

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
SUPERVISION AND TREATMENT SERVICES FOR JUVENILES (STSJP) PROGRAM
SFY 2013-2014 ANNUAL PLAN

STSJP Plans are due to the Office of Children and Family Services (OCFS) by July 31, 2013. Plans should be submitted to the OCFS mailbox, at info@ocfs.state.ny.us. Please use the words “**Supervision and Treatment Services for Juveniles Plan**” in the subject field to facilitate the timely review of your STSJP Plan. Please direct any questions about the STSJP Plan to **Cara Korn**, at: Cara.Korn@ocfs.state.ny.us, or (518) 408-3999.

Name of applicant county(s): **Cattaraugus**

If two or more counties have joined together to establish, operate, and maintain supervision and treatment services for juveniles programs, complete Section VIII.

Lead Agency: **Cattaraugus County Department of Social Services**

Name of contact person at lead agency (provide contact information):

Kathy McGoldrick, Director of Services

Cattaraugus County DSS

1 Leo Moss Drive

Olean, NY

716-373-8070

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I. ANALYSIS OF COMMUNITIES

Provide an analysis that identifies the neighborhoods or communities from which the greatest number of juvenile delinquents and persons in need of supervision (PINS) are remanded to detention or residentially placed. Note any communities or neighborhoods that are different than in last year’s plan.

In 2012, Cattaraugus County utilized 168 Non-Secure Detention days and 111 Secure Detention days. A majority of the youth in detention come from the two cities in Cattaraugus County, the City of Salamanca, and the City of Olean. This is not surprising based on the population distribution in Cattaraugus County. It is also reasonable to assume that the cities located in Cattaraugus County have more opportunity for youth to participate in anti-social behaviors

II. DESCRIPTION OF SERVICES AND PROGRAMS TO BE FUNDED

List the **name of each service and program proposed** for funding with STSJP funds, along with the **projected amount of STSJP funds** to be used for each:

Multisystemic Therapy (MST) through Catholic Charities of Western New York

For each service/program listed, provide the following additional information:

- a) The name of the provider of the service/program
 - b) The amount of any juvenile detention services funds projected to be spent for STSJP services
 - c) The communities and types of youth targeted
 - d) The projected number of youth that will be served
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- a) The name of the provider of the service/program

With its STSJP allocation, the Cattaraugus County will contract with Catholic Charities of Western New York for Multi-Systemic Therapy (MST).

- b) The amount of any juvenile detention services funds projected to be spent for STSJP services
Cattaraugus County will utilize its full STSJP allocation of \$67,164 for MST.

III. DISPROPORTIONALITY

- a) Provide available information (use objective data or, if none exists, you may provide anecdotal or other information) indicating whether the use of detention or residential placement in your service area shows a significant racial or ethnic disproportionality. What, if any, differences are there from what was noted in last year's plan?

Cattaraugus County does not have a disproportionate number of minority youth in its general foster care system.

Of the six JD/PINS youth placed in care in 2012, none were Native American and one was Black.

In 2012, 23 youth were placed in Secure or Non-Secure Detention, five of which were Native American. Of the total 340 days of Secure and Non-Secure Detention, 59 days, or approximately 17%, were with Native American youth.

The Seneca Nation of Indians has a Child and Family Services unit which works cooperatively with the Cattaraugus County Department of Social Services and is a part of a large Seneca Nation human services network. However, the Seneca Nation has few services for JD/PINS youth, and have depended almost exclusively on the Cattaraugus County Family Court rather than their Peacemakers Court to handle JD/PINS issues.

MST has been and will continue to bring services into Seneca homes. In 2010, 13% of the contracted targeted capacity were identified as American Indian/Indigenous. In 2011, 10% of the contracted targeted capacity were identified as American Indian/Indigenous. In 2012, 0% of the contracted targeted capacity were identified as American Indian/Indigenous. And so far from January 1, 2013 - June 13, 2013, 11% of the contracted targeted capacity have been identified as American Indian/Indigenous.

- b) If such disproportionality exists, describe how the services/programs proposed for funding will address the disproportionality:

See above. Before the end of 2013, DSS and Probation and the Seneca Nation of Indians will meet with the MST program staff to talk about programming.

