



**Office of Children  
and Family Services**

ANDREW M. CUOMO  
Governor

SHEILA J. POOLE  
Acting Commissioner

February 14, 2019

Dear Chief Executive Officer,

Thank you for submitting Cattaraugus County's Supervision and Treatment Services for Juveniles Program (STSJP) plan for Program Year (PY) 2018-19. Your plan has been reviewed by the Office of Children and Family Services (OCFS) and I am pleased to inform you that your STSJP plan has been approved.

**Please note that this approval does not extend to the amount listed for the STSJP RTA programming unless your county has received a NYS Division of Budget approval letter. OCFS will send out a revised STSJP approval letter reflecting the STSJP RTA programming amount approved by NYS DOB.**

Cattaraugus County is eligible to receive 62% State reimbursement for STSJP expenditures up to the capped STSJP allocation amount. Your municipality will continue to receive 49% State reimbursement for eligible detention services expenditures up to the capped allocation amount. If your municipality shifts a portion of its detention allocation into its STSJP plan, your municipality will receive 62% State reimbursement if such shifted funds are spent on STSJP eligible expenditures. A municipality may make a detention allocation shift at the time of the STSJP plan submission or at any time during the program year. If Cattaraugus County plans to shift its detention allocation for STSJP eligible expenses, please submit a request on official letterhead to John Johnson and email it to [stsjp@ocfs.ny.gov](mailto:stsjp@ocfs.ny.gov) outlining the amount that will be shifted and the type of programming or services the re-purposed detention funds will be used for under STSJP. An amended STSJP plan will also need to be submitted.

As a reminder, to access RTA reimbursement that a municipality may be eligible for, the expenditures must be specifically included in a locality's comprehensive RTA plan. Plan approval for 100% reimbursement will be determined on a case-by-case basis by the Office of Children and Family Services, the Department of Criminal Justice Services and the Division of Budget.

All STSJP claims must be submitted electronically via the Juvenile Detention Automated System (JDAS) for the service period of October 1, 2018 to September 30, 2019. Questions on all aspects of the claiming process should be directed to Daniel Hulihan at (518) 473-4511 or at [Daniel.Hulihan@ocfs.ny.gov](mailto:Daniel.Hulihan@ocfs.ny.gov).

Thank you for your continued partnership as we reform the juvenile justice practices in New York State by safely engaging youth and their families through innovative alternative to placement and detention programs.

If you have any questions, please email us at [stsjp@ocfs.ny.gov](mailto:stsjp@ocfs.ny.gov) and write "STSJP Plan Questions" in the subject line so that we may best assist you in a timely manner. You can direct STSJP inquiries to John Johnson at (518) 486-4665 or [John.Johnson@ocfs.ny.gov](mailto:John.Johnson@ocfs.ny.gov).

Sincerely,

Joseph Mancini  
Associate Commissioner  
Office of Community Partnerships  
Division of Juvenile Justice and Opportunities for Youth

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**SUPERVISION AND TREATMENT SERVICES FOR JUVENILE PROGRAM (STSJP)  
ANNUAL PLAN  
FOR PROGRAM YEAR OCTOBER 1, 2018 - SEPTEMBER 30, 2019**

**STSJP Plans are due to the Office of Children and Family Services (OCFS) by October / 15 / 2018**

Plans should be submitted to: [stsjp@ocfs.ny.gov](mailto:stsjp@ocfs.ny.gov)

Please be sure that the title "Supervision and Treatment Services for Juveniles Plan - 2018 - 2019 Annual plan" and your municipality's name are in the subject field to facilitate the timely review of your STSJP Plan.

**Note:** Program Year (PY) refers to the performance period for STSJP funded programs.

**Please direct any STSJP plan questions to:**

John E. Johnson: Ph. 518-486-4665

<b>MUNICIPALITY INFORMATION</b>			
NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION: Cattaraugus			
LEAD AGENCY FOR STSJP SUBMISSION: Department of Social Services		NAME OF CONTACT PERSON: Evonne Phillips	
CONTACT PERSON'S PHONE NUMBER: 716-701-3574	CONTACT PERSON'S EMAIL ADDRESS: Evonne.phillips@dfa.state.ny.us		

