



Office of Children  
and Family Services

ANDREW M. CUOMO  
Governor

SHEILA J. POOLE  
Commissioner

October 30, 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) 2019-20. Your plan has been reviewed by the Office of Children and Family Services (OCFS), and we are 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 as applicable**

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 non-Raise The Age 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 up until 6/30/20, unless otherwise approved by the Office of Children and Family Services. If Cattaraugus County plans to shift its detention allocation for STSJP eligible expenses, please submit a request on official letterhead to Lynn Tubbs 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 for which a municipality may be eligible, the expenditures must be specifically included in a locality's Division of Budget approved comprehensive RTA plan.

All STSJP claims must be submitted electronically via the Juvenile Detention Automated System (JDAS) for the service period of October 1, 2019 to September 30, 2020. 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 programming to reduce out of home placement and detention of youth.

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 Lynn Tubbs at (518) 473-9116 or [Lynn.Tubbs@ocfs.ny.gov](mailto:Lynn.Tubbs@ocfs.ny.gov).

Sincerely,



Nina Aledort, PhD  
Deputy Commissioner  
Division of Youth Development and Partnerships for Success  
Office of Children and Family Services

cc: Derek Holtzclaw, OCFS Deputy Commissioner for Administration  
Lynn Tubbs, Director of Cross-System Supports, YDAPS  
OCFS Child Welfare and Community Services Regional Office Directors  
Municipality STSJP Leads

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**SUPERVISION AND TREATMENT SERVICES**  
**FOR JUVENILE PROGRAM (STSJP) ANNUAL PLAN**  
**FOR PROGRAM YEAR OCTOBER 1, 2019 - SEPTEMBER 30, 2020**

STSJP plans are due to the Office of Children and Family Services (OCFS) by August 19 / 2019

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

Please be sure that the title "STSJP 2019-2020 Annual Plan-Municipality 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:**

- [Geneva Hilliard](mailto:Geneva.Hilliard@ocfs.ny.gov): 518-486-1819
- [Lynn Tubbs](mailto:Lynn.Tubbs@ocfs.ny.gov): 518-473-9116

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

| PLAN SUBMISSION INSTRUCTIONS  |
|---|
| Instructions for submitting an STSJP plan for OCFS review: <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 file name "STSJP 2019-2020 Annual Plan – (Name of County)";</li> <li>c. Work from the "saved" application document, using it to record all of your municipality information;</li> <li>d. Once you have completed entering the required data, save the document.</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> |

### PART I – STSJP PROGRAMS

| SECTION 1  |              | PLAN AMOUNTS  |
|--|--------------|---------------|
| EXPENSES   |              |               |
| 1. Total program expenses  |              | \$ 103,511.00 |
| 2. State reimbursement   |              | \$ 64,176.82  |
| 3. Local share amount  |              | \$ 39,334.18  |
| Reimbursements for the plan (Enter all amounts that are applicable.) |              |               |
| 4. STSJP allocation amount   | \$ 64,176.82 |               |
| 5. STSJP local approved plan amount                                  |              | \$ 64,176.82  |
| 6. Detention approved amount shifted to STSJP                        |              | \$ 0          |
| 7. PY rollover approved amount                                       |              | \$ 0          |
| 8. Total approved amounts for state reimbursement                    |              | \$ 64,176.82  |

| SECTION 2                                 |                             | LIST OF STSJP PROGRAMS TO BE FUNDED |   |
|---|-----------------------------|-------------------------------------|---|
| Program Name                              | Local Share<br>(38 percent) | State Share<br>(62 percent)         | Total Program Expenses<br>(100 percent) |
| STSJP Program 1<br>Catholic Charities MST | \$ 39,334.18                | \$ 64,176.82                        | \$ 103,511.00                           |
| 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>     |    |    | <b>\$ 103,511.00</b> |