IV. EFFICACY OF PROGRAMS AND SERVICES

Provide a description of the proposed services and programs that explains:

- a) How they will reduce the number of youth who are detained or residentially placed:

The Multisystemic Therapy (MST) Program is a contract program between Catholic Charities of Western New York and the Cattaraugus County Department of Social Services for the purpose of diverting at-risk youth from out-of-home placement. Overall our target population includes youth who have severe behavior problems in the home, school and /or community that put them at risk of being removed from their natural family settings. Typically, these are youth who are behavior-disordered that have a history of involvement with law enforcement agencies, the social services system, a history of placement, multiple

court petitions, and/or academic, attendance, and discipline problems in school. In an effort to divert from Court activity, youth without a previous placement history, without a formal PINS petition who are subject of repeat Court intake attempts and/or chronic truant behavior also receive service.

MST is specifically designed to address the behaviors of such youth. It has been most successful with violent, chronic juvenile offenders with serious emotional disturbance, and with substance-abusing delinquents. It defines success in terms of reduced recidivism rates among participating youth, improved family and peer relations, decreased behavioral problems, and decreased rates of out-of-home placements. Extensive research over the past 25 years has demonstrated effectiveness in clinical trials with families in rural and urban communities, and of different cultural backgrounds and socio-economic status. Findings indicate that not only was it more effective than traditional services at reducing long-term rates of criminal behavior, but also that it was less expensive, and the long-term efficacy of the intervention is reported to be sustained from 2-to-4 years at follow-up. MST has met the standards as a Model Program under the guidelines from Blueprints for Violence Prevention. And in addition to many supporters, MST is highly recognized by the Office of Juvenile Justice and Delinquency Program.

Grounded in social ecology, the MST interventions target the individual, family, peer, school, and community. These are factors that research has demonstrated as likely to support delinquent behavior, and present barriers to effective parenting. Interventions are home based, occurring in the complex of interconnected systems that are part of the youth's natural environment. Strengths of the adolescent, the family, and their transactions with extra-familial systems (i.e. peers, friends, school, community, parental workplace, etc.) are mobilized to both counteract factors that support delinquent behavior and support pro-social behavior across contexts. Outcome goals are identified and rigorously monitored during each phase of intervention.

MST is offered in five phases: Assessment, Team Collaboration, Treatment, Closure, and Follow-up. Underpinning each phase is the recognition that engaging of the relevant parties in the work, most specifically the parent(s), is essential. At all times, the workers will assume a reach-opt stance for purposes of successful engagement in the work of achieving outcomes.

- 1) Assessment - Upon acceptance of a referral of a youth to MST, the assessment process begins.
 - a) Engagement interviews with the parents/guardians, the youth, and his/her siblings will explore the presenting problems and their systemic context. Consent forms for providers (DSS, Probation, Youth Agencies, Mental Health, Schools, law enforcement, etc.) active with the family will be obtained.
 - b) The characteristics of the family members (i.e. attitudes, beliefs, cognitive level, social competence), the nature of the family relations (i.e. marital, parent-child, extended family), and the extra-familial systems (parents' social supports, child's peer and school relationships, community supports) are assessed as to strengths and needs in light of the presenting problems.
 - c) Presenting problems are organized around themes that fit with the problem determinants as learned during the assessment. Mutual agreement between the parent(s) and therapist as to the validity of the assessment is essential.
 - d) The family and key extra-familial participants in the treatment process identify desired treatment outcomes.
 - e) A contract for desired treatment outcomes is developed and signed by all key participants.
 - f) Empowerment of the parents to take charge of their family and its pro-social goals is central, and

alignment with them is the primary task of the therapist.

2) Collaboration - The central feature of this program is formal collaboration to plan and implement a coordinated, focused interagency response to ensure that this high-risk youth population receives comprehensive and accurate services.

