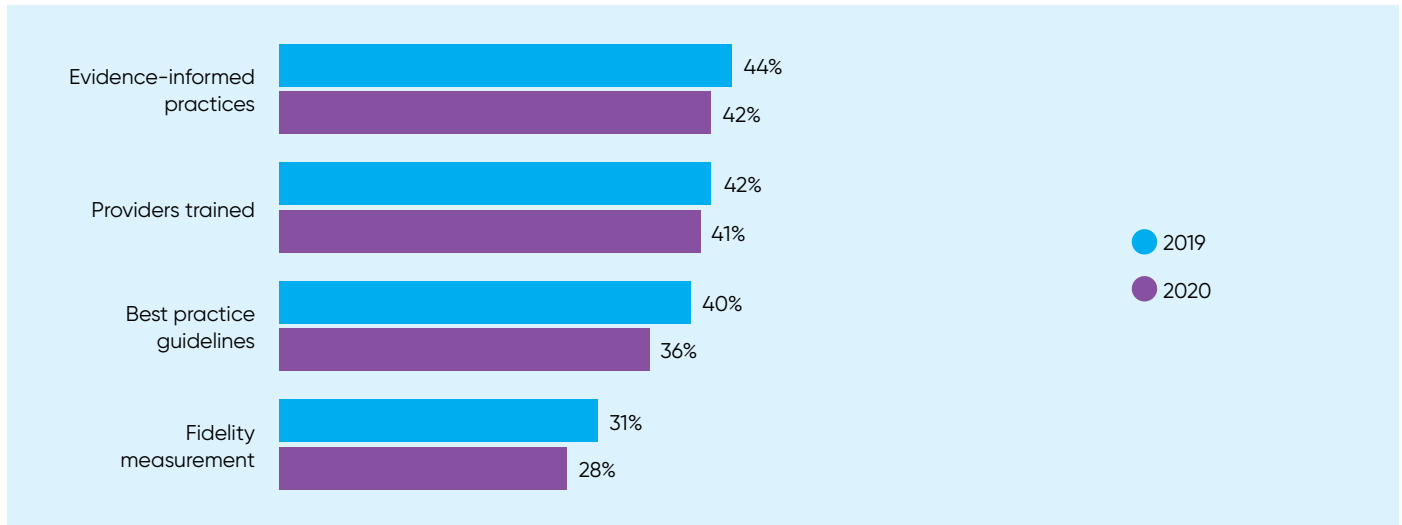
Respondents who had received training or TA in the past year reported slightly higher scores than those who had not received such support.

Training in past year	Mean
Yes	2.23
No	1.99

f. Evidence-Informed and Promising Practices and Practice-Based Evidence Approaches

Respondents were most likely to report that evidence-informed practices are implemented substantially or extensively, and that providers are trained in these practices, and least likely to report such for measurement of fidelity to evidence-informed practices. These results were similar to those found in 2019.

Percent Reporting Components of Evidence-Informed Practice Are Implemented Substantially or Extensively



Evidence-Informed and Promising Practices and Practice-Based Evidence Approaches, by Service System

Respondents from C-SPOAs reported the highest scores; those from schools reported the lowest. This item showed a particularly large spread, with the highest and lowest average scores almost a full point apart.

Service System	Mean
C-SPOA	2.86
Substance Use	2.51
Mental Health	2.43
Care Management Agency	2.40
Family Peer	2.31
Other	2.25
Social Services	2.20
Probation/Juvenile Justice	2.11
School	1.87

Evidence-Informed and Promising Practices and Practice-Based Evidence Approaches, by Region

There was some variability by region. Respondents from Long Island gave the highest scores, and respondents from the Finger Lakes gave the lowest.

Region	Mean
Long Island	2.77
Capital	2.58
Western	2.56
Central	2.54
Tug Hill Seaway	2.44
Mid-Hudson	2.35
Mohawk Valley	2.30
North Country	2.30
New York City	2.28
Southern Tier	2.26
Finger Lakes	2.18

Evidence-Informed and Promising Practices and Practice-Based Evidence Approaches, by County with a NYS SOC Pilot Site

Respondents in counties with pilot sites reported higher average scores than those in counties without HFW pilot sites.

County with a NYS SOC pilot site	Mean
Yes	2.52
No	2.31

Evidence-Informed and Promising Practices and Practice-Based Evidence Approaches, by Training in the Past Year

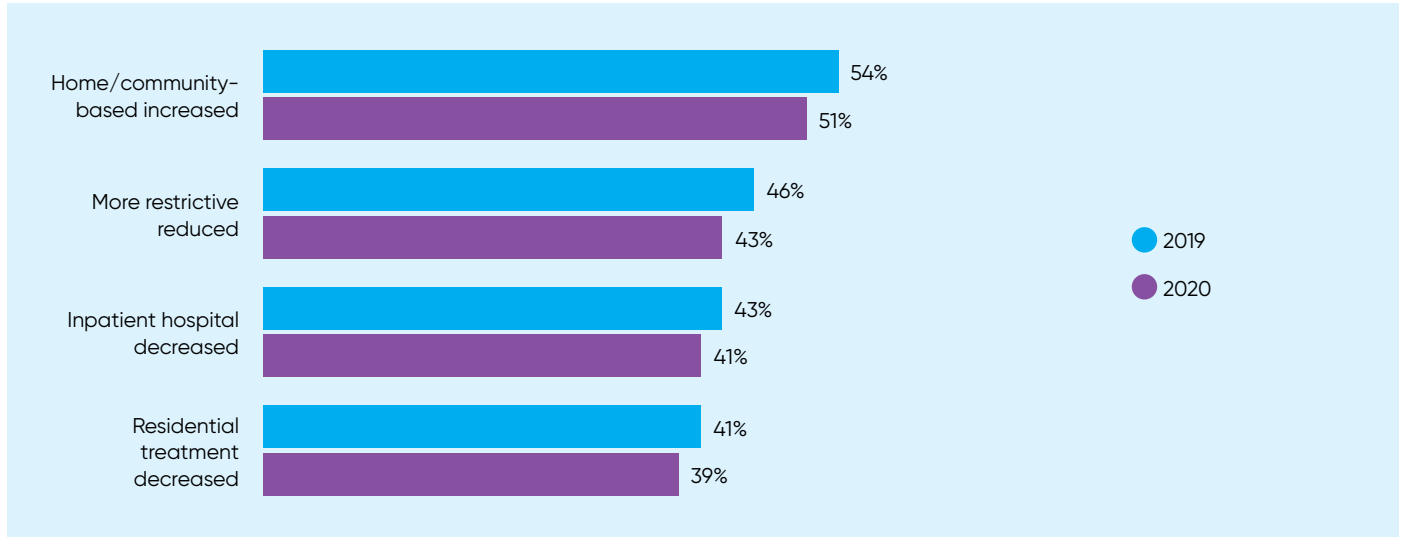
Respondents who had received training or TA in the past year reported slightly higher scores than those who had not received such support.

Training in past year	Mean
Yes	2.46
No	2.34

g. Least Restrictive Approach

Respondents were most likely to report that the implementation of a broad array of home- or community-based services (HCBS) was substantial or extensive, and least likely to report that decreased utilization of residential care had been substantially or extensively implemented. These responses were similar between survey administrations.

Percent Reporting Components of Evidence-Informed Practice Are Implemented Substantially or Extensively



Least Restrictive Approach, by Service System

Respondents from probation/juvenile justice and care management agencies reported the highest scores; those from schools reported the lowest.

Service System	Mean
Other	2.90
Probation/Juvenile Justice	2.84
Care Management Agency	2.82
Mental Health	2.63
Social Services	2.57
Family Peer	2.50
C-SPOA	2.44
School	2.22

Least Restrictive Approach, by County with a NYS SOC Pilot Site

Respondents in counties with pilot sites reported higher average scores than those in counties without HFW pilot sites.

County with a NYS SOC pilot site	Mean
Yes	2.89
No	2.52

Least Restrictive Approach, by Region

There was some variability by region. Respondents from the Western region gave the highest average responses, and those from the Central and Tug Hill Seaway regions gave the lowest.

Region	Mean
Region	Mean
Western	2.87
New York City	2.80
Mid-Hudson	2.78
Southern Tier	2.74
Long Island	2.72
North Country	2.65
Mohawk Valley	2.64
Capital	2.59
Finger Lakes	2.50
Tug Hill Seaway	2.44
Central	2.43

Least Restrictive Approach, by Training in the Past Year

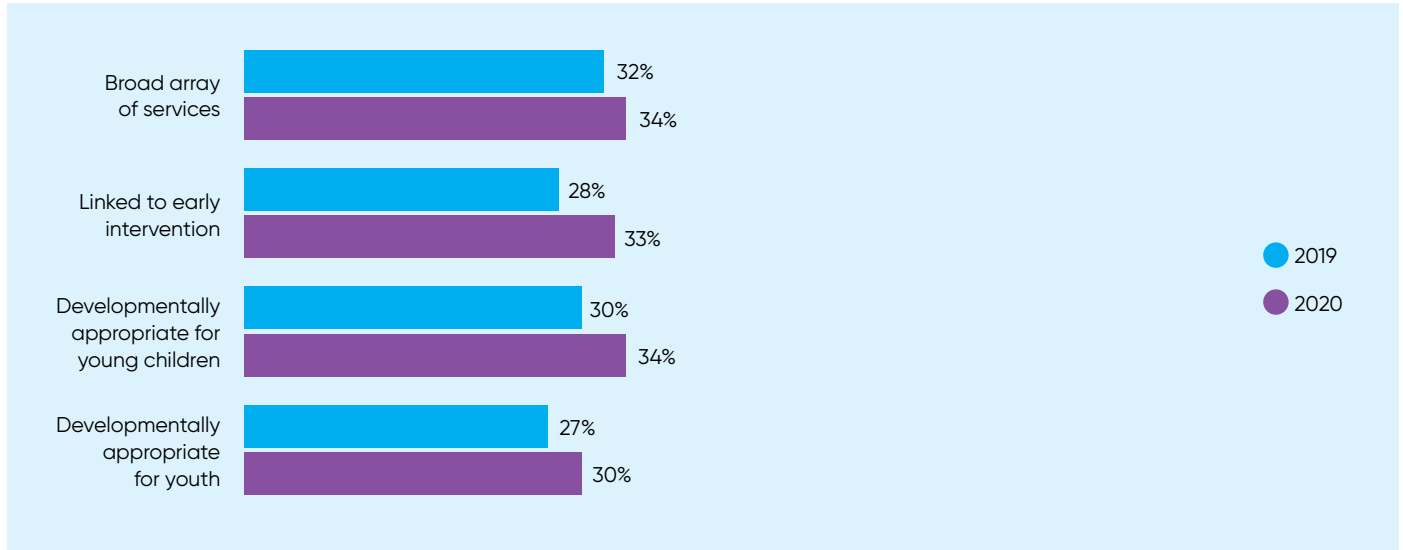
Respondents who had received training or TA in the past year reported slightly higher scores than those who had not received such support.

Training in past year	Mean
Yes	2.76
No	2.58

h. Service Array

Rates of substantial or extensive implementation did not substantially differ between the four items focusing on service array but were slightly higher for 2020 than 2019.

Percent Reporting Components of Service Array Are Implemented Substantially or Extensively



Service Array, by Service System

Respondents from C-SPOAs reported the highest scores; those from schools or family peer systems reported the lowest.

Service System	Mean
C-SPOA	2.29
Other	2.27
Mental Health	2.15
Probation/ Juvenile Justice	2.06
Social Services	2.05
Care Management Agency	2.03
Family Peer	1.89
School	1.87

Service Array, by County with a NYS SOC Pilot Site

Respondents in counties with a pilot site reported higher average scores than those in counties without HFW pilot sites.

County with a NYS SOC pilot site	Mean
Yes	2.43
No	1.96

Service Array, by Region

There was some variability by region. Respondents from Long Island had the highest average responses, while those from Central and the Finger Lakes had the lowest scores. This item showed a particularly large spread, with the highest and lowest average scores nearly a full point apart.