**STSJP PROGRAMMING DETAILS**

List the **name of each service and program** that you expect will receive STSJP funds, along with the **projected amount of STSJP funds** to be used for each. Please provide programmatic information in the format listed below. Provide the name of the provider of the service program. **Please note there are now 7 types of programming to choose from.**

**STSJP Program 1**

|   |  |   |                   |
|---|--|---|-------------------|
| STSJP Program 1 Name:<br>Multisystemic Therapy          |  | STSJP Program 1 Type:<br>Early Intervention |                   |
| STSJP Program 1 Operating Agency:<br>Catholic Charities |  |   |                   |
| Program Mailing Address<br>3982 Main Street             |  |   |                   |
| Address Line 2  |  |   |                   |
| City<br>Amherst   |  | State<br>NY                                 | Zip Code<br>14226 |
| Contact Person for Program<br>Melissa Sommerville       |  | Email<br>melissa.sommerville@ccwny.org      |                   |
| Title<br>Program Manager                                |  | Phone<br>(716) 204 - 0555                   | Ext<br>5025       |

**STSJP Program 1 Service Detailed Information**

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 103,511.00

2. Please indicate the specific zip codes this program will target. area codes include 14138; 14041; 14755 ; 14171; 14760; 14065; 14779; 14741; 14770; 14737; 14129; 14042; 14730; 14743; 14719; 14754; 14706 ,

3. 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 environment, and the rigorous, monitored implementation of MST combine to produce the positive changes.

4. Does your municipality plan to replicate the program across multiple locations?  Yes  No

5. What is the projected number of youth who will receive services from this program? 35

**If the STSJP Program 1 received STSJP funds in the previous STSJP PY, answer the questions below.**

6. Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, **answer #7**; If No, **skip to #8**; If Partially, **answer #7 and #8**.

7. What projected outcomes were met and how were they met? **(100 words or less)** 96% of youth completing treatment, 92% of youth still living in the home, & 100% of youth still in school and having no new arrests during treatment. These were met as these outcomes are the focus of our sessions in our work with Multisystemic therapy. We look to target these outcomes at each session by teaching the caregivers the tools by the use of the families' current strengths, building natural supports, and decrease the role of formal supports to sustain family overall functioning.

8. 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)** Did not meet contract goal of seeing at least 35 youth due to decrease number of referrals coming in. Program also had to let an employee go half way through the year due to not completing job tasks and giving families MST to the fullest. This brought down the team to only one therapist for a short time. Currently we have hired a new therapist who is new to MST team. The current supervisor is working with supervisor and team to identify the targeted reasons why the outcomes were not met, creating case specific plans to target the outcomes, and then monitoring the outcomes each month for advances and barriers.

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 93.92 out of 150

10. Total number of youth served by this program during the previous STSJP PY: 31

11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 0

|                                   |                |                       |
|-----------------------------------|----------------|-----------------------|
| <b>STSJP Program 2</b>            |                |                       |
| STSJP Program 2 Name:             |                | STSJP Program 2 Type: |
| STSJP Program 2 Operating Agency: |                |                       |
| Program Mailing Address           |                |                       |
| Address Line 2                    |                |                       |
| City                              | State          | Zip Code              |
| Contact Person for Program        | Email          |                       |
| Title                             | Phone<br>( ) - | Ext                   |

|   |                                     |
|---|-------------------------------------|
| <b>STSJP Program 2</b>  | <b>Service Detailed Information</b> |
| 1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$   |                                     |
| 2. Please indicate the specific zip codes this program will target.   |                                     |
| 3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b>  |                                     |
| 4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                                     |
| 5. What is the projected number of youth who will receive services from this program?   |                                     |
| <b>If the STSJP Program 2 received STSJP funds in the previous STSJP PY, answer the questions below.</b>  |                                     |
| 6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, <b>answer #7</b> ; If No, <b>skip to #8</b> ; If Partially, <b>answer #7 and #8</b> . |                                     |
| 7. What projected outcomes were met and how were they met? <b>(100 words or less)</b>   |                                     |
| 8. 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? <b>(100 words or less)</b>  |                                     |
| 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)   |                                     |
| 10. Total number of youth served by this program during the previous STSJP PY:  |                                     |
| 11. What amount of rollover funds from the previous STSJP PY will be spent on this program?   |                                     |

