



## Office of Children and Family Services

ANDREW M. CUOMO  
Governor

SHEILA J. POOLE  
Acting Commissioner

August 13, 2015

Dear Chief Executive Officer,

Thank you for submitting Cayuga Supervision and Treatment Services for Juveniles Program (STSJP) plan for Fiscal Year (FY) 2016. Your plan has been reviewed by the Office of Children and Family Services (OCFS) and I am pleased to inform you that your county's STSJP plan has been **approved**.

Cayuga is eligible to receive 62% State reimbursement for STSJP expenditures up to the capped STSJP allocation amount. Your Cayuga 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. Cayuga may make an initial detention allocation shift or increase the amount of the detention allocation shift until December 31, 2015. If Cayuga plans to shift its detention allocation for STSJP eligible expenses, please submit a request on official letterhead to Cara Korn and email it to [stsip@ocfs.ny.gov](mailto:stsip@ocfs.ny.gov) outlining the amount that will be shifted and the type of programming or services the re-purpose detention funds will be used for under STSJP. An amend STSJP plan will also need to be submitted, if (Cayuga) shifts its detention allocation for STSJP eligible expenses

All STSJP claims must be submitted electronically via the Juvenile Detention Automated System (JDAS) for the service period April 1, 2015 to March 31, 2016. Questions on all aspects of 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 family through innovating alternative to placement and detention programs.

If you have any questions, please email us at [stsip@ocfs.ny.gov](mailto:stsip@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 all STSJP inquiries to Cara Korn at (518) 408-3999 or [Cara.Korn@ocfs.ny.gov](mailto:Cara.Korn@ocfs.ny.gov) and Shawn Chin-Chance at (212) 961-4110 or [Shawn.Chin-Chance@ocfs.ny.gov](mailto:Shawn.Chin-Chance@ocfs.ny.gov).

Sincerely,

A handwritten signature in black ink, appearing to read "Joseph Mancini".

Joseph Mancini  
Associate Commissioner  
DJJOY Office of Community Partnerships

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**SUPERVISION AND TREATMENT SERVICES FOR JUVENILE PROGRAM (STSJP)  
FISCAL YEAR (FY) 2016 ANNUAL PLAN**

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

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

Please ensure that the title **"Supervision and Treatment Services for Juveniles Plan"** and your municipality name are in the subject field to facilitate the timely review of your STSJP Plan. **Note:** Fiscal Year (FY) 2016 replaces the term State Fiscal Year (SFY) 2015-16 and FY 2015 replaces the term SFY 2014-15.

Please direct any STSJP Plan questions to either:

[Shawn.Chin-Chance@ocfs.ny.gov](mailto:Shawn.Chin-Chance@ocfs.ny.gov) PH. 212-961-4110

[Cara.Korn@OCFS.ny.gov](mailto:Cara.Korn@OCFS.ny.gov) PH. 518-408-3999

| SECTION ONE- Municipal Information                  |  |
|---|--|
| NAME OF MUNICIPALITY:<br>Cayuga County              |  |
| STSJP LEAD AGENCY:<br>Department of Social Services | STSJP LEAD PERSON:<br>Raymond Bizzari  |
| STSJP LEAD PHONE NUMBER:<br>3152531450              | STSJP LEAD E-MAIL:<br><a href="mailto:rbizzari@cayugacounty.us">rbizzari@cayugacounty.us</a> |

| SECTION TWO – List of Programs and Services to be Funded   |                                      |                                |   |
|--|--------------------------------------|--------------------------------|---|
| In this section, list the exact name of each program who have received STSJP funds, along with the projected amount of STSJP funds to be used for each. If this is a rollover program, please answer questions that are relevant to the funded program:  |                                      |                                |   |
| <b>Program One-Name</b>  | Juvenile Special Supervision Program | <b>Type of Program</b>         | <b>ATD/ATP</b>  |
| <b>Total Program Expenses</b>  | \$ 50,000                            | <b>Rollover Funded Program</b> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 1. Please indicate specific zip codes that your plan targets:  | 13021                                | 13118                          |   |
|  | 13092                                |                                |   |
|  | 13140                                |                                |   |
|  | 13152                                |                                |   |
|  | 13071                                |                                |   |
| 2. How will the program reduce the number of youth who are detained or in residential placement?<br>This long standing community based supervision program has ben used effectively to reduce both detention and RTC placements. Family Court judges are comfortable with program efficacy and routinely use it. Supervision is available 7 days a week with frequency of contact determined by level of risk. |                                      |                                |   |
| 3. How will the program be family focused?<br>The program services are provided in the commmunity, school and at home. Families identify the supports they need to maintain their children at home. and particpate in identifying supervision strategies.  |                                      |                                |   |
| 4. Can the program be replicated across multiple locations?<br>Yes.  |                                      |                                |   |