3) Treatment

- a) Specific interventions based upon the desired treatment outcomes are developed. Interventions address the youth, the family, the youth peer group, the school, the neighborhood, and community resources.
- b) The primary intervention is systemic, addressing transactions within the nuclear and extended family, and the quality of transactions and extra-familial systems.
- c) Non-systemic strategies, such as child behavior management techniques and cognitive behavior therapy, are part of the treatment plan.
- d) Collaboration with all significant participants in the achievement of the desired treatment outcomes underpins all aspects of the treatment process.
- e) Treatment outcome achievement is rigorously monitored through case documentation, weekly group supervisory conferences with the MST team, telephone consultation weekly with MultiSystemic Therapy Services, Inc., to ensure treatment fidelity and achievement of outcomes, and regular case collaboration with participants critical to the treatment outcome.

4) Closure

- a) When desired treatment outcomes have been achieved, typically behavior changes in the youth, the parent(s) and youth are empowered to sustain them, and systemic change is sufficient to support the change, a closure date is identified.
- b) Closure celebrations will be developed to include all participants significant to a positive treatment outcome.
- c) Conditions and time frame of Probation or a court order, if any, may extend beyond MST Collaborative case closure.
- d) Closure documentation, as required, will be completed. This includes a Case Closing Summary that highlights advances achieved and barriers encountered, with recommendations for immediate and long-term next steps.

5) Follow Up- Catholic Charities of Western New York continues to follow families served six months and one year post discharge. Efforts are made to reach families via phone or by mail in efforts to gather data regarding how the youth is performing by means youth residing at home, in school and/or working, and not re-arrested.

b) How they are family-focused:

MST is an intensive, home-based, ecological model that places responsibility on the worker to aggressively outreach to families and to remove barriers to engagement. Close collaboration with all family members, extended family, school, DSS and/or Probation, Family Court, neighbors, community

members, and especially, peers and friends is required in goal setting and attainment. Weekly goals are developed to move the family closer to their overarching goals; these intermediary goals are closely evaluated and retooled as necessary to allow for a successful and sustainable outcome.

It is noteworthy that MST strives to increase parental power, maintain child safety, and enable families to be self-sustaining in their natural environment. At a program level, we are working toward increasing involvement with key participants and to heighten awareness of MST as an effective treatment option for high-risk youth.

MST is a time-limited (3-5 months) intervention, provided in the field (home, school, neighborhood, and community), with rigorous attention to goal attainment, stringent supervision and model adherence protocols.

c) Whether the services/programs are capable of being replicated across multiple sites:

To meet the growing demand for MST globally, organizations with a strong record of starting and implementing MST programs collaborated with MST Services Inc. ("franchisee" or "purveyor") to become Network Partners. These locally controlled groups are committed to making sure that the MST treatment model is followed with integrity and without variation so that the best outcomes can be realized. They also play an important role in shaping research on treatment effectiveness, transportability and dissemination. MST Network Partner organizations employ staffs that are fully trained in program development. MST Services maintains an ongoing working relationship with each partner that focuses on staff development, quality improvement and quality assurance.

Catholic Charities is honored to be a such stated licensed MST Network Partner as we are committed to disseminating the MST model with full integrity and fidelity.

V. JUSTIFICATION FOR THE PROPOSED PROGRAMS AND SERVICES

The purpose of STSJP funds is to establish supports and services for youth who, absent these services, are likely to be detained or placed. Funds should therefore be clearly targeted to meet the needs of the types of youth who in the past have been admitted to detention or residentially placed. With this specific purpose in mind, describe the demonstrated effectiveness of the proposed services and programs, *or* provide other justification of why you are proposing these services/programs for funding.

In 2012, the MST program serving Cattaraugus County served thirty three families and discharged twenty four cases. Of the twenty four cases, seventeen were closed successfully. Four were closed unsuccessfully total (3-low engagement, 1-placement). In addition, three cases were closed due to non-clinical reasons (2-moved out of the service area, 1-was removed by the funder). Of the twenty one closed for clinical reasons, 95% of youth lived at home, 95% of youth were in school/working, and 95% of youth had no new arrests during treatment upon discharge. Supplemental support to these outcomes as per our instrumental data (increased parenting skills, family relations, supports, success in education/vocational setting, involvement with prosocial peers/activities, sustainability)were met ranging between 86-95%. In addition, the follow up data due for families at six month or one year post discharge were as follows: At six month follow up, sixteen of thirty families resonded to phone call and/or letter. Of these families who responded, thirteen of sixteen youth continue to reside at home, sixteen of sixteen youth are in school or working; and fifteen of sixteen youth had no new arrests. At one year follow up, eight of thirty one responded to phone call or

letter. Of these families who responded, six of eight youth continue to reside at home; eight of eight youth continue to attend school or working; and five of eight youth had no new arrests.