|                                   |                         |
|-----------------------------------|-------------------------|
| <b>STSJP Program 3</b>            |                         |
| STSJP Program 3 Name:             | STSJP Program 3 Type:   |
| STSJP Program 3 Operating Agency: |                         |
| Program Mailing Address           |                         |
| Address Line 2                    |                         |
| City                              | State      Zip Code     |
| Contact Person for Program        | Email                   |
| Title                             | Phone (      )      Ext |

|  |  |
|--|--|
| <b>STSJP Program 3      Service Detailed Information</b>   |  |
| 1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$  |  |
| 2. Please indicate the specific zip codes this program will target.  |  |
| 3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)  |  |
| 4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| 5. What is the projected number of youth who will receive services from this program?  |  |
| <b>If the STSJP Program 3 received STSJP funds in the previous STSJP PY, answer the questions below.</b>   |  |
| 6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially      If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8. |  |
| 7. What projected outcomes were met and how were they met? (100 words or less)   |  |
| 8. 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)                              |  |
| 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)  |  |
| 10. Total number of youth served by this program during the previous STSJP PY:   |  |
| 11. What amount of rollover funds from the previous STSJP PY will be spent on this program?  |  |

|                                   |                         |
|-----------------------------------|-------------------------|
| <b>STSJP Program 4</b>            |                         |
| STSJP Program 4 Name:             | STSJP Program 4 Type:   |
| STSJP Program 4 Operating Agency: |                         |
| Program Mailing Address           |                         |
| Address Line 2                    |                         |
| City                              | State      Zip Code     |
| Contact Person for Program        | Email                   |
| Title                             | Phone (      )      Ext |

|   |  |
|---|--|
| <b>STSJP Program 4      Service Detailed Information</b>  |  |
| 1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$                                       |  |
| 2. Please indicate the specific zip codes this program will target.   |  |
| 3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)                                       |  |
| 4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 5. What is the projected number of youth who will receive services from this program?   |  |

**If the STSJP Program 4 received STSJP funds in the previous STSJP PY, answer the questions below.**

6. Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.
7. What projected outcomes were met and how were they met? (100 words or less)
8. 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)
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
10. Total number of youth served by this program during the previous STSJP PY:
11. What amount of rollover funds from the previous STSJP PY will be spent on this program?

**STSJP Program 5**

|                                   |                |                       |  |
|-----------------------------------|----------------|-----------------------|--|
| STSJP Program 5 Name:             |                | STSJP Program 5 Type: |  |
| STSJP Program 5 Operating Agency: |                |                       |  |
| Program Mailing Address           |                |                       |  |
| Address Line 2                    |                |                       |  |
| City                              | State          | Zip Code              |  |
| Contact Person for Program        |                | Email                 |  |
| Title                             | Phone<br>( ) - | Ext                   |  |

**STSJP Program 5 Service Detailed Information**

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$
2. Please indicate the specific zip codes this program will target.
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
4. Does your municipality plan to replicate the program across multiple locations?  Yes  No
5. What is the projected number of youth who will receive services from this program?

**If the STSJP Program 5 received STSJP funds in the previous STSJP PY, answer the questions below.**

6. Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.  
If Yes, answer #7. If No, skip to #8.
7. What projected outcomes were met and how were they met? (100 words or less)
8. 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)
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
10. Total number of youth served by this program during the previous STSJP PY:
11. What amount of rollover funds from the previous STSJP PY will be spent on this program?

