



## Office of Children and Family Services

ANDREW M. CUOMO  
Governor

SHEILA J. POOLE  
Acting Commissioner

August 19, 2015

Dear Chief Executive Officer,

Thank you for submitting Lewis County's 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**.

Lewis 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. Lewis County may make an initial detention allocation shift or increase the amount of the detention allocation shift until December 31, 2015. If Lewis County plans to shift its detention allocation for STSJP eligible expenses, please submit a request on official letterhead to Cara Korn 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-purpose detention funds will be used for under STSJP. An amend STSJP plan will also need to be submitted, if (Lewis county) 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 [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 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 06 / 29 / 2015

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>Lewis County                       |  |
| STSJP LEAD AGENCY:<br>Lewis County Dept. of Social Services | STSJP LEAD PERSON:<br>Jennifer Jones   |
| STSJP LEAD PHONE NUMBER:<br>315-376-5703                    | STSJP LEAD E-MAIL:<br><a href="mailto:jennifer.jones@dfa.state.ny.us">jennifer.jones@dfa.state.ny.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>   | Respite Services | <b>Type of Program</b>         | ATD/ATP   |
| <b>Total Program Expenses</b>   | \$ 7,000.00      | <b>Rollover Funded Program</b> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 1. Please indicate specific zip codes that your plan targets:   | Entire County    |                                |   |
|   |                  |                                |   |
| 2. How will the program reduce the number of youth who are detained or in residential placement?<br>Temporary relief from stressful situations may prevent the need for placement, transportation will be provided if needed.                           |                  |                                |   |
| 3. How will the program be family focused?<br>Respite will be offered to provide youth and their families a safe location during times of unique stress or when safety concerns are noted.  |                  |                                |   |
| 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?  
5

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?  
Respite can give both the families and youth time to regroup and possible avoid placement or detention.

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.  
Program not used

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? \_\_\_\_\_

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? \_\_\_\_\_

|  |                             |                                |   |
|--|-----------------------------|--------------------------------|---|
| <b>Program Two -Name</b>   | Clinical Services and Goods | <b>Type of Program</b>         | <b>ATD/ATP</b>  |
| <b>Total Program Expenses</b>  | \$ 11,000.00                | <b>Rollover Funded Program</b> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 1. Please indicate specific zip codes that your plan targets:  | Entire County               |                                |   |
|  |                             |                                |   |
|  |                             |                                |   |
|  |                             |                                |   |
| 2. How will the program reduce the number of youth who are detained or in residential placement?<br>By providing needed mental health and substance abuse services and evaluations to the child to address the issues causing the behaviors that have placed the youth at risk of detention or placement. Many times the youth suffers from an unidentified but treatable disorder. Clinical services may included parent education and transportation will be included if needed by the family. |                             |                                |   |
| 3. How will the program be family focused?<br>Mental Health services addresses the needs of the child but also assist the family in understanding and handling behaviors.  |                             |                                |   |

4. Can the program be replicated across multiple locations?  
Yes

5. If the program was used during FY 2015, were the performance outcomes met and describe the outcomes?  
Insight Forensic Counseling was used to address criminal sexual acts committed by youth involved with Probation. None of the clients that went to the counseling ended up in detention or placement.

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?  
Evaluations and verbal therapy was offered to both risk groups.

8. What is the projected number of youth that will be served by this STSJP – funded program? 5

**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? 5/2/14

2. What was the average length of stay for youth in program or service? 6 months

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

|   |                      |                                |   |
|---|----------------------|--------------------------------|---|
| <b>Program Three Name</b>   | Summer Youth Program | <b>Type of Program</b>         | ATD/ATP   |
| <b>Total Program Expenses</b>   | \$ 13,000.00         | <b>Rollover Funded Program</b> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 1. Please indicate specific zip codes that your plan targets:   | Entire County        |                                |   |
|   |                      |                                |   |
| 2. How will the program reduce the number of youth who are detained or in residential placement?<br>This program is intended to target 16 youth for a summer program that targets at risk youth to keep them occupied during the summer months when school is out and the youth have many hours of free time on their hands. We have noticed that when youth have extended periods of free time on their hands they tend to get involved in risky behaviors. Transportation is also provided. |                      |                                |   |

3. How will the program be family focused?

By keeping the youth occupied during off times it will give the family a break from the stress in the household.