From January 1, 2013 through June 30, 2013, the MST program serving Cattaraugus County served twenty families and discharged fourteen. Of the fourteen cases, twelve were closed successfully. One was closed unsuccessfully due to placement and one was closed for a non clinical reason due to moving out of the service area. Of the thirteen closed for clinical reasons, 92% of youth lived at home, 92% of youth were in school/working, and 100% of youth had no new arrests during treatment upon discharge. Supplemental support to these outcomes as per our instrumental data were met ranging 92%-100%. In addition, the follow up data due for families at six month or one year post discharge were as follows: At six month follow up, three of twelve families responded to phone call and/or letter. Of these families who responded, three of three youth continue to reside at home; three of three youth are in school or working; and three of three youth had no new arrests. At one year follow up, nine of twelve responded to phone call and/or letter, Of these families who responded, seven of nine youth continue to reside at home; nine of nine youth are in school or working; and eight of nine had no new arrests.

VI. PERFORMANCE OUTCOMES

Provide the projected performance outcomes for your proposed services and programs, being sure to include:

a) An estimate of the anticipated reductions in detention utilization and residential placements:

During the time of the 2013-14 STSJP Plan, Cattaraugus County will reduce placements by one and reduce Detention days by 10% or by 34 days.

b) Other projected positive outcomes for youth who participate in the services and programs:

2013-14 Outcome #1: Increase parent/caretaker behaviors which help maintain youth safely within their own homes.

-By end of program, 80% of youth's families will improve their network of social supports and demonstrate skill in accessing a range of supports as needed. MET: 95%

-In 80% of the cases participating in MST, by end of program, the primary caregiver will evidence improved parenting skills necessary for handling subsequent problems. MET: 90%

-In 100% of cases, therapists will make at least two face-to-face case contacts per month with family, of which two contacts will be in the family's home. UNMET: 98%

-At least 95% of case notes will be put into CONNECTIONS no later than two days after event date. MET: 95%

-At least 95% of Family Services Plans (FASPS) will be at the Catt.Co. DSS no later than 14 days prior to FASP due date. MET: 100%

-At least 95% of Court Reports will be at the Catt.Co. Family Court and a copy to the Catt.Co. DSS no later than seven days prior to Court event. UNMET: 57%

VII. ASSESSMENT OF SUCCESS ACHIEVING PREVIOUS PERFORMANCE OUTCOMES

Although certain performance outcome data for 2012-2013 may be incomplete, we are asking you to provide available data on your STSJP programs for each of the following parameters for 2012-2013 year. The inclusion of that information will help establish local and state baseline information on STSJP programs and may be useful in informing discussions about potential improvements to be made in your STSJP Plan.

1. What were your projected performance outcomes in your 2012-2013 STSJP Plan for your proposed services and programs:
 - a) Estimated anticipated reductions in detention utilization and residential placements
 - b) Other projected positive outcomes for youth participating in the services and programs

Outcome #1: Increase parent/caretaker behaviors which help maintain youth safely within their own homes.

-By end of program, 80% of youth's families will improve their network of social supports and demonstrate skill in accessing a range of supports as needed

-In 80% of the cases participating in MST, by end of program, the primary caregiver will evidence improved parenting skills necessary for handling subsequent problems

-In 100% of cases, therapists will make at least two face-to-face case contacts per month with family, of which two contacts will be in the family's home.

-At least 95% of case notes will be put into CONNECTIONS no later than two days after event date

-At least 95% of Family Services Plans (FASPS) will be at the Catt.Co. DSS no later than 14 days prior to FASP due date.

-At least 95% of Court Reports will be at the Catt.Co. Family Court and a copy to the Catt.Co. DSS no later than seven days prior to Court event.

Outcome #2: Decrease in determinants of serious behavior in youth, which lead to placement of youth in foster care:

-80% of youth involved with MST will show evidence of improved family relations by end of program.

-80% of youth involved with MST will show evidence of success in an educational or vocational setting by end of program.