**STSJP Program 6**

|                                   |       |                       |  |
|-----------------------------------|-------|-----------------------|--|
| STSJP Program 6 Name:             |       | STSJP Program 6 Type: |  |
| STSJP Program 6 Operating Agency: |       |                       |  |
| Program Mailing Address           |       |                       |  |
| Address Line 2                    |       |                       |  |
| City                              | State | Zip Code              |  |

|                            |                |     |
|----------------------------|----------------|-----|
| Contact Person for Program | Email          |     |
| Title                      | Phone<br>( ) - | Ext |

**STSJP Program 6 Service Detailed Information**

- The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$
- Please indicate the specific zip codes this program will target.
- How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
- Does your municipality plan to replicate the program across multiple locations?  Yes  No
- What is the projected number of youth who will receive services from this program?

**If the STSJP Program 6 received STSJP funds in the previous STSJP PY, answer the questions below.**

- Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.
- What projected outcomes were met and how were they met? (100 words or less)
- 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)
- What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
- Total number of youth served by this program during the previous STSJP PY:
- What amount of rollover funds from the previous STSJP PY will be spent on this program?

**STSJP Program 7**

|                                   |                       |          |
|-----------------------------------|-----------------------|----------|
| STSJP Program 7 Name:             | STSJP Program 7 Type: |          |
| STSJP Program 7 Operating Agency: |                       |          |
| Program Mailing Address           |                       |          |
| Address Line 2                    |                       |          |
| City                              | State                 | Zip Code |
| Contact Person for Program        | Email                 |          |
| Title                             | Phone<br>( ) -        | Ext      |

**STSJP Program 7 Service Detailed Information**

- The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$
- Please indicate the specific zip codes this program will target.
- How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
- Does your municipality plan to replicate the program across multiple locations?  Yes  No
- What is the projected number of youth who will receive services from this program?

**If the STSJP Program 7 received STSJP funds in the previous STSJP PY, answer the questions below.**

- Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.
- What projected outcomes were met and how were they met? (100 words or less)
- 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)
- What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
- Total number of youth served by this program during the previous STSJP PY:



|   |
|---|
| 5. What is the projected number of youth who will receive services from this program?   |
| <b>If the STSJP Program 9 received STSJP funds in the previous STSJP PY, answer the questions below.</b>  |
| 6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8. |
| 7. What projected outcomes were met and how were they met? (100 words or less)  |
| 8. 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)                         |
| 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)   |
| 10. Total number of youth served by this program during the previous STSJP PY:  |
| 11. What amount of rollover funds from the previous STSJP PY will be spent on this program?   |

|                                    |                                      |                        |  |
|------------------------------------|--------------------------------------|------------------------|--|
| <b>STSJP Program 10</b>            |                                      |                        |  |
| STSJP Program 10 Name:             |                                      | STSJP Program 10 Type: |  |
| STSJP Program 10 Operating Agency: |                                      |                        |  |
| Program Mailing Address            |                                      |                        |  |
| Address Line 2                     |                                      |                        |  |
| City                               | State                                | Zip Code               |  |
| Contact Person for Program         | Email                                |                        |  |
| Title                              | Phone<br>(     ) -     -     -     - | Ext                    |  |

|   |                                     |
|---|-------------------------------------|
| <b>STSJP Program 10</b>   | <b>Service Detailed Information</b> |
| 1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$   |                                     |
| 2. Please indicate the specific zip codes this program will target.   |                                     |
| 3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)   |                                     |
| 4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                                     |
| 5. What is the projected number of youth who will receive services from this program?   |                                     |
| <b>If the STSJP Program 10 received STSJP funds in the previous STSJP PY, answer the questions below.</b>   |                                     |
| 6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8. |                                     |
| 7. What projected outcomes were met and how were they met? (100 words or less)  |                                     |
| 8. 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)                         |                                     |
| 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)   |                                     |
| 10. Total number of youth served by this program during the previous STSJP PY:  |                                     |
| 11. What amount of rollover funds from the previous STSJP PY will be spent on this program?   |                                     |

|                                    |       |                        |  |
|------------------------------------|-------|------------------------|--|
| <b>STSJP Program 11</b>            |       |                        |  |
| STSJP Program 11 Name:             |       | STSJP Program 11 Type: |  |
| STSJP Program 11 Operating Agency: |       |                        |  |
| Program Mailing Address            |       |                        |  |
| Address Line 2                     |       |                        |  |
| City                               | State | Zip Code               |  |

|                            |                |     |
|----------------------------|----------------|-----|
| Contact Person for Program | Email          |     |
| Title                      | Phone<br>( ) - | Ext |