<b>Plan Submission instructions</b>
<p>Instructions for submitting an STSJP plan for OCFS review.</p> <ol style="list-style-type: none"> <li>a. Once you have opened this form on your computer, please immediately use the "Save As" function in Microsoft Word to save a copy;</li> <li>b. Save your application using the following name "PY 2018 - 2019 STSJP Plan – (Name of municipality)";</li> <li>c. Work from the "saved" application document, using it to record all of your municipality's information;</li> <li>d. Once you have completed entering the required data, save the document;</li> <li>e. Prior to submission, review calculation in section eight for accuracy. Complete the "Approval and Certification" section before submission to OCFS;</li> </ol> <p>Send the completed application to OCFS via the STSJP email address at: <a href="mailto:stsjp@ocfs.ny.gov">stsjp@ocfs.ny.gov</a></p>

<b>SECTION ONE - List of programs to be funded</b>			
<p>In this section, list the exact name of each program and Indirect Service that will be funded with STSJP funds, along with the projected amount of Program Expense, State Share and County Share to be used for each. (Program List and Detail Sheet must match)</p>			
Program Name	Total Program Expense (100 percent)	State Share (62 percent)	County Share (38 percent)
STSJP Program 1 Catholic Charities Multi Systemic Therapy	\$ 103,511	\$ 64,176.82	\$ 39,334.18
STSJP Program 2	\$	\$	\$
STSJP Program 3	\$	\$	\$
STSJP Program 4	\$	\$	\$
STSJP Program 5	\$	\$	\$
STSJP Program 6	\$	\$	\$
STSJP Program 7	\$	\$	\$

STSJP Program 8	\$	\$	\$
STSJP Program 9	\$	\$	\$
STSJP Program 10	\$	\$	\$
STSJP Program 11	\$	\$	\$
STSJP Program 12	\$	\$	\$
<b>TOTAL</b>	\$ 103,511	\$ 64,176.82	\$ 39,334.18
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
<b>TOTAL</b>	\$	\$	\$

**SECTION TWO – Overall analysis of communities**

Discuss and identify the neighborhoods or communities by zip codes or areas from which the highest number of youth offenders (YO), adolescent offenders (AO), and persons in need of supervision (PINS) enter the juvenile justice system and the factors that may be contributing to this.

**(500 words or less)** area codes include 14138 (1); 14041 (1); 14755 (1); 14171 (1); 14760 (13); 14065 (1); 14779 (6); 14741 (1); 14770 (1); 14737 (2); 14129 (1); 14042 (3); 14730 (1); 14770 (2); 14743 (1); 14719 (1); 14754 (1); 14706 (1) Highest numbers include Olean and Salamanca, instances for higher rates of entering system is higher number in population in those communities, both are cities.

**SECTION THREE – Overall analysis of disparity**

Please provide information indicating whether the use of detention or residential placement in your service area exhibits disparate outcomes for one racial/ethnic group as compared to outcomes for another racial/ethnic group. (Please consult with the Detention and Placement data provided by OCFS and the County Profile data provided by DCJS as part of your STSJP plan support documentation).

**(250 words or less)** Based on the data provided from OCFS Strategic Planning and Policy Development Cattaraugus county shows a total detention decreases across nearly across the board as well no indication of disparate outcomes amongst racial/ethnic groups.

If such disparity exists, describe how the service/program addresses issues described above.

**(250 words or less)** MST is an evidence-based practice that has shown no discrepancies in outcome based on race, ethnicity, age, socio economic status, sexual orientation or religion. The program does strive towards successful engagement to all families served and develops an individualized plan per family in how to accomplish this. We build

on the strengths of families to reach their desired goals. It is a priority within a team approach (family and therapist) to develop treatment goals in line with cultural values and beliefs. MST's hope is to not to discriminate. We do pay attention to cultural competence, therapist relate-ability amongst other factors in following through on our motto of doing whatever it takes. We also put forth effort to accommodate language needs of the clients such as inviting natural supports, using language interpreters, and hiring diverse and qualified staff according to the demographic representation of families served. Services are provided in the natural home environment based on the scheduling needs of the family to increase the family's availability to receive services.