5. What is the projected number of youth that are served by this STSJP funded program?  
 14-19

6. If program is being used as an Alternative to Detention (ATD) and an Alternative to Placement (ATP), how will it serve both populations of youth?  
 It serves youth in the same way. It is a community based supervision program that supports youth and their families in ways that satisfy public safety and family supervision concerns, allowing other providers to accomplish the sort of work that maintains youth at home.

7. If the program was used during FY 2015, please assess whether the service or program achieved the projected reductions in detention utilization and/or residential placements and other performance outcomes.  
 The courts continually refer youth to the program who they would otherwise detain. Our low detention numbers (8 placements) and the number of placements in this program ( ) indicate a substantial level of use.

8. What were the barriers if not met? N/A

**Did the program receive STSJP funds for FY 2015?**  Yes  No **If Yes, answer the questions below:**

1. When did the program start using FY 2015 STSJP Funds? 4/1/2014

2. What was the average length of stay for youth in program or service? 4.5 months

3. How many youth received services in the program during FY 2015? 19

| Program Two -Name  | Alternative to Detention - Respite | Type of Program         | ATD   |
|--|------------------------------------|-------------------------|---|
| Total Program Expenses   | \$ 90,000                          | Rollover Funded Program | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 1. Please indicate specific zip codes that your plan targets:  | 13021                              | 13118                   |   |
|  | 13092                              |                         |   |
|  | 13140                              |                         |   |
|  | 13152                              |                         |   |
|  | 13071                              |                         |   |
| 2. How will the program reduce the number of youth who are detained or in residential placement?<br>Gives the court an option similar to detention at lower cost and closer to home. |                                    |                         |   |
| 3. How will the program be family focused?<br>Since it is close to home, families are allowed to visit with their families easier.   |                                    |                         |   |

4. Can the program be replicated across multiple locations?

Yes, it could be available at any RTS that was willing to enter into this type of contract.

5. If the program was used during FY 2015, were the performance outcomes met and describe the outcomes?

It was a successful detention alternative and as 50% of eligible deteion youth were sent to this program.

6. What were the barriers if not met?

None

7. If program was used as an ATD and an ATP, how was it used to serve both populations of youth?

Only used as ATD

8. What is the projected number of youth that will be served by this STSJP – funded program? 10

**Did the program receive STSJP funds for FY 2015?**  Yes  No **If Yes, answer the questions below:**

1. When did the program start using FY 2015 STSJP Funds? 4/1/2014

2. What was the average length of stay for youth in program or service? 31

3. How many youth received services in the program during FY 2015? 4

| Program Three -Name  |    | Type of Program         |  |
|--|----|-------------------------|--|
| Total Program Expenses   | \$ | Rollover Funded Program | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1. Please indicate specific zip codes that your plan targets:                                    |    |                         |  |
|                 |    |                         |  |
|  |    |                         |  |
|  |    |                         |  |
|  |    |                         |  |
| 2. How will the program reduce the number of youth who are detained or in residential placement? |    |                         |  |

3. How will the program be family focused?

4. Can the program be replicated across multiple locations?

5. If the program was used during FY 2015, were the performance outcomes met and describe the outcomes?

6. What were the barriers if not met?

7. If program was used as an ATD and an ATP, how was it used to serve both populations of youth?

8. What is the projected number of youth that will be served by this STSJP – funded program? \_\_\_\_\_

**Did the program receive STSJP funds for FY 2015?**  Yes  No **If Yes, answer the questions below:**

1. When did the program start using FY 2015 STSJP Funds? \_\_\_\_\_

2. What was the average length of stay for youth in program or service? \_\_\_\_\_

3. How many youth received services in the program during FY 2015? \_\_\_\_\_

### **SECTION THREE – Analysis of Communities**

Provide an analysis that identifies the neighborhoods or communities from which the greatest number of juvenile delinquents, juvenile offenders and persons in need of supervision (PINS) are remanded to detention or residentially placed. Are these the communities and neighborhoods served in the previous years' approved plan, if not, what has changed?

The majority of referrals will come from the City of Auburn since this is the largest population center within Cayuga County. Referrals from any municipality within the County is possible. These are the same areas served in the previous years.