Region	Mean
Long Island	2.71
New York City	2.59
Western	2.37
Mid-Hudson	2.24
Capital	2.16
Mohawk Valley	2.09
Tug Hill Seaway	2.07
Southern Tier	2.03
North Country	2.02
Central	1.96
Finger Lakes	1.78

Service Array, by Training in the Past Year

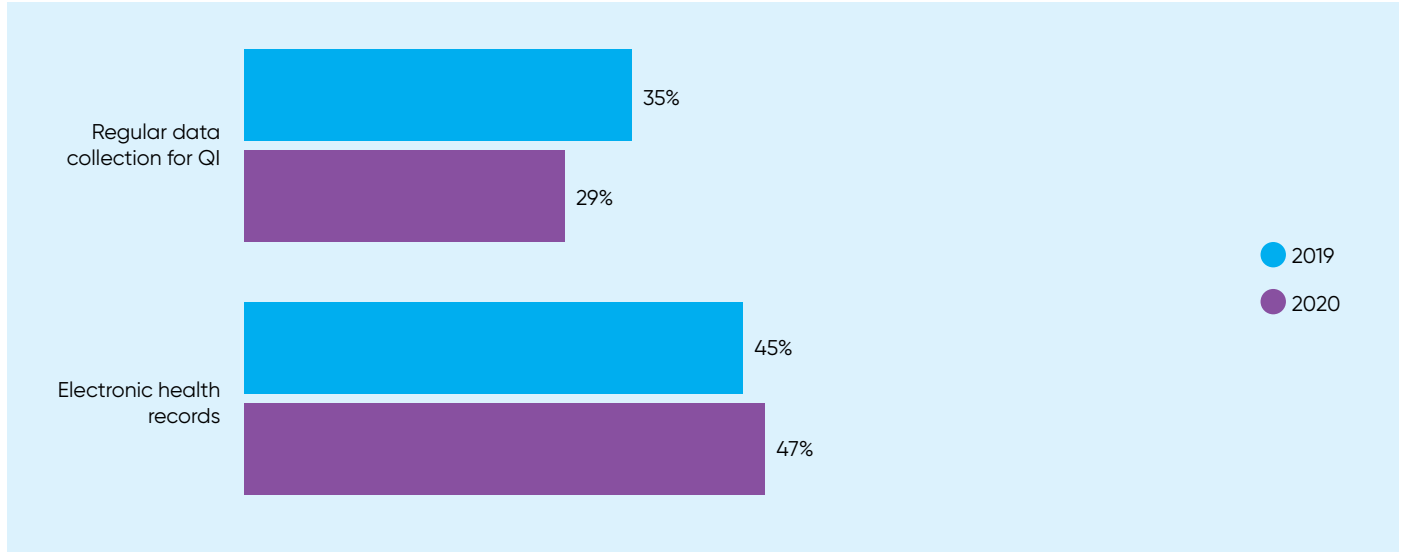
Respondents who had received training or TA in the past year reported slightly higher scores than those who had not received such support.

Training in past year	Mean
Yes	2.28
No	2.02

i. Data and Accountability

Respondents were more likely to report substantial or extensive implementation of electronic health records than regular data collection for quality improvement.

Percent Reporting Components of Data and Accountability Are Implemented Substantially or Extensively



Data and Accountability, by Service System

Respondents from family peer services and C-SPOAs reported the highest scores; those from schools reported the lowest.

Service System	Mean
Family Peer	2.82
C-SPOA	2.79
Care Management Agency	2.69
Mental Health	2.60
Substance Use	2.59
Other	2.34
Probation/Juvenile Justice	2.27
Social Services	2.25
School	1.97

Data and Accountability, by Region

There was some variability by region. Respondents from Long Island gave the highest scores, and respondents from the Mohawk Valley gave the lowest.

Region	Mean
Long Island	3.00
Western	2.91
Capital	2.89
North Country	2.66
Tug Hill Seaway	2.64
Central	2.52
Mid-Hudson	2.45
Finger Lakes	2.36
New York City	2.32
Southern Tier	2.30
Mohawk Valley	2.17

Data and Accountability, by County with a NYS SOC Pilot Site

Respondents in counties with pilot sites reported very slightly higher average scores than those in counties without HFWS pilot sites, but this difference was smaller than for most other domains.

County with a NYS SOC pilot site	Mean
Yes	2.61
No	2.50

Data and Accountability, by Training in the Past Year

Respondents who had received training or TA in the past year reported similar scores to those who had not received such support.

Training in past year	Mean
Yes	2.60
No	2.51

KEY FINDINGS – SOC VALUES AND PRINCIPLES

- Across all respondents, the areas of greatest strength were family-driven, least restrictive, and individualized, wraparound approaches to service planning and delivery. The domains that presented the clearest challenges were cultural and linguistic competence, service array, and youth-guided approach.
- While the pattern of strengths and challenge areas was quite consistent between the 2019 and 2020 survey administrations, the mean ratings were slightly lower for 2020 across all domains. Domains that were significantly lower in 2020 were youth-guided, evidence-informed, service array, and data and accountability.
- Several items showed greater differences (> 5% difference in ratings of substantial/extensive implementation), between the 2019 and 2020 survey administrations. Existence of youth organizations (youth-guided subscale) and representative providers (culturally and linguistically competent subscale) was rated higher in 2020. Youth as active partners (youth-guided subscale) and regular data collection for quality improvement (data and accountability subscale) were rated lower in 2020.
- Lower scores on some individual items point to particularly challenging areas of implementation, that may be important for follow-up development. Those with fewer than 30% reporting substantial or extensive implementation were:
 - » Regular data collection for quality improvement (data and accountability subscale)
 - » Flex funds available (individualized, wraparound subscale)
 - » Access to peer support (youth-guided subscale)
 - » Existence of youth organizations (youth-guided subscale)
 - » Strategies to reduce disparities (culturally and linguistically competent subscale)
 - » Fidelity measurement (data and accountability subscale)
- The highest subscale scores were typically found among respondents from Long Island and Western regions. The lowest scores were typically found among respondents from the Finger Lakes and Tug Hill Seaway regions.
- Respondents from counties with NYS SOC pilot sites demonstrated consistently higher scores in each domain than those in counties without NYS SOC pilot sites; the difference was smallest for the Data & Accountability domain.
- Respondents from C-SPOAs, Health Homes Serving Children, and CMAs were typically among the highest scorers. Respondents from schools consistently reported the lowest subscale scores.
- Respondents who reported receiving training or TA in the past year reported slightly higher scores in each domain than those who had not received such training.

V. SERVICES AND SUPPORTS BASED ON THE SOC APPROACH

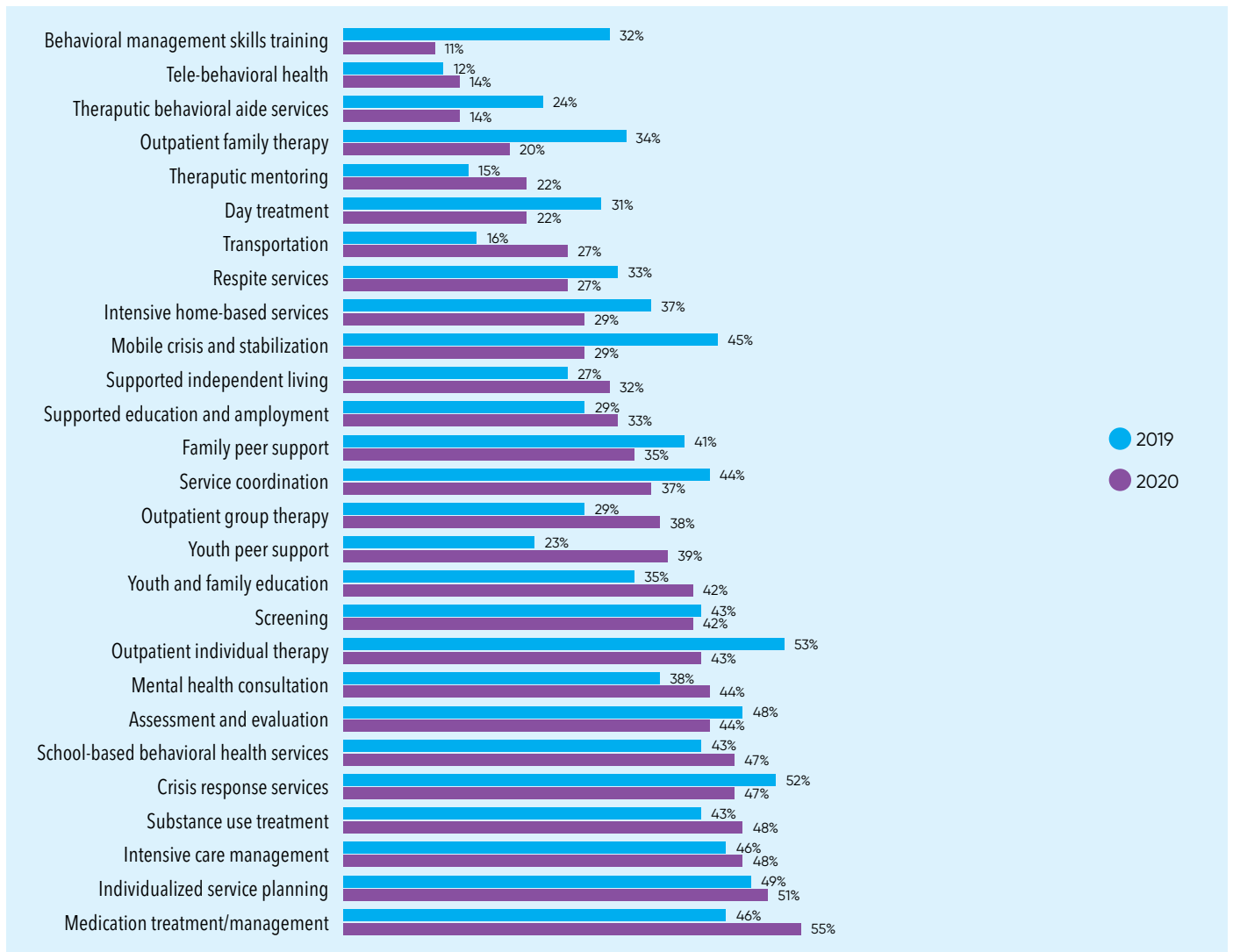
The survey included items related to two domains within SOC services and supports: home- and community-based treatment and support services (nonresidential), and out-of-home treatment services (residential) for short-term treatment goals that are linked to home- and community-based services and supports. Participants were asked to rate the availability of the home- and community-based treatment and support services and availability and appropriate coordination of the out-of-home treatment services. Overall average ratings in this area were nearly statistically different $t = 1.95, p = .05$ between the 2019 and 2020 administrations; the mean in 2019 was 2.24 and the mean in 2020 was 2.13.

a. Home- and Community-Based Treatment and Support Services

Respondents were most likely to report that medication treatment and management and individualized service planning were substantially and extensively available, and least likely to report that behavioral management skills training, therapeutic behavioral aide services, and tele-behavioral health services were substantially and extensively available. Only the top two services were reported to be substantially or extensively available more than 50% of the time.

Overall average ratings were not statistically different between the 2019 and 2020 survey administrations; the mean in 2019 was 2.27 and the mean in 2020 was 2.18. However, ratings on several items appeared different between years. Ratings of substantial and extensive availability were at least 10% lower in 2020 on outpatient individual therapy, mobile crisis and stabilization, outpatient family therapy, behavioral management skills training, and therapeutic behavioral aid services, but were at least 10% higher in 2020 on youth peer support and transportation.

Percent Reporting Components of Home/Community-Based Treatment Are Substantially and Extensively Available



Home- and Community-Based Treatment and Support Services, by Service System

Respondents from mental health systems, C-SPOAs, and CMAs reported the highest scores; those from social services and schools reported the lowest.

Service System	Mean
Mental Health	2.28
Care Management Agency	2.26
C-SPOA	2.25
Substance Use	2.19
Probation/Juvenile Justice	2.13
Family Peer	2.08
Other	2.08
School	2.02
Social Services	1.98

Home- and Community-Based Treatment and Support Services, by County with a NYS SOC Pilot Site

Respondents in counties with pilot sites reported higher average scores than those in counties without HFW pilot sites.

County with a NYS SOC pilot site	Mean
Yes	2.37
No	2.08

Home- and Community-Based Treatment and Support Services, by Region

Respondents in Long Island reported the highest scores for the availability of home- and community-based treatment and support services; respondents in the Finger Lakes reported the lowest scores.