**SECTION FOUR – Performance outcomes**

For current program year, provide the projected performance outcomes for all of your proposed services and programs, being sure to include: An estimate of the anticipated reductions in detention utilization and residential placements.  
**(250 word or less)** Outcome #1: Increase parent/caretaker behaviors which help maintain youth safely within their own homes. This includes thresholds of youth's families will improve their network of social supports and demonstrate skill in accessing a range of supports as needed, therapists will have 2 face to face contacts, case notes will be put into CONNECTIONS within 48 hours; At least 95% of Family Services Plans (FASPS) will be at the Catt.Co. DSS no later than 14 day prior to event and Court Reports are submitted no later than 2 days to court. Outcome #2: Decrease in determinants of serious behavior in youth, which lead to placement of youth in foster care: This also includes thresholds for improved family relations by end of program, youth involved with MST will show evidence of success in an educational or vocational setting by end of program, youth will reduce involvement with problematic peers and increase involvement with pro-social peers and activities by end of program, youth will sustain changes in behavior and in the systems contributing to referral problems for 2 to 3 weeks by end of program, and that at case closure, 85% of the Placement Prevention youth completing MST will remain in a natural setting (avoiding placement).

**SECTION FIVE – Collaboration**

As per STSJP legislation, collaboration is required please describe your municipality's activities in developing this year's STSJP plan in collaboration with local agencies responsible for probation, law enforcement, detention, diversion, and social services, as well as, with courts, service provider, schools, and youth development programs.  
**(250 words or less)** Multisystemic therapy program (MST) is actively involved in Juvenile Needs Task Force called FOCUS group which meets weekly to communicate/share information and collaborate within and across agencies. Such agencies include probation, dept. of social services, CARES, Seneca Nation, Youth Bureau, Dept. Of community services, community action, Olean City schools liberty partnership, Catholic Charities. MST also attends court weekly to foster collaboration with court system judges, district attorney, and law enforcement. MST is so actively involved in SPOA (single point of accountability) which meets bi-monthly. SPOA includes agencies such as Rehabilitation Center, STEL, STRAW, rehabilitation center, Hillside, Dept. of community services, probation, Dept. of social services, MIT (mobile integration Team). In creating the SYSJP report MST met with Director of Services, Preventative program Unit Supervisor and Probation supervisor.

**SECTION SIX – 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:

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

Describe the manner of employment of personnel across and between counties in the cooperative:

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

**PLEASE DO NOT INCLUDE ANY RTA PROGRAM FUNDING IN SECTION SEVEN (section directly below)**

**SECTION SEVEN– Plan amounts**

**Expenses**

1. Total Program expenses		\$ 103,511
2. State reimbursement (Program expenses*.62)		\$ 64,176.82
3. State share amount (Program expenses*.38)		\$ 39,334.18
<b>Add in Reimbursements for the plan (fill out all that are applicable)</b>		
4. STSJP allocation	\$ 64,177	
5. STSJP approved		\$ 64,176.82
6. JDAI allocation	\$	
7. JDAI approved		\$
8. Detention approved amount shifted to STSJP		\$
9. PY rollover approved		\$
10. Total approved amounts for state reimbursement		\$ 64,176.82
11. Total amount of approved STSJP-RTA 100% state reimbursement		\$

**Program detail inserts**

List the **name of each service and program** who you expect will received STSJP funds, along with the **projected amount of STSJP funds** to be used for each: As a Guide to providing the information needed to properly review your plan, please provide programmatic information in the format listed below; Provide the Name of the Provider of the Service/Program. **Please note there are now 6 types of programming to choose from.**

<b>Program one name:</b>	Multisystemic Therapy	<b>Type of program:</b>	ATD
<b>Program operating agency:</b>	Catholic Charities		
Program mailing address 3982 Main Street			
Address line 2			
City Amherst	State New York	Zip code 14226	
Contact person for program Melissa Sommerville			
Title Program Manager	Phone number (716) 204-0555	Ext. 328	
Email Melissa Sommerville <melissa.sommerville@ccwny.org>			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 103,511			
1. Please indicate the specific zip codes this program will target? Zip Codes 14760 and 14779			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) MST is specifically designed to divert at-risk youth with severe behaviors problems at home school and community from out-of-home placements. MST strives to promote behavior change in the youth's natural environment, using the strengths of each system (e.g., family, peers, school, and indigenous support network) to facilitate change. By providing the delivery of services in the natural ecology and rigorous monitored implementation of MST combined to produce the positive changes.			
3. Does your municipality plan to replicate program across multiple locations? ( <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 35			
<b>If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.</b>			
5. Did projected performance outcome meet expected outcomes? ( <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			

6. What projected outcomes were met and how were they met? (100 word or less) 22 families were served; the outcomes are based on the 16 families closed for non-clinical reasons and having the opportunity for a full course of MST treatment. During the past year, the MST Program achieved 100% youth living at home, 100% youth in school/working, and 100% youth having no new arrests during treatment upon discharge. Our instrumental outcomes range 88% - 100%.

