



## Office of Children and Family Services

ANDREW M. CUOMO  
Governor

SHEILA J. POOLE  
Acting Commissioner

August 21, 2015

Dear Chief Executive Officer,

Thank you for submitting your Tioga 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**.

Tioga 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. Tioga County may make an initial detention allocation shift or increase the amount of the detention allocation shift until December 31, 2015. If Tioga 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 amended STSJP plan will also need to be submitted, if Tioga 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  
DJJJOY 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 07 / 31 / 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: Tioga County			
STSJP LEAD AGENCY: Tioga County Probation		STSJP LEAD PERSON: Brian L. Cain	
STSJP LEAD PHONE NUMBER: 607-687-8535		STSJP LEAD E-MAIL: cainb@co.tioga.ny.us	

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>	Reminder Call Program/Electronic Monitoring/Enhanced Intake & Diversion Services	<b>Type of Program</b>	<b>ATD</b>
<b>Total Program Expenses</b>	\$ 11,277.00	<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	13811	
	13732	13812	
	13734	13827	
	13736	13835	
	13743	13840	
2. How will the program reduce the number of youth who are detained or in residential placement? Reminder calls will reduce the number of warrants issued for youth who fail to appear for Court appearances. Electronic Monitoring may be utilized as an alternative to detention for youth who have runaway/truancy behaviors. Enhanced intake & diversion (next day intake and incentive cards) may eliminate the need for detention in some instances where immediate system intervention and support to parents may reduce the need for a short detention stay. The incentive cards will be used in the diversion phase to motivate youth to successfully complete the diversion in return for a card for minutes on a phone, itunes gift card, etc.			
3. How will the program be family focused? These programs are focused on ensuring youth attend Court dates and are monitored to prevent a detention placement. Families are part of the conversations and their cooperation is requested to assist in the success of the programs. By allowing the youth to remain with the family unit, it will encourage and necessitate the family as a whole to resolve the outstanding issues rather than just removing the perceived catalyst. This in turn will strengthen the family unit.			
4. Can the program be replicated across multiple locations? Yes. Telephone reminder calls, electronic monitoring and enhanced intake services can be modified to serve Youth in each area of the County.			

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

The projected number of Youth who will be served by the ATD Programs will be 20-25 Youth.

6. If program is being used as an ATD and an ATP, how will it serve both populations of youth?

N/A, this program is only used as an ATD.

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.

Tioga County is a small, rural County with a small number of youth placed in detention facilities annually. 20 Youth were served by the ATD programs in FY2015. As a result, 14 youth were prevented from being placed in detention facilities. Two youth were placed in detention as a result of sexual offending behaviors. One youth was placed in detention pending a placement with the Office of Children and Family Services. One youth was remanded to a detention facility pending proceedings due to his assaultive behaviors towards siblings. Two youth were remanded to detention due to ongoing criminal behaviors. Only one youth failed to appear for court resulting in a warrant for the youth's arrest being issued.

8. What were the barriers if not met?

**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? April 1, 2014

2. What was the average length of stay for youth in program or service? Six Months for Electronic Monitoring-All others are short term

3. How many youth received services in the program during FY 2015? 20

Program Two -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? \_\_\_\_\_

<b>Program Three -Name</b>		<b>Type of Program</b>	
<b>Total Program Expenses</b>	\$	<b>Rollover Funded Program</b>	<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?

There were six (6) youth placed in Detention, all of them residing in different communities. All of the communities recieved services in the previous years plan.

**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.

The use of detention or residential placement by Tioga County does not show any significant racial or ethnic disparity. This is measured by recording the ethnicity of each youth placed in detention or residential placement. There was one African American youth placed in detention during the STSJP reporting period which is proportionally representative given the lack of ethnic diversity in Tioga County.

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.

During the STSJP plan period of 04/01/2014 to 03/31/2015, the ATDs were successful in preventing 14 youth from being placed in Detention. During this time period a total of 18 youth were called via the reminder call program, with only one failing to appear for their court date. Two youth were monitored via electronic monitoring (EM), both of which were used as an alternative to detention. One youth cut off the EM unit, failed to appear before the Court and was later placed in the custody of the Tioga County Department of Social Services. One youth received an enhanced intake and was referred immediately for a possible petition. The same evening as the intake that youth was arrested again and taken to Detention.

The youth who went direct to detention and were not issued an appearance ticket were not appropriate for the enhanced services due to the nature of their alleged offense of their disposition at the time they were remanded to detention.

**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.

Tioga County estimates that there will not likely be a reduction in detention utilization for the STSJP plan period of 04/01/2015 to 03/31/2016, as the number of youth placed in detention and the number of bed days for the County has been low and relatively consistent over the last two years. It would not be unlikely for detention utilization to increase during the FY206 as one youth who requires extensive services can greatly skew the statistics.

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:

The lead agency for FY2016 has changed in Tioga County. The lead agency has been the Tioga County Department of Social Services but is now Tioga County Probation. There has also been an additional \$500 requested in ATD services for FY2016. The additional money will be used to purchase gift cards as incentives for youth. The cards will be allocated to youth who earn them for accomplishments during the diversionary period.

**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)	\$11,277.00	
2. State Reimbursement (Line 1* 0.62)		\$6,992.00

**Available Reimbursements**

3. STSJP Allocation	\$40,000.00
4. Detention Allocation	76,438
5. JDAI	

**Reimbursements for this Plan**

6. STSJP Allocation	\$6,992.00
7. Detention Allocation being shifted to STSJP (if applicable)	
8. JDAI (if applicable)	
9. FY 2015 Rollover (if applicable)	
10. Total Reimbursements (Lines 6-9)	\$6,992.00

**State and Local Totals**

11. State Share Amount (Line 10)	\$6,992.00
12. Local Share Amount (Line 1-10)	\$4,285.00

**SECTION NINE– Approval**

**Approval of the Chief Executive Officer**

As STSJP Lead for Tioga County Municipality, I certify that the CEO Martha Sauerbrey has reviewed and approved the 2015-2016 plan.

Date: 07 / 29 / 2015 STSJP Lead Tioga13 STSJP Lead Brian L Cain  
 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 Tioga County Municipality and 2015-2016 fiscal year.

Date: 8-21-15 User ID: 90a417 Printed Name: Cara Korn *CSK*