**STSJP Program 11 Service Detailed Information**

- The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$
- Please indicate the specific zip codes this program will target.
- How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
- Does your municipality plan to replicate the program across multiple locations?  Yes  No
- What is the projected number of youth who will receive services from this program?

**If the STSJP Program 11 received STSJP funds in the previous STSJP PY, answer the questions below.**

- Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.
- What projected outcomes were met and how were they met? (100 words or less)
- 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)
- What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
- Total number of youth served by this program during the previous STSJP PY:
- What amount of rollover funds from the previous STSJP PY will be spent on this program?

**STSJP Program 12**

|                                    |                        |          |
|------------------------------------|------------------------|----------|
| STSJP Program 12 Name:             | STSJP Program 12 Type: |          |
| STSJP Program 12 Operating Agency: |                        |          |
| Program Mailing Address            |                        |          |
| Address Line 2                     |                        |          |
| City                               | State                  | Zip Code |
| Contact Person for Program         | Email                  |          |
| Title                              | Phone<br>( ) -         | Ext      |

**STSJP Program 12 Service Detailed Information**

- The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$
- Please indicate the specific zip codes this program will target.
- How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
- Does your municipality plan to replicate the program across multiple locations?  Yes  No
- What is the projected number of youth who will receive services from this program?

**If the STSJP Program 12 received STSJP funds in the previous STSJP PY, answer the questions below.**

- Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.
- What projected outcomes were met and how were they met? (100 words or less)
- 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)
- What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
- Total number of youth served by this program during the previous STSJP PY:

11. What amount of rollover funds from the previous STSJP PY will be spent on this program?

**PART II – STSJP-RTA PROGRAMS**

**SECTION 1 STSJP RTA PLAN AMOUNTS**

**Expenses**

|                             |    |
|-----------------------------|----|
| 1. RTA-approved plan amount | \$ |
| 2. Total program expenses   | \$ |

**SECTION 2 LIST OF STSJP-RTA PROGRAMS TO BE FUNDED**

| <b>Program Name</b> | <b>Total Program Expenses</b> |
|---------------------|-------------------------------|
| STSJP-RTA Program 1 | \$                            |
| STSJP-RTA Program 2 | \$                            |
| STSJP-RTA Program 3 | \$                            |
| STSJP-RTA Program 4 | \$                            |
| STSJP-RTA Program 5 | \$                            |
| STSJP-RTA Program 6 | \$                            |
| <b>TOTAL</b>        | \$                            |

**STSJP-RTA PROGRAMMING DETAILS**

List the **name of each service and program** that you expect will receive STSJP funds, along with the **projected amount of STSJP funds** to be used for each. Please provide programmatic information in the format listed below. Provide the name of the provider of the service program. **Please note there are now 7 types of programming to choose from.**

**STSJP-RTA Program 1**

|                             |                |                 |  |
|-----------------------------|----------------|-----------------|--|
| Program 1 Name:             |                | Program 1 Type: |  |
| Program 1 Operating Agency: |                |                 |  |
| Program Mailing Address     |                |                 |  |
| Address Line 2              |                |                 |  |
| City                        | State          | Zip Code        |  |
| Contact Person for Program  |                | Email           |  |
| Title                       | Phone<br>( ) - | Ext             |  |

**STSJP-RTA Program 1 Service Detailed Information**

- The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$
- Please indicate the specific zip codes this program will target.
- How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
- Does your municipality plan to replicate the program across multiple locations?  Yes  No
- What is the projected number of youth who will receive services from this program?