Region	Mean
Long Island	2.64
Capital	2.34
Tug Hill Seaway	2.32
Mid-Hudson	2.29
Western	2.27
North Country	2.20
New York City	2.18
Southern Tier	2.16
Mohawk Valley	2.06
Central	2.01
Finger Lakes	1.93

Home- and Community-Based Treatment and Support Services, by Training in the Past Year

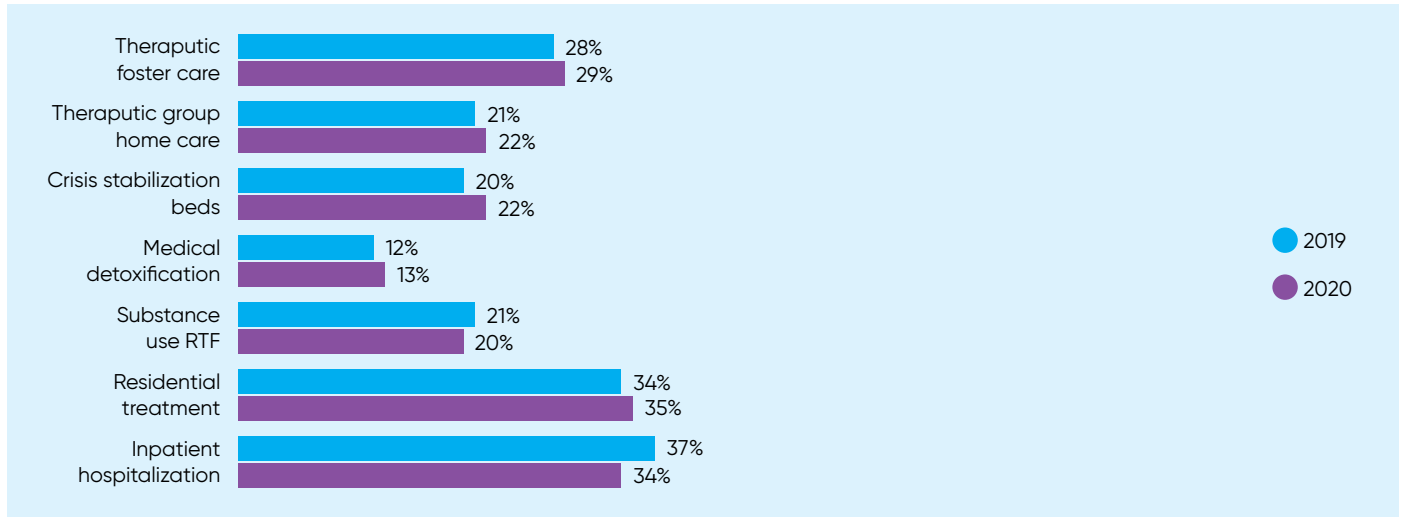
Respondents who had received training or TA in the past year reported slightly higher average scores than those who had not received such support.

Training in past year	Mean
Yes	2.33
No	2.10

b. Out-of-Home Treatment Services

Respondents were most likely to report that inpatient hospitalization and residential treatment were either moderately or mostly available and appropriately linked to home- and community-based services. They were least likely to report that medical detoxification services were available and moderately or mostly appropriately used and linked. These ratings were not statistically different between the 2019 and 2020 administrations; the mean in 2019 was 2.10 and the mean in 2020 was 2.04.

Percent Reporting Components of Out-of-Home Treatment Are Moderately or Mostly Available and Appropriately Used



Out-of-Home Treatment Services, by Service System

Respondents from C-SPOAs reported the highest scores; those from schools reported the lowest.

Service System	Mean
C-SPOA	2.43
Care Management Agency	2.15
Social Services	2.10
Mental Health	2.07
Substance Use	1.99
Probation/Juvenile Justice	1.86
Family Peer	1.82
Other	1.72
School	1.67

Out-of-Home Treatment Services, by County with a NYS SOC Pilot Site

Respondents in counties with pilot sites reported higher average scores than those in counties without HFW pilot sites.

County with a NYS SOC pilot site	Mean
Yes	2.33
No	1.91

Out-of-Home Treatment Services, by Region

Respondents from Long Island reported the highest subscale scores by far; those from the Finger Lakes and Southern Tier regions reported the lowest. This breakdown showed a particularly large spread, with the highest and lowest average scores greater than a full point apart.

Region	Mean
Long Island	2.87
Tug Hill Seaway	2.19
Capital	2.16
Mid-Hudson	2.15
New York City	2.10
Mohawk Valley	2.09
Western	2.06
North Country	1.95
Central	1.91
Finger Lakes	1.83
Southern Tier	1.82

Out-of-Home Treatment Services, by Training in the Past Year

Respondents who had received training or TA in the past year reported slightly higher average scores than those who had not received such support.

Training in past year	Mean
Yes	2.22
No	1.95

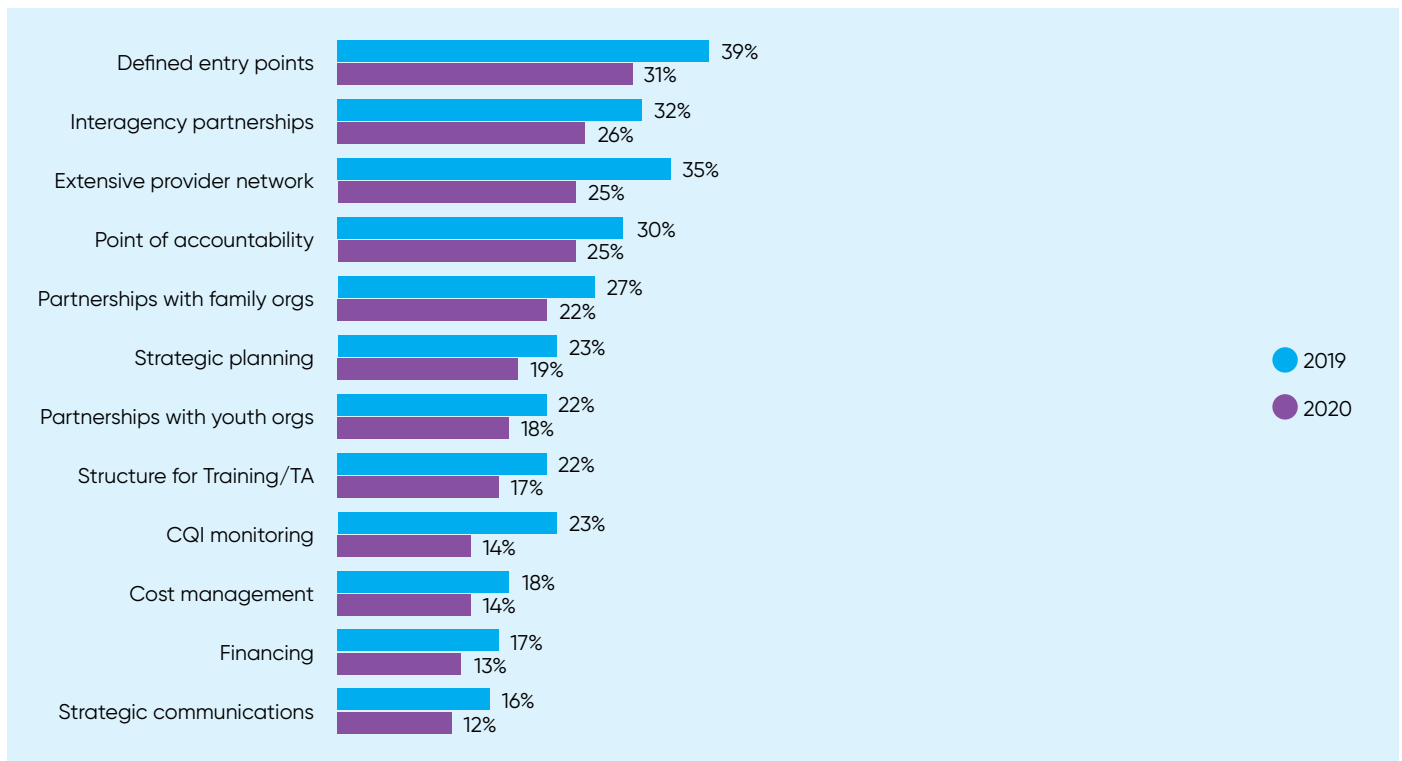
KEY FINDINGS – SERVICES AND SUPPORTS

- Overall average ratings of services and supports based on the SOC approach were nearly statistically different $t = 1.95, p = .05$ between the 2019 and 2020 survey administrations; the mean in 2019 was 2.24 and the mean in 2020 was 2.13.
- For home- and community-based treatment and support services, only two services (medication treatment/management, and individualized service planning) were reported to be substantially or extensively available for more than 50% respondents. This varies from 2019, where outpatient individual therapy and crisis response services were the only two services reported to be substantially or extensively available for more than 50% respondents.
- In 2020, the home- and community-based treatment and support services that were rated lowest were behavioral management skills training, therapeutic behavioral aide services, and tele-behavioral health services; these were substantially/extensively available for fewer than 15% of respondents. In 2019, only tele-behavioral health services fell beneath this same threshold.
- Some home- and community-based service items showed notable variation between 2019 and 2020 (greater than 10% difference in ratings of substantially/extensively available). Ratings were lower for outpatient individual therapy, mobile crisis and stabilization, outpatient family therapy, behavioral management skills training, and therapeutic behavioral aid services. Ratings were higher for youth peer support and transportation.
- For out-of-home treatment services, residential treatment and inpatient hospitalization were more often, and medical detoxification least often, reported to be moderately or mostly available and appropriately linked (around 35% of responses, and 13% respectively). This pattern corresponds with findings from 2019.
- Respondents from C-SPOAs reported among the highest and schools among the lowest on ratings of home- and community-based services for different service systems.
- There was strong regional variation for ratings of both types of services. Respondents from Long Island reported the highest average subscale scores in both cases, while those from the Finger Lakes reported the lowest.
- Respondents from counties with HFW pilot sites reported higher ratings than those in counties without HFW pilot sites.
- Respondents who reported receiving training or TA in the past year reported slightly higher scores in each domain than those who had not received such training.

VI. SYSTEM INFRASTRUCTURE BASED ON SOC APPROACH

The survey asked respondents about the implementation status of twelve different infrastructure components. All these components appeared to be potential challenge areas for the respondents overall, with at least 25% of respondents (50% of valid responses) reporting substantial or extensive implementation for only one item (defined entry points). The items least likely to be substantially or extensively implemented were financing for SOC infrastructure, a structure or process for strategic communications/social marketing, and a structure or process to manage care and costs for high-need populations. All items showed lower ratings for the 2020 administration than 2019, though typically only by a few percentage points. Overall average ratings were not statistically different between the 2019 and 2020 administrations, the mean in 2019 was 2.15 and the mean in 2020 was 2.10.

Percent Reporting Components of System Infrastructure Are Implemented Substantially or Extensively



System Infrastructure Based on SOC Approach, by Service System

Respondents from probation/juvenile justice reported the highest scores; those from social services and “other” systems reported the lowest.

Service System	Mean
Probation/Juvenile Justice	2.33
C-SPOA	2.25
Mental Health	2.23
Care Management Agency	2.07
Family Peer	1.94
School	1.92
Social Services	1.89
Other	1.68

System Infrastructure Based on SOC Approach, by Region

Respondents from Long Island had the highest average infrastructure scores, followed by those from the Mid-Hudson and Mohawk Valley regions. Respondents from the Central and Finger Lakes regions had the lowest scores. This breakdown showed a particularly large spread, with the highest and lowest average scores a full point apart.

Region	Mean
Long Island	2.74
Mid-Hudson	2.38
Mohawk Valley	2.31
Western	2.23
North Country	2.18
Tug Hill Seaway	2.11
Capital	1.98
Southern Tier	1.97
New York City	1.89
Central	1.83
Finger Lakes	1.74

System Infrastructure Based on SOC Approach, by County with a NYS SOC Pilot Site

Respondents in counties with pilot sites reported substantially higher average scores than those in counties without HFW pilot sites, by about half a point.

County with a NYS SOC pilot site	Mean
Yes	2.44
No	1.93

System Infrastructure Based on SOC Approach, by Training in the Past Year

Respondents who had received training or TA in the past year reported substantially higher average scores than those who had not received such support, by about 0.4 points.

Training in past year	Mean
Yes	2.36
No	1.97

KEY FINDINGS – SYSTEM INFRASTRUCTURE

- Overall average ratings on system infrastructure were not statistically different between the 2019 and 2020 administrations.
- All these components appeared to be potential challenge areas for the respondents overall. The items least likely to be substantially or extensively implemented were financing for SOC infrastructure, a structure or process for strategic communications/social marketing, and a structure or process to manage care and costs for high-need populations.
- All items showed lower ratings for the 2020 administration than 2019, though typically only by a few percentage points.
- There were, however, more extreme differences by geography. The highest-scoring region (Long Island) had an average score that was one full point higher than that of the lowest-scoring region (Finger Lakes).
- Counties with HFW pilot sites reported infrastructure scores about 0.5 points higher than counties without HFW pilot sites.
- Interestingly, respondents from the probation/juvenile justice system reported the highest average infrastructure scores; those from social services reported the lowest.
- Respondents who had received training or TA in the past year reported infrastructure scores about 0.4 points higher than those who had not received such support.