7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)

8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 101

9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 22

10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0

<b>Program two name:</b>		<b>Type of program:</b>	
<b>Program operating agency:</b>			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ( )	Ext.	
Email			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$			
1. Please indicate the specific zip codes this program will target? Zip Codes			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)			
3. Does your municipality plan to replicate program across multiple locations? ( <input type="checkbox"/> yes or <input type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number)			
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>			
5. Did projected performance outcome meet expected outcomes? ( <input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less)			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)			

<b>Program three name:</b>		<b>Type of program:</b>	
<b>Program operating agency:</b>			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ( )	Ext.	
Email			

<b>Program service detailed information</b>	
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$	
1. Please indicate the specific zip codes this program will target? Zip Codes	
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)	
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<b>Program four name:</b>		<b>Type of program:</b>	
<b>Program operating agency:</b>			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ( )	Ext.	
Email			

<b>Program service detailed information</b>	
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$	
1. Please indicate the specific zip codes this program will target? Zip Codes	
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)	
3. Does your municipality plan to replicate program across multiple locations? ( <input type="checkbox"/> yes or <input type="checkbox"/> no)	
4. What is the projected number of youth who will receive service from this program? (4-character number)	
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<b>Program five name:</b>		<b>Type of program:</b>	
<b>Program operating agency:</b>			
Program mailing address			

Address line 2		
City	State	Zip code
Contact person for program		
Title	Phone number ( )	Ext.
Email		
<b>Program service detailed information</b>		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$		
1. Please indicate the specific zip codes this program will target? Zip Codes		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)		
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10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)		

<b>Program six name:</b>		<b>Type of program:</b>	
<b>Program operating agency:</b>			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ( )	Ext.	
Email			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$			
1. Please indicate the specific zip codes this program will target? Zip Codes			
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<b>Program seven name:</b>		<b>Type of program:</b>	
<b>Program operating agency:</b>			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ( )	Ext	
Email			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$			
1. Please indicate the specific zip codes this program will target? Zip Codes			
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<b>Program operating agency:</b>			
Program mailing address			
Address line 2			
City	State	Zip code	
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Email			
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Program mailing address			
Address line 2			
City		State	Zip code
Contact person for program			
Title		Phone number ( )	Ext.
Email			
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Program mailing address			
Address line 2			
City		State	Zip code
Contact person for program			
Title		Phone number ( )	Ext.
Email			
<b>Program service detailed information</b>			

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<b>Program operating agency:</b>			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ( )	Ext.	
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5. Did projected performance outcome meet expected outcomes? ( <input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less)			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)			
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<b>Program twelve name:</b>		<b>Type of program:</b>	
<b>Program operating agency:</b>			
Program mailing address			
Address line 2			

City			State			Zip code		
Contact person for program								
Title				Phone number ( )			Ext.	
Email								
<b>Program service detailed information</b>								
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Program mailing address					
Address line 2					
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Contact person for program					
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<b>SECTION EIGHT – Plan Approval</b>		
<b>Approval of the Chief Executive Officer</b>		
As STSJP Lead for Cattaraugus County Department of Social Services		municipality, I certify that the CEO
James Snyder Sr. and Commissioner, Anthony Turano		has reviewed and approved the 2018 - 2019 STSJP plan.
Date: 10 / 15 / 2018	STSJP Lead User ID 04a581	
STSJP Lead printed name: Evonne Phillips		
<b>Approval of the OCFS STSJP Program Lead</b>		
As OCFS STSJP reviewer. I certify that I approve of this STSJP plan for		
municipality, for 20 <del>18</del> - 20 <u>19</u>		
Date: <u>2/14/19</u>	User ID: <u>KFY382</u>	Printed name <u>John Johnson</u>