**If the STSJP-RTA Program 1 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.**

- Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.
- What projected outcomes were met and how were they met? (100 word or less)
- 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)
- What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
- Total number of youth served by this program during the previous STSJP-RTA PY:
- What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program?

**STSJP-RTA Program 2**

|                             |                |                 |  |
|-----------------------------|----------------|-----------------|--|
| Program 2 Name:             |                | Program 2 Type: |  |
| Program 2 Operating Agency: |                |                 |  |
| Program Mailing Address     |                |                 |  |
| Address Line 2              |                |                 |  |
| City                        | State          | Zip Code        |  |
| Contact Person for Program  |                | Email           |  |
| Title                       | Phone<br>( ) - | Ext             |  |

**STSJP-RTA Program 2 Service Detailed Information**

|   |
|---|
| 1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$   |
| 2. Please indicate the specific zip codes this program will target.   |
| 3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)   |
| 4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 5. What is the projected number of youth who will receive services from this program?   |
| <b>If the STSJP-RTA Program 2 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.</b>  |
| 6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8. |
| 7. What projected outcomes were met and how were they met? (100 word or less)   |
| 8. 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)                         |
| 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)   |
| 10. Total number of youth served by this program during the previous STSJP-RTA PY:  |
| 11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program?   |

|                             |                 |          |
|-----------------------------|-----------------|----------|
| <b>STSJP-RTA Program 3</b>  |                 |          |
| Program 3 Name:             | Program 3 Type: |          |
| Program 3 Operating Agency: |                 |          |
| Program Mailing Address     |                 |          |
| Address Line 2              |                 |          |
| City                        | State           | Zip Code |
| Contact Person for Program  | Email           |          |
| Title                       | Phone<br>( ) -  | Ext      |

|   |                                     |
|---|-------------------------------------|
| <b>STSJP-RTA Program 3</b>  | <b>Service Detailed Information</b> |
| 1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$   |                                     |
| 2. Please indicate the specific zip codes this program will target.   |                                     |
| 3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)   |                                     |
| 4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                                     |
| 5. What is the projected number of youth who will receive services from this program?   |                                     |
| <b>If the STSJP-RTA Program 3 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.</b>  |                                     |
| 6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8. |                                     |
| 7. What projected outcomes were met and how were they met? (100 word or less)   |                                     |
| 8. 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)                         |                                     |
| 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)   |                                     |
| 10. Total number of youth served by this program during the previous STSJP-RTA PY:  |                                     |
| 11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program?   |                                     |

|                            |                 |
|----------------------------|-----------------|
| <b>STSJP-RTA Program 4</b> |                 |
| Program 4 Name:            | Program 4 Type: |

|                                    |                |          |
|------------------------------------|----------------|----------|
| <b>Program 4 Operating Agency:</b> |                |          |
| Program Mailing Address            |                |          |
| Address Line 2                     |                |          |
| City                               | State          | Zip Code |
| Contact Person for Program         | Email          |          |
| Title                              | Phone<br>( ) - | Ext      |

**STSJP-RTA Program 4 Service Detailed Information**

- The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$
- Please indicate the specific zip codes this program will target.
- How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
- Does your municipality plan to replicate the program across multiple locations?  Yes  No
- What is the projected number of youth who will receive services from this program?

**If the STSJP-RTA Program 4 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.**

- Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.
- What projected outcomes were met and how were they met? (100 word or less)
- 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)
- What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
- Total number of youth served by this program during the previous STSJP-RTA PY:
- What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program?

**STSJP-RTA Program 5**

|                                    |                    |
|------------------------------------|--------------------|
| Program 5 Name:                    | Program 5 Type:    |
| <b>Program 5 Operating Agency:</b> |                    |
| Program Mailing Address            |                    |
| Address Line 2                     |                    |
| City                               | State Zip Code     |
| Contact Person for Program         | Email              |
| Title                              | Phone<br>( ) - Ext |

**STSJP-RTA Program 5 Service Detailed Information**

- The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$
- Please indicate the specific zip codes this program will target.
- How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
- Does your municipality plan to replicate the program across multiple locations?  Yes  No
- What is the projected number of youth who will receive services from this program?