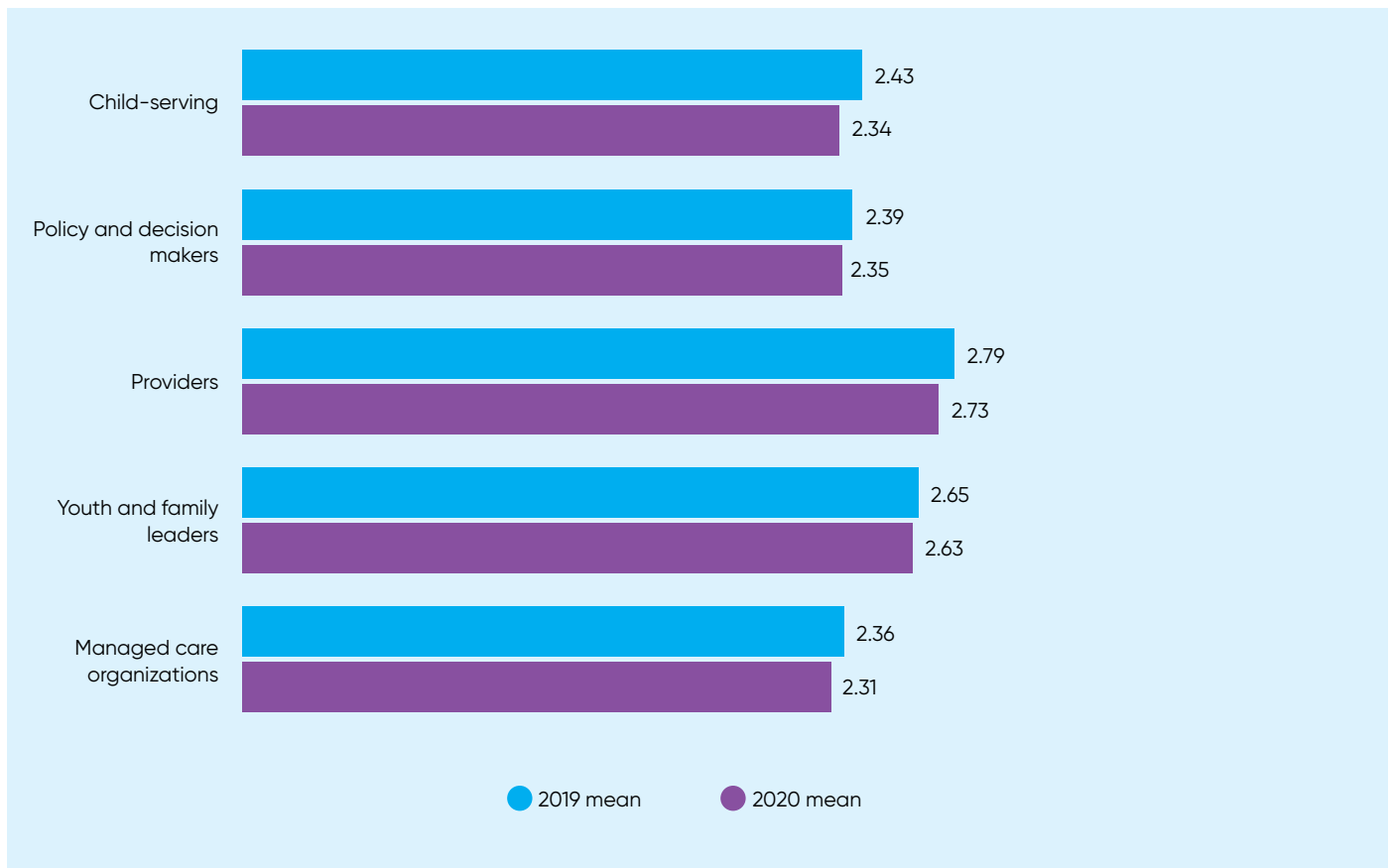
VII. COMMITMENT TO THE SOC PHILOSOPHY AND APPROACH

The survey included items related to the degree of commitment to the SOC philosophy and approach within five service systems:

- Child-serving systems (8 items);
- Policy and decision makers (1 item);
- Providers (2 items);
- Family and youth leaders (2 items); and
- Managed care organizations (MCOs) (2 items).

Providers were perceived to have the highest level of commitment, followed by youth and family leaders. MCOs were perceived to have the lowest levels of commitment. Overall average ratings were not statistically different between the 2019 and 2020 survey administrations; the mean in 2019 was 2.47 and the mean in 2020 was 2.41.

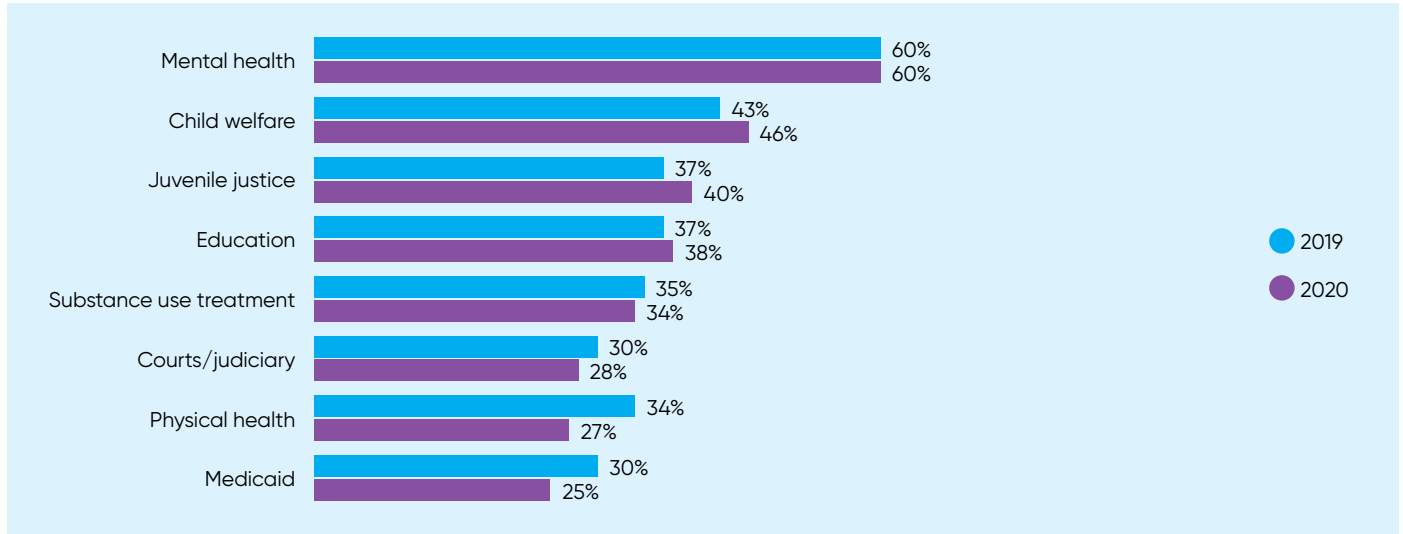
Average Perceived Commitment to SOC Philosophy – Subscale Scores for Service Systems



a. Commitment of Child-Serving Systems

Respondents were most likely to identify mental health systems as “substantially committed” or “extensively committed.” Medicaid, physical health, and the courts/judiciary systems were identified as having the lowest perceived commitment. Overall average ratings were not statistically different between the 2019 and 2020 administrations; the mean in 2019 was 2.43 and the mean in 2020 was 2.34.

Percent Reporting Various Child-Serving Systems Are Substantially or Extensively Committed to SOC Philosophy



Commitment of Child-Serving Systems, by Service System

Respondents from probation/juvenile justice reported the highest scores; those from “other” systems reported the lowest.

Service System	Mean
Probation/Juvenile Justice	2.58
School	2.47
Social Services	2.44
C-SPOA	2.32
Care Management Agency	2.32
Substance Use	2.32
Mental Health	2.28
Family Peer	2.13
Other	1.93

Commitment of Child-Serving Systems, by County with a NYS SOC Pilot Site

Respondents in counties with pilot sites reported very slightly higher average scores than those in counties without HFW pilot sites.

County with a NYS SOC pilot site	Mean
Yes	2.44
No	2.31

Commitment of Child-Serving Systems, by Region

Respondents from the North Country, Western and Tug Hill Seaway regions perceived the highest average levels of commitment of child-serving systems, while those in the New York City and Southern Tier regions reported the lowest scores.

Region	Mean
North Country	2.68
Western	2.59
Tug Hill Seaway	2.58
Mid-Hudson	2.55
Long Island	2.54
Capital	2.32
Mohawk Valley	2.22
Central	2.17
Finger Lakes	2.07
Southern Tier	2.04
New York City	2.03

Commitment of Child-Serving Systems, by Training in the Past Year

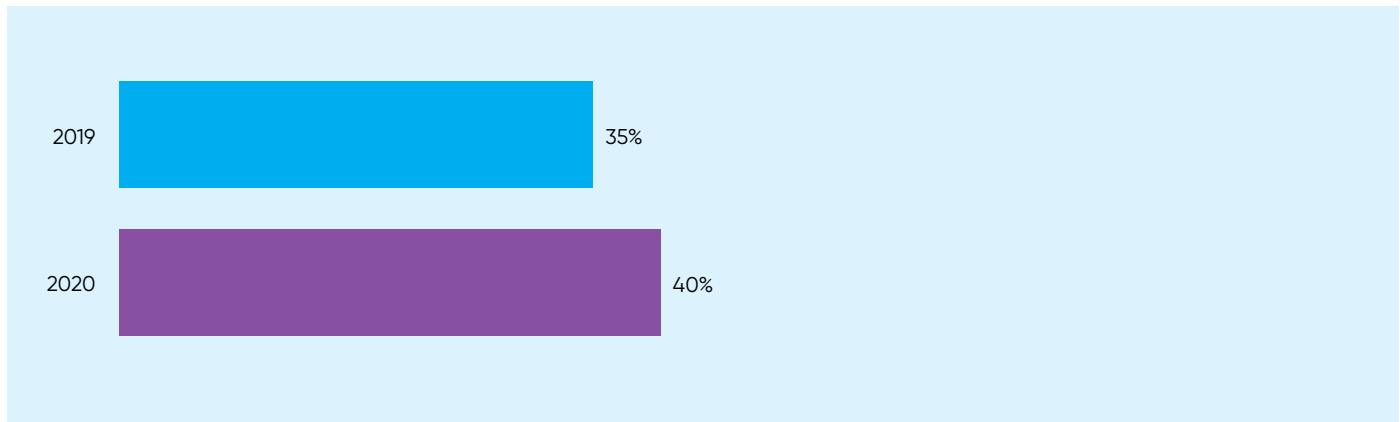
Respondents who had received training or TA in the past year reported higher average scores than those who had not received such support.

Training in past year	Mean
Yes	2.52
No	2.27

b. Commitment of Policy and Decision Makers

Only 40% of respondents reported that policy and decision makers were substantially or extensively committed to the SOC philosophy (similar to the 35% seen in 2019). This low rate is consistent with the commitment levels reported for various child-serving agencies above. Overall average ratings were not statistically different between the 2019 and 2020 administrations; the mean in 2019 was 2.39 and the mean in 2020 was 2.35.

Percent reporting High-Level Policy and Decision Makers at the Community or Regional Level Are Substantially or Extensively Committed to SOC Philosophy



Commitment of Policy and Decision Makers, by Service System

Respondents from probation/juvenile justice reported the highest scores; family peers and schools reported the lowest. This breakdown showed a particularly large spread, with the highest and lowest average scores more than a full point apart.

Service System	Mean
Probation/ Juvenile Justice	2.78
Mental Health	2.50
Social Services	2.44
Care Management Agency	2.43
C-SPOA	2.28
Other	2.28
School	1.82
Family Peer	1.44

Commitment of Policy and Decision Makers, by County with a NYS SOC Pilot Site

Respondents in counties with pilot sites reported higher average scores than those in counties without HFW pilot sites.

County with a NYS SOC pilot site	Mean
Yes	2.65
No	2.22

Commitment of Policy and Decision Makers, by Region

Respondents in the Long Island and Mid-Hudson regions perceived the highest average levels of commitment, while those in the Capital and Southern Tier regions demonstrated the lowest. This breakdown showed a particularly large spread, with the highest and lowest average scores a full point apart.