4. Can the program be replicated across multiple locations?

Yes

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

no used

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?

n/a

8. What is the projected number of youth that will be served by this STSJP – funded program? 5

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? \_\_\_\_\_

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

|   |                       |                                |   |
|---|-----------------------|--------------------------------|---|
| <b>Program Four-Name</b>  | Subsidized Employment | <b>Type of Program</b>         | ATD/ATP   |
| <b>Total Program Expenses</b>   | \$ 9,000.00           | <b>Rollover Funded Program</b> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 1. Please indicate specific zip codes that your plan targets:   |                       | Entire County                  |   |
|   |                       |                                |   |
|   |                       |                                |   |
|   |                       |                                |   |
| 2. How will the program reduce the number of youth who are detained or in residential placement?  |                       |                                |   |
| The Subsidized employment is a way of keeping a youth occupied during off times from school, help instill a good work ethic, and learn what is involved with earning a wage.                    |                       |                                |   |
| 3. How will the program be family focused?  |                       |                                |   |
| By keeping the youth occupied the family will get relief from the stress in the household. Family must participate in the employment process, and also assist in transportation and scheduling. |                       |                                |   |
| 4. Can the program be replicated across multiple locations?   |                       |                                |   |
| Yes   |                       |                                |   |
| 5. If the program was used last SFY, were the performance outcomes met and describe the outcomes?   |                       |                                |   |
| We put three youth to work after school hours and during the summer months. There appeared to be no behavioral /legal problems during the period the youths were employed.                      |                       |                                |   |
| 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?

n/a

8. What is the projected number of youth that will be served by this STSJP – funded program? 5

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

1. When did the program start using FY 2015 STSJP Funds? 4/10/2014

2. What was the average length of stay for youth in program or service? 6months

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

**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 the youth DSS and Probation work with are from the northern end of the county. The Programs we have are useable/available in all areas of the county. Lewis County continues to identify the county as a whole instead of specific targeted areas due to the low number of youth identified in the cohort of STSJP funding. DSS and Probation, that partner in this planning process, will work with any client in the qualifying criteria. Given the rural nature of Lewis County individualized planning is imperative: ideas and models are then replicated or referred to.

**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.

None

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

n/a

**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.

The Director of Social Services serves as the joint chair of the CCSI and of the local MDT both of which the Probation Director participates regularly with. Social Services chair a coalition aimed at reducing underage drug/alcohol use with members from across the community including Probation, Schools, Law Enforcement, Mental Health clinicians, Drug/Alcohol Counselors, Parents, and Youth. Information gathered at these sessions helped this agency decide on the programs we thought would help our at risk youth. The respite, mental health, parent education program, Transportation/emergency goods, subsidized employment and drug/alcohol services are all aimed at assisting the family and youth at addressing the behaviors that have brought the youth to the attention of Law Enforcement. Lewis County continues to focus efforts at meeting gaps in services.

**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.

Remain at three youth in residential placement and two youth requiring non secure detention.

Other projected positive outcomes for youth who participate in the services and programs:  
The youth will have an understanding how their behaviors not only affect them but also the community in general.

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

n/a

**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) | 40,000.00 |           |
| 2. State Reimbursement (Line 1* 0.62)       |           | 24,800.00 |

**Available Reimbursements**

|                         |           |
|-------------------------|-----------|
| 3. STSJ Allocation      | 40000.00  |
| 4. Detention Allocation | 39,239.00 |
| 5. JDAI                 | .00       |

**Reimbursements for this Plan**

|   |           |
|---|-----------|
| 6. STSJ Allocation  | 40,000.00 |
| 7. Detention Allocation being shifted to STSJ (if applicable) | .00       |
| 8. JDAI (if applicable)                                       | .00       |
| 9. FY 2015 Rollover (if applicable)                           | .00       |
| 10. Total Reimbursements (Lines 6-9)                          | 40,000.00 |

**State and Local Totals**

|   |           |
|---|-----------|
| 11. State Share Amount (Line 10)                  | 24,800.00 |
| 12. Local Share Amount (Subtract Line 11 from 10) | 15,200.00 |

**SECTION NINE - Approval**

**Approval of the Chief Executive Officer**

As STSJ Lead for Lewis County Dept. of Social Services Municipality, I certify that the CEO Michael Tabolt has reviewed and approved the 2015-2016 plan.

Date: 6/24/15 STSJ Lead User ID: 23a088 STSJ Lead Printed Name: Jennifer Jones

**INSTRUCTIONS:**

Instructions for properly processing an STSJ 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 STSJ plan using the following format; (Municipality Name 2015-2016 STSJ 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 STSJ 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 STSJ Plan.
- f. Upload completed plan and send it to OCFS via the STSJ email address at [ocfs.sm.stsjp@ocfs.ny.gov](mailto:ocfs.sm.stsjp@ocfs.ny.gov)

**Approval of the OCFS STSJ Program Lead**

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

Date: 8/19/15 User ID: 90A417 Printed Name: Carla Korn