**If the STSJP-RTA Program 5 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.**

6. Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.

7. What projected outcomes were met and how were they met? (100 word or less)

8. 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)

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)

10. Total number of youth served by this program during the previous STSJP-RTA PY:

11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program?

**STSJP-RTA Program 6**

|                             |                |                 |  |
|-----------------------------|----------------|-----------------|--|
| Program 6 Name:             |                | Program 6 Type: |  |
| Program 6 Operating Agency: |                |                 |  |
| Program Mailing Address     |                |                 |  |
| Address Line 2              |                |                 |  |
| City                        | State          | Zip Code        |  |
| Contact Person for Program  | Email          |                 |  |
| Title                       | Phone<br>( ) - | Ext             |  |

**STSJP-RTA Program 6 Service Detailed Information**

1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$

2. Please indicate the specific zip codes this program will target.

3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)

4. Does your municipality plan to replicate the program across multiple locations?  Yes  No

5. What is the projected number of youth who will receive services from this program?

**If the STSJP-RTA Program 6 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.**

6. Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.

7. What projected outcomes were met and how were they met? (100 word or less)

8. 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)

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)

10. Total number of youth served by this program during the previous STSJP-RTA PY:

11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program?

**PART III – STSJP-RTA PROGRAM ANALYSIS**

**SECTION 1 Overall Analysis**

**A. Overall Analysis of Communities**

Discuss and identify the neighborhoods or communities by zip codes or areas from which the highest number of Youthful Offenders (YO), Adolescent Offenders (AO), Juvenile Delinquents (JD) and Persons in Need of Supervision (PINS) enter the youth justice system, and the factors that may be contributing. area codes include 14138 (1); 14041 (1); 14755 (1); 14171 (1); 14760 (13); 14065 (1); 14779 (6); 14741 (1); 14737 (2); 14129 (1); 14042 (3); 14730 (1);

14770 (3); 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.

**B. Overall Analysis of Disparity**

Please provide information indicating whether there is evidence of racial/ethnic disparity in your local system's use of detention or residential placement. Based on the data provided from OCFS Strategic Planning and Policy Development Cattaraugus county shows a total detention decrease nearly across the board as well no indication of disparate outcomes amongst racial/ethnic groups. Over the past 4 years Cattaraugus County has decreased male and female Secure/non-secure detention rates by 14%. Ethnically our Hispanic admission rate has decreased nearly 100%.

If such disparity exists, describe how this STSJP plan addresses the issues of disparity.

**SECTION 2 PERFORMANCE OUTCOMES**

For current program year, provide the projected performance outcomes for all of your proposed services and programs. Be sure to include an estimate of the anticipated reductions in detention utilization and residential placements. **(250 words 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 3 COLLABORATION SECTION**

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, social services, courts, services providers, schools, and youth development programs. 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 4 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 juvenile programs, and may enter into agreements in connection therewith. Counties submitting such applications must provide the following information:

1. Describe the provisions for the proportionate cost to be borne by each county:
2. Describe how personnel will be compensated across and between counties in the cooperative:
3. If a single fiscal officer will be the custodian of the funds made available for STSJP, please provide the officer's name and contact information:

**PART IV – PLAN APPROVAL**

**SECTION 1 APPROVAL OF THE CHIEF EXECUTIVE OFFICER**

As STSJP Lead for Cattaraugus municipality, I certify that the CEO Jack Searles has reviewed and approved the 2019 STSJP plan.

Date: 08 / 19 / 2019 User ID: 04a581

Print name: Jack Searles

**SECTION 2 APPROVAL OF THE OCFS PROGRAM LEAD**

As OCFS STSJP reviewer, I certify that I approve of this STSJP plan for Cattaraugus municipality, for 2019-2020 .

Date: 10/ 29 / 2019 User ID: GG1130

Print name: Patti Anderson