Region	Mean
Long Island	2.80
Mid-Hudson	2.70
North Country	2.65
Mohawk Valley	2.47
Western	2.45
Central	2.33
Tug Hill Seaway	2.23
Finger Lakes	2.17
New York City	2.10
Southern Tier	1.84
Capital	1.82

Commitment of Policy and Decision Makers, by Training in the Past Year

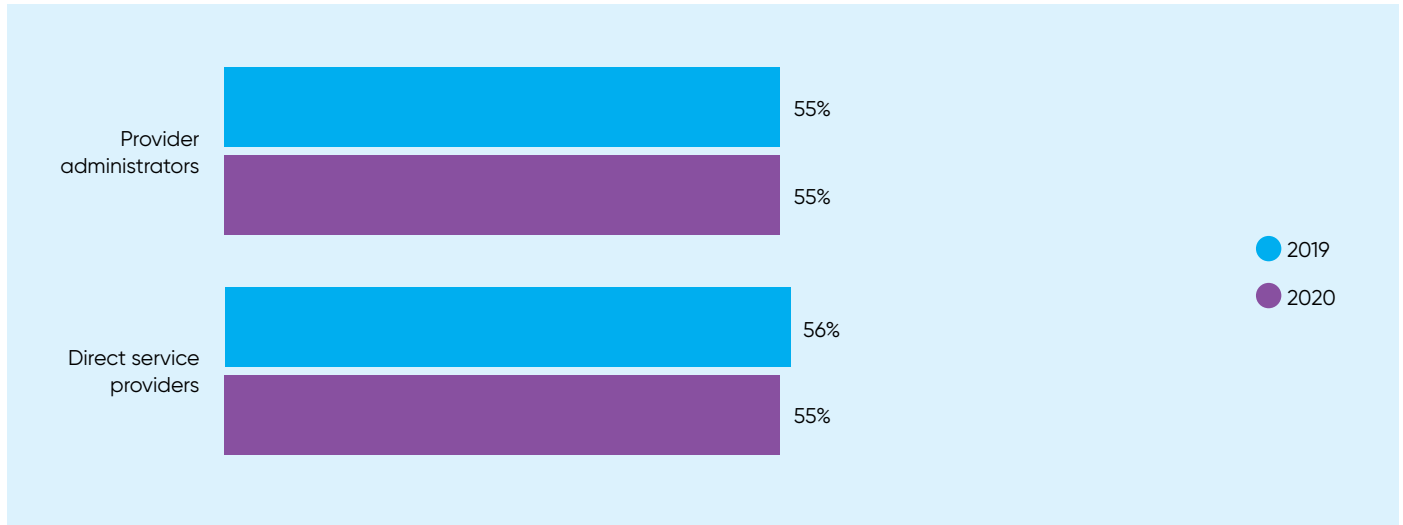
Respondents who had received training or TA in the past year reported higher average scores than those who had not received such support.

Training in past year	Mean
Yes	2.63
No	2.24

c. Commitment of Providers

The respondents reported higher levels of substantial or extensive commitment of their local direct service providers than by either child-serving systems or policy and decision makers. They were equally likely to assign substantial or extensive commitment to provider agency administrator and mid-level managers and to direct service providers (clinicians and others). Overall, average ratings were not statistically different between the 2019 and 2020 administrations; the mean in 2019 was 2.79 and the mean in 2020 was 2.73.

Percent Reporting Providers Are Substantially or Extensively Committed to SOC Philosophy



Commitment of Providers, by Service System

Respondents from probation/juvenile justice and mental health systems reported the highest scores; those from “other” systems reported the lowest.

Service System	Mean
Probation/Juvenile Justice	2.94
Mental Health	2.86
Care Management Agency	2.72
C-SPOA	2.70
School	2.63
Social Services	2.61
Substance Use	2.60
Family Peer	2.57
Other	2.39

Commitment of Providers, by Region

Respondents in Long Island and the North Country perceived the highest average levels of commitment, while those in the Mohawk Valley, Central, and Finger Lakes regions perceived the lowest levels.

Region	Mean
Long Island	3.10
North Country	3.06
New York City	2.91
Mid-Hudson	2.86
Western	2.85
Capital	2.83
Southern Tier	2.72
Tug Hill Seaway	2.61
Central	2.59
Mohawk Valley	2.59
Finger Lakes	2.39

Commitment of Providers, by County with a NYS SOC Pilot Site

Respondents in counties with pilot sites reported slightly higher average scores than those in counties without HFW pilot sites.

County with a NYS SOC pilot site	Mean
Yes	2.87
No	2.67

Commitment of Providers, by Training in the Past Year

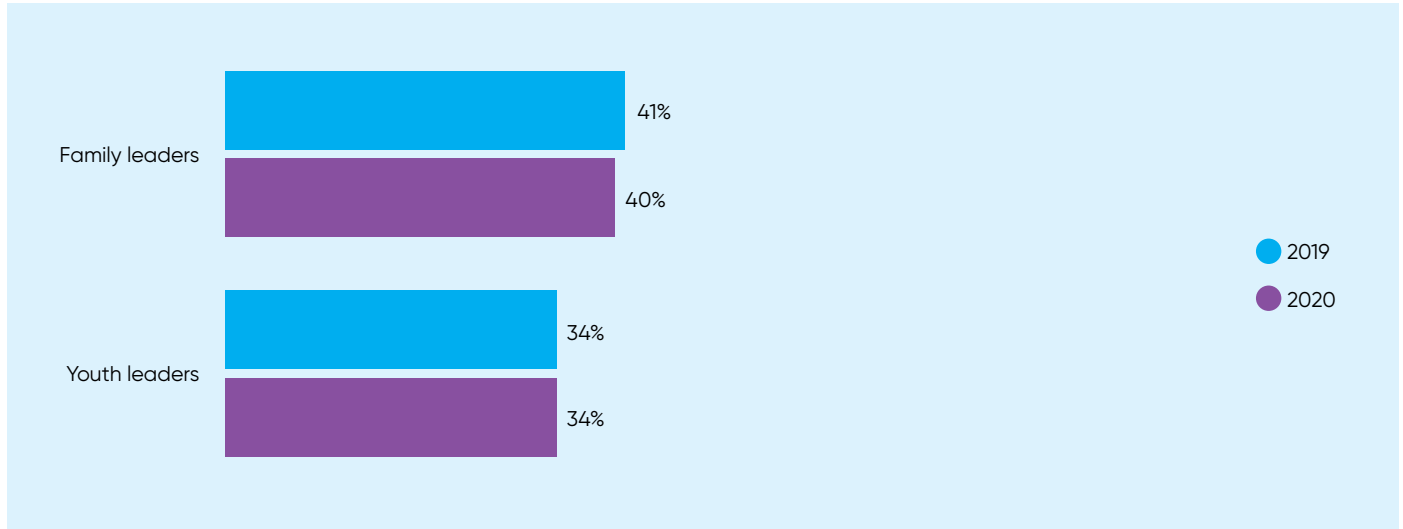
Respondents who had received training or TA in the past year reported higher average scores than those who had not received such support.

Training in past year	Mean
Yes	2.89
No	2.66

d. Commitment of Family and Youth Leaders

Respondents were more likely to report substantial or extensive commitment to SOC philosophy for family leaders than for youth leaders. Youth peer services are newer and less prevalent in the state than family peer services, which may impact responses on perceived commitment. Overall average ratings were not statistically different between the 2019 and 2020 survey administrations; the mean in 2019 was 2.65 and the mean in 2020 was 2.63.

Percent Reporting Family and Youth Leaders Are Substantially or Extensively Committed to SOC Philosophy



Commitment of Family and Youth Leaders, by Service System

Respondents from family peer services reported the highest scores; those from social services and “other” systems reported the lowest.

Service System	Mean
Family Peer	3.10
C-SPOA	2.76
Care Management Agency	2.74
Mental Health	2.70
School	2.44
Social Services	2.30
Other	2.28

Commitment of Family and Youth Leaders, by County with a NYS SOC Pilot Site

Respondents in counties with pilot sites reported higher average scores than those in counties without HFW pilot sites.

County with a NYS SOC pilot site	Mean
Yes	2.86
No	2.51

Commitment of Family and Youth Leaders, by Region

Respondents in the Long Island and Mid-Hudson regions perceived the highest average levels of commitment. The lowest average commitment scores were from respondents in New York City and Central New York.

Region	Mean
Long Island	3.17
Mid-Hudson	2.95
Tug Hill Seaway	2.85
Capital	2.80
Mohawk Valley	2.58
Southern Tier	2.53
North Country	2.50
Western	2.46
Finger Lakes	2.42
Central	2.38
New York City	2.33

Commitment of Family and Youth Leaders, by Training in the Past Year

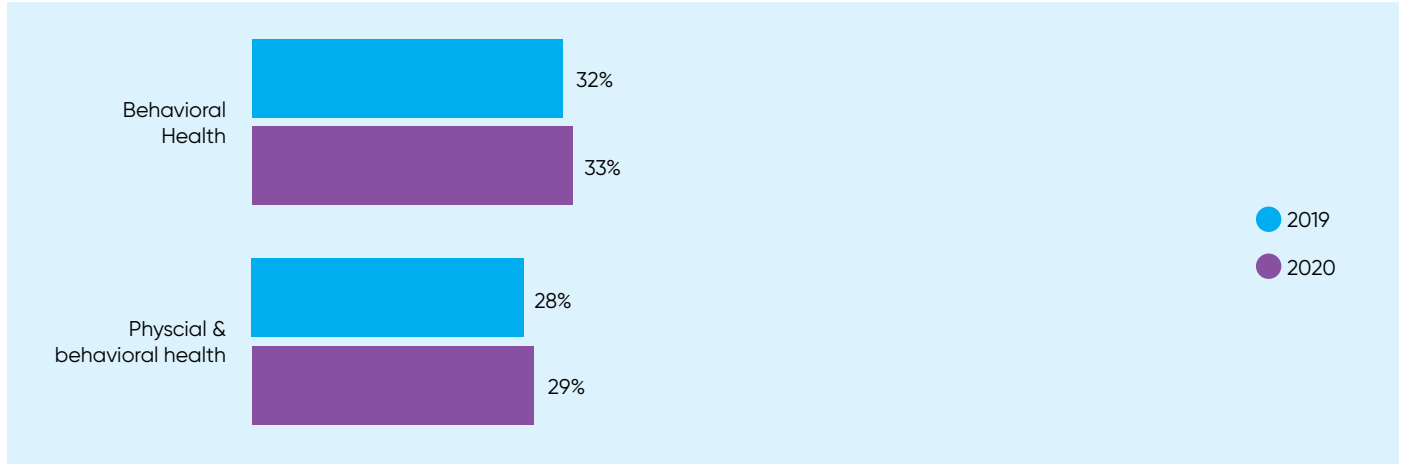
Respondents who had received training or TA in the past year reported higher average scores than those who had not received such support.

Training in past year	Mean
Yes	2.95
No	2.47

e. Commitment of Managed Care Organizations

Relatively few respondents reported substantial or extensive levels of commitment by managed care organizations (MCOs). They were slightly less likely to report this level of commitment for managed care organizations dealing with both physical and behavioral health than they were for organizations dealing with behavioral health only. Overall average ratings were not statistically different between the 2019 and 2020 administrations; the mean in 2019 was 2.36 and the mean in 2020 was 2.31.

Percent Reporting Managed Care Organizations Are Substantially or Extensively Committed to SOC Philosophy



Commitment of Managed Care Organizations, by Service System

Respondents from family peer services reported the highest scores for MCO commitment, those from “other” systems reported the lowest.

Service System	Mean
Family Peer	2.82
C-SPOA	2.68
School	2.36
Mental Health	2.29
Probation/Juvenile Justice	2.20
Care Management Agency	2.19
Social Services	2.16
Other	1.81

Commitment of Managed Care Organizations, by County with a NYS SOC Pilot Site

Respondents in counties with pilot sites reported somewhat higher average scores than those in counties without HFWS pilot sites.

County with a NYS SOC pilot site	Mean
Yes	2.43
No	2.26

Commitment of Managed Care Organizations, by Region

Respondents in the Tug Hill Seaway and Long Island regions reported the highest perceived commitment for MCOs, while those in New York City and the Finger Lakes reported the lowest.

Region	Mean
Tug Hill Seaway	2.68
Long Island	2.63
Southern Tier	2.59
Western	2.56
Capital	2.44
Mohawk Valley	2.39
Mid-Hudson	2.34
North Country	2.29
Central	2.12
Finger Lakes	1.94
New York City	1.82

Commitment of Managed Care Organizations, by Training in the Past Year

Respondents who had received training or TA in the past year reported higher average scores than those who had not received such support.

Training in past year	Mean
Yes	2.47
No	2.24

KEY FINDINGS – COMMITMENT TO SOC PHILOSOPHY AND APPROACH

- Of all the SOC partners, providers were rated as the most committed, followed by youth and family leaders. MCOs were perceived as the least committed. This pattern of responses was the same as in 2019.
- Several types of SOC partners were rated particularly low on perceived commitment to SOC (fewer than 30% of respondents rated them substantially or extremely committed): courts/judiciary systems, physical health systems, Medicaid systems, and MCOs managing physical and behavioral health. It may be beneficial to target SOC outreach to these SOC partner types.
- Several types of SOC partners were rated particularly high on perceived commitment to SOC (greater than 50% of respondents rated them substantially or extremely committed): mental health systems, direct service providers, and direct service provider administrators and managers.
- Respondents from different service systems varied in perceived commitment of SOC partners. Service system of respondent revealed some patterns in perceived commitment of SOC partners. Respondents from the probation/juvenile justice system consistently perceived all types of SOC partners as more highly committed (where available). Family peers gave the highest ratings of all the service systems for commitment of youth and family leaders and MCOs, and the lowest of all the service systems for commitment of child-serving systems, policy and decision makers, and providers; this indicates a more polarized view of SOC partner commitment.
- There were no clear regional patterns for perceived commitment of SOC partners.
- Respondents in counties with HFW pilot sites reported somewhat higher scores than those in counties without HFW pilot sites, though the differences were less extreme than seen in other domains.
- Respondents who reported receiving training or TA in the past year reported higher scores than those who had not received such supports.