-80% of youth will reduce involvement with problematic peers and increase involvement with pro-social peers and activities by end of program.

-80% of youth will sustain changes in behavior and in the systems contributing to referral problems for 2 to 3 weeks by end of program.

-At case closure, 85% of the Placement Prevention youth completing MST will remain in a natural setting (avoiding placement).

-At the 6-month follow-up, 70% of youth who completed MST treatment and who are successfully contacted will continue to reside in a natural family setting

-85% of the Court Diversion youth involved with MST will avoid re-arrest/further criminal activity during the course of their treatment with the program.

-70% of the youth who completed MST treatment and who are successfully contacted will avoid Court adjudication as evidenced by no new violations

- In 100% of cases, therapists will make at least two face-to-face case contacts per month with child, of which two contacts will be in the family's home.
- At least 95% of case notes will be put into CONNECTIONS no later than two days after event date
- At least 95% of Family Services Plans (FASPS) will be at the Catt.Co. DSS no later than 14 days prior to FASP due date.
- At least 95% of Court Reports will be at the Catt.Co. Family Court and a copy to the Catt.Co. DSS no later than seven days prior to Court event.

2. Please provide the following information for your county or the jurisdiction served by your STSJP programs for 2012-13, indicating if the geographic area is anything other than countywide:
 - a) The number of youth under 16 arrested:
 - b) The number of youth admitted to detention programs:
 - (1) Secure detention: **18**
 - (2) Non-secure detention: **19**
 - c) The number of youth placed out of their home as part of a disposition in at JD or PINS case:
 - a. JDs placed with OCFS or LDSS: **7**
 - b. PINS placed: **1**
 - d) The number of youth who participated in services and programs receiving STSJP funds: **53**
 - e) Comments (optional):

3. Please list each program that received STSJP funds for 2012-2013 and provide the following information for each program:
 - a) When did the program start using 2012-2013 STSJP funds, and what are the dates of the period you are reporting on?
 - b) How many slots were created in the program with STSJP funds?
 - c) What was the average length of stay for youth in the program or use the service?
 - d) How many youth were served in the program in 2012-2013?
 - e) For programs intended as alternatives to detention, how many youth in the program experienced each of these outcomes:
 - (1) Successfully completed the program (not re-arrested and appeared in court as directed)
 - (2) Did not appear in court when directed to do so
 - (3) Re-arrested before appearing in court
 - (4) Moved to detention because of non-compliance with the program or any reason other than re-arrest or failure to show at court

Program Name:Multi-Systemic Therapy

3a) October 2012

3b)

3c) Generally the average is 3 to 5 months of services. For the MST serving Cattaraugus County during 1/1/13-6/30/13, the average is 112 days.

3d) 53

3e) (1) Successfully completed: 29

3e) (2) Did not appear in court: 0
(3) Re-arrested before appearing in court: 0
(4) Moved to detention: 0

Program Name:

Program Name:

Program Name:

Program Name:

4. Please assess whether the services and programs in your 2012-2013 STSJP Plan achieved the projected reductions in detention utilization and residential placements and other performance outcomes. If they did not, what were the barriers?

No barriers.

5. Are there any changes in allocations or practices planned for 2013-2014 based on experiences in 2012-2013?

No.

VIII. COOPERATIVE APPLICATIONS SUBMITTED JOINTLY BY TWO OR MORE COUNTIES (Complete this section only if this is a joint application)

Two or more eligible local jurisdictions (counties) may join together to establish, operate, and maintain supervision and treatment services for juveniles programs and may make and perform agreements in connection therewith. Counties submitting such applications must provide the following information:

- a) Describe the provisions for the proportionate cost to be borne by each county:

- b) Describe the manner of employment of personnel:

- c) Identify whether a single fiscal officer shall be the custodian of the funds made available for STSJP:

ADDITIONAL COMMENTS (Optional): If you have any additional information you would like to convey regarding your STSJP programs, please provide those comments here:

APPROVAL OF THE CHIEF EXECUTIVE OFFICER

As Chief Executive Officer of the applicant municipality named on Page 1, I certify that I approve of this Supervision and Treatment Services for Juveniles Program Plan.

Norman Marsh

Chairman, Cattaraugus County Legislature

Name

Title

X

Signature