**SECTION FOUR – Disparity**

In this section, please provide information indicating whether the use of detention or residential placement in your service area exhibits a significant racial or ethnic disparity or disproportionality. Please note that when looking for disparity, highlight, with the use of accurate data, youth who given comparable levels of need, do not receive equal utilization of services. Seek out all decision points to illustrate usage. When looking for disproportionality, identify any population groups who are underrepresented in a larger population and then overrepresented in a subset population. For example, population group A represents 15 percent of the general population but represents 75 percent of the detention population. If you currently do not measure these variables, please include your plan for data collection for Racial and Ethnic Disparities across your system. If no disparities or disproportionalities exist in your system simply state that in the space below.

No disparities or disproportionalities exist.

If such disproportionality exists, describe how the service/program proposed for funding will address this disparity.

**SECTION FIVE – Strategy**

**Justification and Overall Strategy** – 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 residential placement. With this specific purpose in mind, describe the strategy devised by your collaborative partners (list your collaborative partners) to address the STSJP Funding objective through the programs chosen in Section Two.

Our placement team consists of the following partners: Cayuga Counseling Services, Cayuga Centers, DSS, Youth BUreau, and Probation. This team considers JSS and respite as an option when they are considering detention for a youth. These options are used whenever possible, instead of a detention placement. We have been successful diverting many of our youth with these programs.

**SECTION SIX – Outcomes**

**Performance Outcomes** – For FY 2016, provide the projected performance outcomes for your proposed services and programs, being sure to include: An estimate of the anticipated reductions in detention utilization and residential placements.

We would like to continue to divert at least 50% of our possible detention placements to either JSS or respite. These alternatives provide an alternative closer to home for the youth.

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

Are there any changes in allocations or practices planned for FY 2016 based on experiences in FY 2015, please list those changes:

**SECTION SEVEN– Comments**

**SECTION EIGHT– Plan Amounts**

**Instructions:**

- A. Enter all program expenses in Program Services tab.
- B. Specify State Reimbursements for this plan (lines 6-9)

**Expenses**

|   |         |        |
|---|---------|--------|
| 1. Program Expenses (from Program Services) | 140,000 |        |
| 2. State Reimbursement (Line 1* 0.62)       |         | 86,800 |

**Available Reimbursements**

|                         |         |
|-------------------------|---------|
| 3. STSJP Allocation     | 40,000  |
| 4. Detention Allocation | 248,606 |
| 5. JDAI                 | 0       |

**Reimbursements for this Plan**

|  |        |
|--|--------|
| 6. STSJP Allocation  | 40,000 |
| 7. Detention Allocation being shifted to STSJP (if applicable) | 46,800 |
| 8. JDAI (if applicable)  | 0      |
| 9. FY 2015 Rollover (if applicable)                            | 0      |
| 10. Total Reimbursements (Lines 6-9)                           | 86,800 |

**State and Local Totals**

|   |        |
|---|--------|
| 11. State Share Amount (Line 10)                  | 86,800 |
| 12. Local Share Amount (Subtract Line 11 from 10) | 53,200 |

**SECTION NINE– Approval**

**Approval of the Chief Executive Officer**

As STSJP Lead for Cayuga County Municipality, I certify that the CEO Michael Chapman has reviewed and approved the 2015-2016 plan.

Date: 7 / 10 / 2015 STSJP Lead 05A435 STSJP Lead Raymond Bizzari  
 User ID: \_\_\_\_\_ Printed Name: \_\_\_\_\_

**INSTRUCTIONS:**

Instructions for properly processing an STSJP plan.

- a. Once you have opened a copy of the OCFS-2121 form, please immediately use the "Save As" function in Microsoft Word to save a copy of the document on your computer.
- b. Please save your STSJP plan using the following format; (Municipality Name 2015-2016 STSJP Plan)
- c. Work from the "saved" plan document using it to record all of your municipality's information. Please use the document OCFS- 2121A to document additional STSJP programs.
- d. Once you have satisfactorily completed entering the required data, save the document.
- e. Section Nine must be completed prior to OCFS review of STSJP Plan.
- f. Upload completed plan and send it to OCFS via the STSJP email address at [ocfs.sm.stsjp@ocfs.ny.gov](mailto:ocfs.sm.stsjp@ocfs.ny.gov)

**Approval of the OCFS STSJP Program Lead**

As OCFS STSJP reviewer, I certify that I approve of this Supervision and Treatment Services for Juveniles Program Plan for Cayuga County Municipality and 2015-2016 fiscal year.

Date: 8/12/15 User ID:  Printed Name: Allison Campbell