A large, stylized number '2' is centered on the page. It is composed of two overlapping shapes: a light blue '2' in the background and a darker blue '2' in the foreground. The text 'PART 2:' is written in white, bold, uppercase letters across the middle of the '2'. Below it, the words 'Regional Profiles' are written in a white, sans-serif font.

PART 2:
Regional Profiles

Part 2: Regional Profiles

Part 2 presents profiles of each region, including the makeup of respondents in each region and a comparison of domain scores within each region versus the averages for all respondents. Regional scores are presented where there are at least 10 respondents. County-level scores are presented where there are at least five respondents. In each regional profile, differences from the overall average are coded in **green** text if they are 0.10 or more points greater than the overall average, and in **red** text if they are 0.10 or more points less than the overall average.

I. CAPITAL

Counties Selected, Capital Region Respondents

Most of the Capital Region respondents selected Albany or Saratoga as their primary county.

Service System, Capital Region Respondents

Neither Columbia nor Schenectady counties had at least five respondents for any item and were excluded from the county breakdowns, though any answers were included in the regional average.

Most Capital region respondents worked in the mental health system.

Average Scores and Subscores for Implementation of the SOC, Respondents from the Capital Region versus All Respondents

Respondents from the Capital region present a mixed picture of SOC implementation. While regional scores were typically average or higher than average for the implementation of SOC principles, there was some by-county variability in these responses (with Saratoga reporting particularly lower-than-average implementation of several principles). The availability of services and treatments was typically rated as higher than average, except for Greene county; however, infrastructure was lower than average overall. Commitment scores were similarly mixed, both by group within the region, and somewhat by county. In general, Albany respondents most frequently reported higher than average scores for most subscales.

Final County, Capital Region	N	Percent
Albany	10	26%
Saratoga	9	24%
Greene	7	18%
Columbia	5	13%
Rensselaer	5	13%
Schenectady	2	5%
Total	38	100%

Service System, Capital Region Respondents	N	Percent
Mental Health	11	29%
Social Services	8	21%
Other	5	13%
C-SPOA	4	11%
Care Management Agency	3	8%
Probation/Juvenile Justice	2	5%
Family Peer	2	5%
Youth Peer	1	3%
School	1	3%
Housing	1	3%
Total	38	100%

	Albany County	Greene County	Rensselaer County	Saratoga County	Capital Region	All Respondents
Strategic planning	n/a	n/a	n/a	n/a	1.53	2.01
Principles						
Individualized Approach	2.91	2.60	2.82	2.52	2.76	2.63
Family-Driven Approach	2.95	3.00	3.07	2.76	2.98	2.71
Youth-Guided Approach	1.80	1.84	2.45	2.43	2.20	2.23
Coordinated Approach	3.14	3.20	n/a	2.36	2.87	2.61
Culturally and Linguistically Competent Approach	2.96	1.88	n/a	2.10	2.18	2.07
Evidence-Informed Approach	3.00	2.85	n/a	2.06	2.58	2.39
Least Restrictive Approach	2.93	n/a	n/a	2.13	2.59	2.64
Service Array	2.64	2.03	1.90	2.13	2.16	2.11
Data and Accountability	3.07	3.50	n/a	2.33	2.89	2.54
Services & Treatments						
Home- and Community-Based	2.51	1.63	2.60	2.26	2.33	2.18
Out-of-Home	2.85	n/a	n/a	n/a	2.16	2.04
Infrastructure	2.28	1.49	n/a	1.61	1.98	2.10
Commitment						
Child-Serving Systems	2.34	1.79	2.62	2.34	2.32	2.34
Policy and Decision Makers	2.17	n/a	n/a	n/a	1.82	2.35
Providers	3.00	3.00	n/a	3.00	2.83	2.73
Family and Youth Leaders	2.33	n/a	n/a	2.80	2.80	2.63
Managed Care Organizations	2.25	n/a	n/a	n/a	2.44	2.31
Overall Assessment	2.43	n/a	2.80	1.67	2.13	2.17

II. CENTRAL

Counties Selected, Central Region Respondents

Most of the Central region respondents selected Oswego as their primary county.

Service System, Central Region Respondents

Most Central region respondents worked in the mental health system.

Average Scores and Subscores for Implementation of the SOC, Respondents from Central Region versus All Respondents

Overall, regional average scores from the Central region respondents were almost always lower than the NYS averages. However, ratings of the implementation of evidence-informed practices and presence of a strategic plan were particularly high, whereas respondents' overall assessment of SOC implementation was at least on par with the state average.

However, these overall averages obscure some county-by-county variation. Cayuga County demonstrated higher-than-average ratings for almost all subscales (with only the implementation of a culturally and linguistically competent approach being rated lower than the state average). In contrast, Cortland, Madison, and Oswego counties showed average or lower-than-average scores for all items. Oneida County's responses were mixed. Onondaga had only a few items with sufficient N to examine subscale responses, though those that were available for SOC principle implementation were more positive.

Final County, Central New York	N	Percent
Oswego	18	33%
Cayuga	10	18%
Oneida	8	15%
Cortland	7	13%
Madison	7	13%
Onondaga	5	9%
Total	55	100%

Service System, Central New York Respondents	N	Percent
Mental Health	19	35%
Social Services	14	26%
Probation/Juvenile Justice	5	9%
School	4	7%
C-SPOA	3	6%
Health Home	3	6%
Family Peer	3	6%
Substance Use	2	4%
Care Management Agency	1	2%
Other	1	2%
Total	55	100%

	Cayuga County	Cortland County	Madison County	Oneida County	Onondaga County	Oswego County	Central Region	All Respondents
Strategic planning	3.89	n/a	n/a	1.80	n/a	n/a	2.15	2.01
Principles								
Individualized Approach	3.26	1.89	2.31	2.36	2.88	2.48	2.59	2.63
Family-Driven Approach	2.78	1.90	2.50	n/a	2.96	2.08	2.43	2.71
Youth-Guided Approach	2.38	1.29	2.20	n/a	2.77	1.89	2.13	2.23
Coordinated Approach	3.07	1.58	2.38	2.55	2.98	1.66	2.33	2.61
Culturally and Linguistically Competent Approach	1.93	1.28	1.90	2.20	2.40	1.58	1.84	2.07
Evidence-Informed Approach	3.88	1.50	2.25	n/a	n/a	1.98	2.54	2.39
Least Restrictive Approach	3.78	1.25	2.11	2.65	n/a	1.96	2.43	2.64
Service Array	3.08	1.04	1.50	2.45	n/a	1.52	1.96	2.11
Data and Accountability	3.55	1.30	2.00	2.30	n/a	2.59	2.52	2.54
Services & Treatments								
Home- and Community-Based	2.96	1.41	1.46	2.24	n/a	1.62	2.01	2.18
Out-of-Home	2.82	0.93	1.18	n/a	n/a	1.50	1.91	2.04
Infrastructure	3.11	n/a	0.83	2.22	n/a	1.26	1.83	2.10
Commitment								
Child-Serving Systems	2.87	n/a	1.78	2.29	n/a	1.84	2.17	2.34
Policy and Decision Makers	3.40	n/a	1.40	2.60	n/a	2.00	2.33	2.35
Providers	3.30	n/a	1.79	n/a	n/a	2.45	2.59	2.73
Family and Youth Leaders	2.60	n/a	1.75	n/a	n/a	2.33	2.38	2.63
Managed Care Organizations	2.44	n/a	n/a	n/a	n/a	1.94	2.12	2.31
Overall Assessment	3.50	1.20	0.83	2.00	n/a	1.80	2.15	2.17

III. FINGER LAKES

Counties Selected, Finger Lakes Region Respondents

Most of the Finger Lakes respondents selected Monroe, Chemung, or Seneca as their primary county.

Service System, Finger Lakes Region Respondents

Neither Schuyler nor Steuben counties had at least five respondents for any item, so were excluded from the county breakdowns, though all responses were included in the regional averages.

Most Finger Lakes respondents worked in the mental health system.

Average Scores and Subscores for Implementation of the SOC, Respondents from the Finger Lakes region versus All Respondents

Overall, regional average scores from Finger Lakes respondents were all lower than the NYS averages. Most counties showed average or lower than average responses, with a few individual-subscale exceptions (e.g., Livingston, Monroe, Wayne, and Yates counties).

However, Chemung County demonstrated especially positive responses on the implementation of SOC principles, except for the implementation of a culturally and linguistically competent approach, and the availability of services and treatments. Their overall assessment of SOC implementation was also more positive than average. However, their ratings of perceived commitment were mostly lower than average. Ontario County also showed particularly positive responses on their overall assessment of SOC implementation, and on ratings of perceived commitment for several groups. Seneca County's ratings were mostly around the state averages.

Final County, Finger Lakes	N	Percent
Monroe	19	20%
Chemung	15	16%
Seneca	15	16%
Ontario	13	14%
Yates	11	11%
Livingston	9	9%
Wayne	7	7%
Steuben	6	6%
Schuyler	1	1%
Total	96	100%

Service System, Finger Lakes Respondents	N	Percent
Mental Health	31	32%
Social Services	18	19%
Care Management Agency	11	12%
Other	11	12%
School	8	8%
Probation/Juvenile Justice	5	5%
C-SPOA	4	4%
Family Peer	4	4%
Youth Peer	2	2%
Physical Health	1	1%
Substance Use	1	1%
Total	96	100%

	Chemung County	Livingston County	Monroe County	Ontario County	Seneca County	Wayne County	Yates County	Finger Lakes Region	All Respondents
Strategic planning	n/a	n/a	1.08	2.00	1.33	n/a	1.64	1.36	2.01
Principles									
Individualized Approach	2.93	2.57	2.03	2.40	2.52	2.18	1.83	2.36	2.63
Family-Driven Approach	2.78	2.57	2.26	2.50	2.48	2.43	2.01	2.41	2.71
Youth-Guided Approach	2.39	1.61	2.13	2.15	2.16	1.90	1.31	1.97	2.23
Coordinated Approach	2.80	1.91	1.90	2.63	2.53	1.92	1.80	2.22	2.61
Culturally and Linguistically Competent Approach	1.79	2.34	1.33	1.77	2.08	1.17	1.53	1.74	2.07
Evidence-Informed Approach	2.39	2.09	1.93	2.86	2.47	1.35	1.61	2.18	2.39
Least Restrictive Approach	2.84	2.86	2.50	2.65	2.66	1.90	1.84	2.50	2.64
Service Array	2.19	1.78	1.54	2.14	1.80	1.10	1.45	1.78	2.11
Data and Accountability	3.17	2.50	1.92	2.83	2.50	2.30	0.92	2.36	2.54
Services & Treatments									
Home- and Community-Based	2.73	1.61	1.98	2.21	2.16	1.29	1.27	1.93	2.18
Out-of-Home	2.18	0.96	2.01	2.65	2.14	0.87	1.43	1.83	2.04
Infrastructure	2.21	1.62	1.64	2.14	2.06	n/a	1.13	1.74	2.10
Commitment									
Child-Serving Systems	2.22	1.86	2.10	2.57	2.19	1.40	1.93	2.07	2.34
Policy and Decision Makers	2.20	1.50	2.55	1.83	2.33	1.60	2.57	2.17	2.35
Providers	2.64	2.14	2.14	2.79	2.41	2.30	2.33	2.39	2.73
Family and Youth Leaders	2.50	n/a	2.68	2.79	2.55	1.70	n/a	2.42	2.63
Managed Care Organizations	3.20	1.60	0.40	2.50	2.35	1.50	1.40	1.94	2.31
Overall Assessment	2.29	1.50	1.67	2.29	2.09	1.60	1.63	1.81	2.17

IV. LONG ISLAND

Counties Selected, Long Island Region Respondents

Long Island respondents either gave evaluations of Nassau or Suffolk counties.

Service Systems, Long Island Region Respondents

Most Long Island respondents worked in the mental health system.

Average Scores and Subscores for Implementation of the SOC Respondents from Long Island versus All Respondents

Overall, regional average scores from Long Island respondents were almost all higher than the NYS averages. Ratings of the presence and use of a strategic plan were lower than the state average, and ratings of the implementation of a least-restrictive approach was on par with that for the full state, but all other items showed especially positive responses. This pattern was consistent within both Nassau and Suffolk counties; in both groups, scores were almost universally more positive than the state averages.

Final County, Long Island	N	Percent
Nassau	13	62%
Suffolk	8	38%
Total	21	100%

Service System, Long Island Respondents	N	Percent
Mental Health	10	48%
C-SPOA	5	24%
Care Management Agency	2	10%
Family Peer	2	10%
Social Services	1	5%
Substance Use	1	5%
Total	21	100%

	Nassau County	Suffolk County	Long Island region	All Respondents
Strategic planning	n/a	1.71	1.80	2.01
Principles				
Individualized Approach	3.04	3.08	3.06	2.63
Family-Driven Approach	3.43	3.40	3.41	2.71
Youth-Guided Approach	3.27	2.70	2.89	2.23
Coordinated Approach	3.35	3.25	3.28	2.61
Culturally and Linguistically Competent Approach	3.07	2.60	2.76	2.07
Evidence-Informed Approach	2.75	2.78	2.77	2.39
Least Restrictive Approach	2.58	2.79	2.72	2.64
Service Array	2.38	2.88	2.71	2.11
Data and Accountability	2.80	3.09	3.00	2.54
Services & Treatments				
Home- and Community-Based	2.54	2.70	2.64	2.18
Out-of-Home	2.88	2.87	2.87	2.04
Infrastructure	2.48	2.87	2.74	2.10
Commitment				
Child-Serving Systems	1.94	2.84	2.54	2.34
Policy and Decision Makers	n/a	2.83	2.80	2.35
Providers	3.20	3.05	3.10	2.73
Family and Youth Leaders	3.30	3.10	3.17	2.63
Managed Care Organizations	2.83	2.42	2.63	2.31
Overall Assessment	2.60	2.83	2.76	2.17

V. MID-HUDSON

Counties Selected, Mid-Hudson Region Respondents

Most of the Mid-Hudson respondents selected Westchester as their primary county.

Service Systems, Mid-Hudson Region Respondents

Most Mid-Hudson respondents worked in the mental health system.

Average Scores and Subscores for Implementation of the SOC, Respondents from the Mid-Hudson region versus All Respondents

Overall, regional average scores from respondents from the Mid-Hudson region were higher than, or on par with, NYS averages. However, there was county-by-county variation. Dutchess (except for implementation of a youth-guided approach), Orange (except for the perceived commitment of managed care organizations), and Putnam (except for implementation of data and accountability, and availability of out-of-home services) counties all demonstrated relatively positive ratings of SOC implementation. However, Rockland (except for implementation of a strategic plan, individualized approach, and perceived commitment of child-serving systems), Sullivan (except for implementation of a strategic plan), and Ulster (except for implementation of an individualized approach) all showed relatively negative ratings. Westchester County's ratings were more mixed, with several items scoring higher than state averages (particularly on perceived commitment of different groups) and several scoring lower. Therefore, the Mid-Hudson region may really consist of two or three sub-groups that average out to relatively positive responses.

Final County, Mid-Hudson	N	Percent
Westchester	24	24%
Orange	18	18%
Dutchess	16	16%
Sullivan	15	15%
Ulster	10	10%
Putnam	8	8%
Rockland	7	7%
Total	98	100%

Service System, Mid-Hudson Respondents	N	Percent
Mental Health	37	38%
Social Services	18	18%
Probation/Juvenile Justice	8	8%
Care Management Agency	6	6%
School	5	5%
Substance Use	5	5%
C-SPOA	4	4%
Family Peer	4	4%
Developmental Disabilities	3	3%
Other	3	3%
Youth Peer	2	2%
Family Court	1	1%
Health Home	1	1%
Housing	1	1%
Total	98	100%

	Dutchess County	Orange County	Putnam County	Rockland County	Sullivan County	Ulster County	Westchester County	Mid-Hudson region	All Respondents
Strategic planning	2.38	2.75	n/a	3.17	2.17	1.33	3.15	2.65	2.01
Principles									
Individualized Approach	3.25	2.95	3.54	2.80	1.95	2.80	2.56	2.80	2.63
Family-Driven Approach	3.11	3.20	3.68	2.43	2.35	2.37	2.51	2.84	2.71
Youth-Guided Approach	2.11	2.73	3.34	2.07	1.65	1.78	2.38	2.33	2.23
Coordinated Approach	2.99	2.82	3.44	2.46	2.46	2.17	2.68	2.75	2.61
Culturally and Linguistically Competent Approach	2.14	2.38	2.90	2.10	1.93	1.71	2.30	2.21	2.07
Evidence-Informed Approach	2.72	2.59	2.89	2.21	2.00	1.92	2.11	2.35	2.39
Least Restrictive Approach	3.03	3.38	3.25	2.50	2.23	2.25	2.48	2.78	2.64
Service Array	2.13	2.52	3.58	2.04	1.58	1.61	2.34	2.24	2.11
Data and Accountability	2.82	2.77	2.25	2.08	2.25	2.07	2.47	2.45	2.54
Services & Treatments									
Home- and Community-Based	2.46	2.40	2.74	2.10	2.06	1.99	2.22	2.29	2.18
Out-of-Home	2.10	2.55	1.93	1.36	1.83	1.96	2.57	2.15	2.04
Infrastructure	2.36	2.71	3.04	2.20	2.06	1.63	2.47	2.38	2.10
Commitment									
Child-Serving Systems	2.82	2.55	3.06	2.70	2.39	2.07	2.45	2.55	2.34
Policy and Decision Makers	3.00	2.93	3.20	2.40	2.18	2.20	2.80	2.70	2.35
Providers	3.45	3.17	3.40	n/a	2.45	2.25	2.57	2.86	2.73
Family and Youth Leaders	3.19	3.14	n/a	n/a	2.25	n/a	3.10	2.95	2.63
Managed Care Organizations	2.44	2.08	3.33	n/a	2.22	n/a	2.90	2.34	2.31
Overall Assessment	2.64	2.67	n/a	2.00	1.67	1.43	2.53	2.35	2.17

VI. MOHAWK VALLEY

Counties Selected, Mohawk Valley Region Respondents

Most of the Mohawk Valley respondents selected Otsego as their primary county.

Service Systems, Mohawk Valley Region Respondents

Herkimer County did not have at least five respondents for any item, so was excluded from the county breakdowns, though any answers were included in the regional average.

Most Mohawk Valley respondents worked in the mental health system.

Average Scores and Subscores for Implementation of the SOC, Respondents from the Mohawk Valley region versus All Respondents

Overall, regional average scores from Mohawk Valley respondents were mixed. Average ratings of the implementation of SOC principles were on par with, or higher than, all NYS averages, except for data and accountability. Ratings of the implementation and use of a strategic plan and of infrastructure were also high. However, ratings of service availability were relatively low, and perceived commitment of different groups was mixed.

There was some notable county-by-county variation. Otsego County was relatively positive on SOC principle implementation, while Fulton/Montgomery respondents were more negative on the items where sufficient data was available; Schoharie responses differed by individual subscale. Fulton/Montgomery ratings of the availability of services and treatments and of infrastructure were also particularly low, while Otsego's were more mixed. Perceived commitment ratings were highly inconsistent between counties. And while Otsego and Schoharie demonstrated higher than average overall assessments of SOC implementation, the regional average was on par with that for the full state.

Final County, Mohawk Valley	N	Percent
Otsego	12	35%
Fulton/Montgomery	9	26%
Schoharie	7	21%
Herkimer	6	18%
Total	34	100%

Service System, Mohawk Valley Respondents	N	Percent
Mental Health	10	29%
Social Services	7	21%
Care Management Agency	4	12%
School	3	9%
Probation/Juvenile Justice	2	6%
C-SPOA	2	6%
Family Peer	2	6%
Physical Health	1	3%
Substance Use	1	3%
Housing	1	3%
Other	1	3%
Total	34	100%

	Fulton/Montgomery County	Otsego County	Schoharie County	Mohawk Valley region	All Respondents
Strategic planning	n/a	3.00	n/a	2.65	2.01
Principles					
Individualized Approach	2.12	3.01	2.63	2.77	2.63
Family-Driven Approach	2.13	3.29	2.79	2.94	2.71
Youth-Guided Approach	2.16	2.96	2.20	2.63	2.23
Coordinated Approach	n/a	2.81	2.46	2.56	2.61
Culturally and Linguistically Competent Approach	n/a	2.44	2.20	2.28	2.07
Evidence-Informed Approach	n/a	2.36	2.57	2.30	2.39
Least Restrictive Approach	2.00	2.81	2.58	2.64	2.64
Service Array	n/a	2.23	2.08	2.09	2.11
Data and Accountability	n/a	2.23	2.33	2.17	2.54
Services & Treatments					
Home- and Community-Based	1.87	2.04	2.21	2.06	2.18
Out-of-Home	1.48	2.11	2.16	2.09	2.04
Infrastructure	1.47	2.55	n/a	2.31	2.10
Commitment					
Child-Serving Systems	2.20	1.82	2.69	2.22	2.34
Policy and Decision Makers	2.00	2.57	2.40	2.47	2.35
Providers	n/a	2.33	3.25	2.59	2.73
Family and Youth Leaders	n/a	2.92	2.38	2.58	2.63
Managed Care Organizations	n/a	2.29	2.67	2.39	2.31
Overall Assessment	n/a	2.44	2.33	2.24	2.17

VII. NEW YORK CITY

Counties Selected, New York City Region Respondents

Most New York City respondents selected the Bronx as their primary county.

Service System, New York City Region Respondents

Only the Bronx had a sufficient number of respondents for any individual item to examine county-level responses.

Most New York City respondents worked in the mental health system, social services, or a CMA.

Average Scores and Subscores for Implementation of the SOC, Respondents from New York City versus All Respondents

Ratings from New York City respondents showed mixed patterns when compared to those from the full state sample. About half of the SOC principles were reported to be implemented more extensively than for the state average, and the other half less extensively. Service and treatment availability ratings were on par with state averages, but ratings of infrastructure, perceived commitment, strategic planning, and overall assessment were all lower than average. However, given the limited amount of county-based data available, further insights as to more local-level responses driving these patterns cannot be determined at this time.

Final County, New York City	N	Percent
Bronx	7	47%
New York/ Manhattan	5	33%
Kings/Brooklyn	1	7%
Queens	1	7%
Richmond/ Staten Island	1	7%
Total	15	100%

Service System, New York City Respondents	N	Percent
Mental Health	4	27%
Social Services	4	27%
Care Management Agency	4	27%
Physical Health	1	7%
Family Court	1	7%
Health Home	1	7%
Total	15	100%

	Bronx County	New York City region	All Respondents
Strategic planning	n/a	1.67	2.01
Principles			
Individualized Approach	2.59	2.33	2.63
Family-Driven Approach	2.30	2.55	2.71
Youth-Guided Approach	2.43	2.33	2.23
Coordinated Approach	2.92	2.84	2.61
Culturally and Linguistically Competent Approach	2.67	2.58	2.07
Evidence-Informed Approach	1.85	2.28	2.39
Least Restrictive Approach	2.55	2.80	2.64
Service Array	2.45	2.59	2.11
Data and Accountability	2.10	2.32	2.54
Services & Treatments			
Home- and Community-Based	2.35	2.18	2.18
Out-of-Home	2.09	2.10	2.04
Infrastructure	n/a	1.89	2.10
Commitment			
Child-Serving Systems	1.91	2.03	2.34
Policy and Decision Makers	n/a	2.10	2.35
Providers	2.30	2.91	2.73
Family and Youth Leaders	n/a	2.33	2.63
Managed Care Organizations	2.00	1.82	2.31
Overall Assessment	n/a	1.90	2.17

VIII. NORTH COUNTRY

Counties Selected, North Country Region Respondents

Most North Country respondents selected Clinton or Warren/Washington (surveyed together due to their combined system) as their primary county.

Service Systems, North Country Region Respondents

Most North Country respondents worked in social services or in the mental health system.

Average Scores and Subscores for Implementation of the SOC, Respondents from the North Country region versus All Respondents

Overall, regional average scores from the North Country were similar to those for all NYS respondents. Ratings of the development of a strategic and implementation of several SOC principles were lower than average, though ratings of data and accountability were higher. Perceived commitment was also higher than average for three groups, though lower for one.

However, there was also county variability within the region. Franklin County showed especially high ratings on almost all items; in contrast, Warren/Washington respondents had particularly low ratings on almost all items. Clinton County's average ratings of SOC principle implementation were mostly lower than average (except for data and accountability), but perceived commitment and overall assessment were relatively high. Essex County's ratings of SOC principle implementation were relatively high where available (except for youth-guided and evidence-informed approaches). Hamilton County had sufficient responses to examine county-level averages on only two items. As such, a regional basis may obscure differences between these counties.

Final County, North Country	N	Percent
Clinton	13	27%
Warren/Washington	13	27%
Franklin	9	19%
Essex	7	15%
Hamilton	6	13%
Total	48	100%

Service System, North Country Respondents	N	Percent
Social Services	11	23%
Mental Health	10	21%
School	5	10%
Physical Health	4	8%
Probation/Juvenile Justice	4	8%
Other	3	6%
Family Court	2	4%
Care Management Agency	2	4%
Health Home	2	4%
Family Peer	2	4%
C-SPOA	1	2%
Substance Use	1	2%
Developmental Disabilities	1	2%
Total	48	100%

	Clinton County	Essex County	Franklin County	Hamilton County	Warren/Washington County	North Country region	All Respondents
Strategic planning	n/a	0.89	3.18	n/a	1.27	1.75	2.01
Principles							
Individualized Approach	2.12	2.86	2.83	n/a	1.94	2.50	2.63
Family-Driven Approach	2.30	3.07	2.87	n/a	2.14	2.50	2.71
Youth-Guided Approach	1.77	2.10	2.56	n/a	1.51	1.98	2.23
Coordinated Approach	2.24	2.93	2.70	n/a	2.18	2.54	2.61
Culturally and Linguistically Competent Approach	1.54	2.64	2.57	n/a	1.98	2.14	2.07
Evidence-Informed Approach	2.19	2.13	2.71	n/a	1.98	2.30	2.39
Least Restrictive Approach	2.57	n/a	3.06	3.1	1.98	2.65	2.64
Service Array	1.75	2.25	2.63	2.15	1.42	2.02	2.11
Data and Accountability	3.08	n/a	2.70	n/a	2.39	2.66	2.54
Services & Treatments							
Home- and Community-Based	2.34	n/a	2.55	n/a	1.93	2.20	2.18
Out-of-Home	1.74	n/a	2.33	n/a	2.35	1.95	2.04
Infrastructure	2.03	n/a	2.66	n/a	1.83	2.18	2.10
Commitment							
Child-Serving Systems	2.64	n/a	2.91	n/a	2.15	2.68	2.34
Policy and Decision Makers	2.67	n/a	3.44	n/a	1.44	2.65	2.35
Providers	3.42	n/a	3.27	n/a	2.39	3.06	2.73
Family and Youth Leaders	n/a	n/a	2.79	n/a	2.50	2.50	2.63
Managed Care Organizations	3.00	n/a	2.22	n/a	2.00	2.29	2.31
Overall Assessment	2.50	n/a	2.55	n/a	1.60	2.21	2.17

IX. SOUTHERN TIER

Counties Selected, Southern Tier Region Respondents

Most Southern Tier respondents selected Broome as their primary county.

Service Systems, Southern Tier Region Respondents

Neither Delaware nor Tioga counties had at least five respondents for any item, so were excluded from the county breakdowns, though any answers were included in the regional average.

Most Southern Tier respondents worked in the mental health system.

Average Scores and Subscores for Implementation of the SOC, Respondents from the Southern Tier region versus All Respondents

Overall, regional average scores from Southern Tier region respondents were lower than, or on par with, NYS averages (except for especially positive ratings of the implementation of a least-restrictive approach, and of the perceived commitment of managed care organizations). However, there was county variation. Chenango County respondents were almost uniformly more positive than average (except for ratings of perceived commitment of policy and decision makers, and for data and accountability), while Broome and Tompkins County respondents were almost uniformly more negative (except for ratings of perceived commitment of family and youth leaders, and managed care organizations, in Broome, and a few other on-par scores).

Final County, Southern Tier	N	Percent
Broome	18	41%
Chenango	13	30%
Tompkins	8	18%
Delaware	3	7%
Tioga	2	5%
Total	44	100%

Service System, Southern Tier Respondents	N	Percent
Mental Health	10	23%
Social Services	6	14%
Other	6	14%
Substance Use	5	11%
Care Management Agency	4	9%
Probation/Juvenile Justice	3	7%
C-SPOA	3	7%
Health Home	2	5%
Family Peer	2	5%
School	2	5%
Youth Peer	1	2%
Total	44	100%

	Broome County	Chenango County	Tompkins County	Southern Tier region	All Respondents
Strategic planning	0.63	n/a	n/a	1.73	2.01
Principles					
Individualized Approach	2.29	3.14	1.97	2.54	2.63
Family-Driven Approach	2.07	3.31	1.94	2.55	2.71
Youth-Guided Approach	1.50	2.81	1.57	2.09	2.23
Coordinated Approach	2.37	3.21	1.86	2.59	2.61
Culturally and Linguistically Competent Approach	2.14	2.45	0.99	2.03	2.07
Evidence-Informed Approach	1.90	2.82	2.08	2.26	2.39
Least Restrictive Approach	2.60	3.28	n/a	2.74	2.64
Service Array	1.79	2.73	1.22	2.03	2.11
Data and Accountability	2.25	2.60	n/a	2.30	2.54
Services & Treatments					
Home- and Community-Based	1.86	2.78	1.76	2.16	2.18
Out-of-Home	1.57	2.24	1.44	1.82	2.04
Infrastructure	1.56	2.60	1.88	1.97	2.10
Commitment					
Child-Serving Systems	1.78	2.61	1.58	2.04	2.34
Policy and Decision Makers	2.00	2.13	0.80	1.84	2.35
Providers	2.73	3.25	2.08	2.72	2.73
Family and Youth Leaders	2.92	2.80	n/a	2.53	2.63
Managed Care Organizations	2.56	3.17	n/a	2.59	2.31
Overall Assessment	1.89	2.67	2.00	2.22	2.17

X. TUG HILL SEAWAY

Counties Selected, Tug Hill Seaway Region Respondents

Most Tug Hill Seaway respondents selected Jefferson as their primary county.

Service Systems, Tug Hill Seaway Region Respondents

Most Tug Hill Seaway respondents worked in mental health, social services, or were family peers.

Average Scores and Subscores for Implementation of the SOC, Respondents from the Tug Hill Seaway region versus All Respondents

Regional average scores from Tug Hill Seaway were mostly lower than NYS averages regarding the implementation of a strategic plan, of SOC principles, and of the overall assessment of SOC implementation, but mostly higher than state averages on service and treatment availability and perceived commitment. While the St Lawrence County responses aligned well with the overall regional averages, Jefferson demonstrated more positive responses on some aspects of SOC principle implementation than did other Tug Hill counties, and Lewis some more negative ratings, particularly of perceived commitment.

Final County, Tug Hill Seaway	N	Percent
Jefferson	11	38%
Lewis	9	31%
St. Lawrence	9	31%
Total	29	100%

Service System, Tug Hill Seaway Respondents	N	Percent
Mental Health	5	17%
Social Services	4	14%
Family Peer	4	14%
C-SPOA	3	10%
School	3	10%
Substance Use	3	10%
Other	3	10%
Probation/JJ	1	3%
Care Management Agency	1	3%
Youth Peer	1	3%
Developmental Disabilities	1	3%
Total	29	100%

	Jefferson County	Lewis County	Saint Lawrence County	Tug Hill Seaway region	All Respondents
Strategic planning	n/a	1.80	n/a	1.55	2.01
Principles					
Individualized Approach	2.40	2.17	2.59	2.35	2.63
Family-Driven Approach	2.48	2.62	2.47	2.53	2.71
Youth-Guided Approach	2.29	2.00	1.89	2.05	2.23
Coordinated Approach	2.90	2.30	2.11	2.40	2.61
Culturally and Linguistically Competent Approach	2.09	1.56	1.60	1.74	2.07
Evidence-Informed Approach	2.71	2.19	2.45	2.44	2.39
Least Restrictive Approach	2.67	2.41	2.25	2.44	2.64
Service Array	2.25	1.93	2.13	2.07	2.11
Data and Accountability	3.00	2.56	2.30	2.64	2.54
Services & Treatments					
Home- and Community-Based	2.77	2.10	2.32	2.32	2.18
Out-of-Home	2.59	1.94	2.21	2.19	2.04
Infrastructure	n/a	1.82	2.38	2.11	2.10
Commitment					
Child-Serving Systems	n/a	2.40	2.88	2.58	2.34
Policy and Decision Makers	n/a	2.00	2.83	2.28	2.35
Providers	n/a	2.45	2.80	2.61	2.73
Family and Youth Leaders	n/a	2.72	3.40	2.85	2.63
Managed Care Organizations	n/a	2.71	n/a	2.68	2.31
Overall Assessment	n/a	1.70	2.17	1.95	2.17

XI. WESTERN

Counties Selected, Western Region Respondents

Most Western region respondents selected Niagara, Wyoming, or Genesee as their primary county.

Service Systems, Western Region Respondents

Neither Allegany nor Cattaraugus counties had at least five respondents for any item, and so were excluded from the county breakdowns, though any answers were included in the regional average.

Most Western region respondents worked in the mental health system.

Average Scores and Subscores for Implementation of the SOC, Respondents from the Western region versus All Respondents

Overall, regional average scores from Western respondents were higher than, or on par with, NYS averages (except for ratings of perceived commitment of family and youth leaders). Most Western counties demonstrated similarly high scores: Chautauqua, Erie, Genesee, and Wyoming County's scores were almost all higher than average, except for one or two items per county. Only Niagara County showed more than a few lower-than-average ratings; Orleans County only had sufficient data available for two items, though both were more negative than average. As such, the regionally positive responses for Western New York do appear to be consistent through the counties that make up this region.

Final County, Western	N	Percent
Niagara	12	19%
Wyoming	11	17%
Genesee	10	16%
Erie	9	14%
Chautauqua	8	13%
Cattaraugus	6	9%
Orleans	5	8%
Allegany	3	5%
Total	64	100%

Service System, Western Respondents	N	Percent
Mental Health	14	22%
Social Services	12	19%
Care Management Agency	10	16%
School	6	9%
C-SPOA	4	6%
Other	4	6%
Family Peer	3	5%
Probation/Juvenile Justice	2	3%
Family Court	2	3%
Youth Peer	2	3%
Substance Use	2	3%
Housing	2	3%
Health Home	1	2%
Total	64	100%

	Chautauqua County	Erie County	Genesee County	Niagara County	Orleans County	Wyoming County	Western region	All Respondents
Strategic planning	3.33	1.60	n/a	n/a	n/a	n/a	2.56	2.01
Principles								
Individualized Approach	3.23	3.05	3.12	2.71	n/a	2.82	2.84	2.63
Family-Driven Approach	3.43	3.02	2.89	3.22	n/a	3.60	3.11	2.71
Youth-Guided Approach	2.57	2.68	2.01	n/a	n/a	3.40	2.44	2.23
Coordinated Approach	3.18	3.22	2.88	2.70	n/a	2.95	2.95	2.61
Culturally and Linguistically Competent Approach	2.51	2.09	2.10	1.81	n/a	2.27	2.09	2.07
Evidence-Informed Approach	3.02	2.93	2.33	1.85	n/a	n/a	2.56	2.39
Least Restrictive Approach	2.80	3.21	3.21	2.50	n/a	n/a	2.87	2.64
Service Array	2.76	2.74	2.21	2.38	n/a	2.50	2.37	2.11
Data and Accountability	3.25	3.00	3.10	2.60	n/a	3.10	2.91	2.54
Services & Treatments								
Home- and Community-Based	2.36	2.52	2.70	2.05	2.04	2.51	2.27	2.18
Out-of-Home	1.78	2.55	2.17	2.52	n/a	2.19	2.06	2.04
Infrastructure	2.47	2.14	2.72	2.08	1.78	2.61	2.23	2.10
Commitment								
Child-Serving Systems	2.64	2.65	2.90	2.46	n/a	n/a	2.59	2.34
Policy and Decision Makers	2.83	3.00	n/a	n/a	n/a	n/a	2.45	2.35
Providers	3.00	3.00	2.92	3.20	n/a	n/a	2.85	2.73
Family and Youth Leaders	2.67	3.08	n/a	n/a	n/a	n/a	2.46	2.63
Managed Care Organizations	3.10	3.20	2.42	n/a	n/a	2.30	2.56	2.31
Overall Assessment	3.00	2.50	2.50	2.33	n/a	2.40	2.37	2.17

KEY FINDINGS – REGIONAL PROFILES

- The mental health system made up the largest proportion of respondents for almost all regions, except for the North Country region, which had more respondents from social services.
- Regional averages for the Mid-Hudson region either exceeded or were consistent with NYS averages on all areas. Regional averages for the Western and Long Island regions were also quite high; they met or exceeded NYS averages in all but one area each. The regional averages for Finger Lakes were below NYS averages in all areas.
- There was variation regarding SOC development within regions, indicating that SOCs don't typically develop on a regional scale. Long Island is an exception, such that the county level averages look like the regional averages in nearly all areas.

Reference

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