



**Office of Children
and Family Services**

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Commissioner

February 27, 2020

Dear Chief Executive Officer,

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

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

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

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

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

If you have any questions, please email us at stsjp@ocfs.ny.gov 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/Lynn.Tubbs@ocfs.ny.gov or Geneva Hilliard at (518) 486-1819/Geneva.Hilliard@ocfs.ny.gov

Sincerely,

Nina Aledort, Ph.D., LMSW
Deputy Commissioner

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

**SUPERVISION AND TREATMENT SERVICES FOR JUVENILE PROGRAM (STSJP)
ANNUAL PLAN**

FOR PROGRAM YEAR OCTOBER 1, 2018 - SEPTEMBER 30, 2019

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

Plans should be submitted to: stsjp@ocfs.ny.gov

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

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

Please direct any STSJP plan questions to:

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

MUNICIPALITY INFORMATION			
NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION: Cayuga County			
LEAD AGENCY FOR STSJP SUBMISSION: Social Services		NAME OF CONTACT PERSON: Raymond Bizzari	
CONTACT PERSON'S PHONE NUMBER: 315-253-1450		CONTACT PERSON'S EMAIL ADDRESS: rbizzari@cayugacounty.us	

Plan Submission instructions

Instructions for submitting an STSJP plan for OCFS review.

- a. Once you have opened this form on your computer, please immediately use the "Save As" function in Microsoft Word to save a copy;
- b. Save your application using the following name "PY 2018 - 2019 STSJP Plan – (Name of municipality)";
- c. Work from the "saved" application document, using it to record all of your municipality's information;
- d. Once you have completed entering the required data, save the document;
- e. Prior to submission, review calculation in section eight for accuracy. Complete the "Approval and Certification" section before submission to OCFS;

Send the completed application to OCFS via the STSJP email address at: stsjp@ocfs.ny.gov

SECTION ONE - List of programs to be funded

In this section, list the exact name of each program and Indirect Service that will be funded with STSJP funds, along with the projected amount of Program Expense, State Share and County Share to be used for each. (Program List and Detail Sheet must match)

Program Name	Total Program Expense (100 percent)	State Share (62 percent)	County Share (38 percent)
STSJP Program 1 Restorative Youth Case Management	\$ 180,000	\$ 111,600	\$ 68,400
STSJP Program 2 Multisystemic Therapy	\$ 160,000	\$ 99,200	\$ 60,800
STSJP Program 3 Alternatives to Detention - Respite	\$ 90,000	\$ 55,800	\$ 34,200
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	\$	\$	\$
TOTAL	\$ 430,000	\$ 266,600	\$ 163,400
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Problem Sexual Behavior and Juvenile Specail Supervision	\$ 13,800		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Multi-Systemic Therapy/Functional Family Therapy	\$ 55,000		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) respite/alt det	\$ 25,000		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
TOTAL	\$ 93,800	\$	\$

SECTION TWO – Overall analysis of communities

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

(500 words or less) The majority of Juvenile Justice Program referrals will come from the City of Auburn (13021) since this is the largest population center within Cayuga County. Referrals from any municipality with the County will be accepted (13118, 13166,13140,13160,13033,13071,13081). These are the same areas served in previous years.

SECTION THREE – Overall analysis of disparity

Please provide information indicating whether the use of detention or residential placement in your service area exhibits disparate outcomes for one racial/ethnic group as compared to outcomes for another racial/ethnic group.

(Please consult with the Detention and Placement data provided by OCFS and the County Profile data provided by DCJS as part of your STSJP plan support documentation).

(250 words or less) Detention #s are too small to draw an analysis.

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

(250 words or less) We've created "one door" for all children and families to move through in accessing services and have increased our capacity for evidence based services. Our hope is that this is the first step in mitigating the

disparity. Cultural Competency trainings continue to roll out. We plan to track these numbers on an ongoing basis and evaluate those cases using SAMHSA's technical assistance to determine where the pressure points are.

SECTION FOUR – Performance outcomes

For current program year, provide the projected performance outcomes for all of your proposed services and programs, being sure to include: An estimate of the anticipated reductions in detention utilization and residential placements.

(250 word or less) Restorative Case Management: We would like to continue to divert at least 90% of our possible detainments and placements by utilizing restorative youth case management and detention alternatives. Case management, skill building, community supervision and referral, linkage and collaboration with partnering agencies will be provided to aid the youth and families in developing prosocial skills allowing for juvenile justice system diversion and successful functioning within the community. Multisystemic Therapy is proven to reduce detention and out of home placement. With fidelity to the design, we expect to match reported/replicated outcomes.

SECTION FIVE – Collaboration

As per STSJP legislation, collaboration is required please describe your municipality's activities in developing this year's STSJP plan in collaboration with local agencies responsible for probation, law enforcement, detention, diversion, and social services, as well as, with courts, service provider, schools, and youth development programs.

(250 words or less) Cayuga County routes all juvenile justice cases through its Family Accessing Services Team which is comprised of the agencies mentioned above as well as participations of school districts, parents and youth. Cayuga County is a SAMHSA System of Care recipient so we avail ourselves of their technical assistance which informs this plan. In addition, this plan was informed by extensive RTA planning.

**SECTION SIX – Cooperative applications submitted jointly by two or more counties
(Complete this section only if this is a joint application)**

Two or more eligible local jurisdictions (counties) may join together to establish, operate, and maintain supervision and treatment services for juveniles' programs and may make and perform agreements in connection therewith. Counties submitting such applications must provide the following information:

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

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

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

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

SECTION SEVEN– Plan amounts

Expenses

1. Total Program expenses		\$ 430,000
2. State reimbursement (Program expenses*.62)		\$ 266,600
3. State share amount (Program expenses*.38)		\$ 163,400
Add in Reimbursements for the plan (fill out all that are applicable)		
4. STSJP allocation	\$ 41,046	
5. STSJP approved		\$ 41,046
6. JDAI allocation	\$ 0	
7. JDAI approved		\$
8. Detention approved amount shifted to STSJP		\$ 135,554
9. PY rollover approved		\$ 90,000
10. Total approved amounts for state reimbursement		\$ 266,600

11. Total amount of approved STSJP-RTA 100% state reimbursement	\$ 93,800
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Program detail inserts

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

Program one name:	Youth Restorative Case Management	Type of program:	Early Intervention
Program operating agency:	Cayuga Counseling Services		
Program mailing address 17 East Genesee Street			
Address line 2			
City Auburn		State NY	Zip code 13021
Contact person for program Heather Petrus			
Title Executive Director		Phone number (315) 253-9795	Ext.
Email hpetrus@cayugacounseling.org			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 190,000			
1. Please indicate the specific zip codes this program will target? Zip Codes 13021,13092,13140,13152,13071,13118			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) This community based restorative youth case management program supports youth and their families in ways that satisfy public safety and family supervision concerns by providing assessment, skill building, strengths based case management, referral and linkage and case collaboration with other service providers to youth and families. The program enhances caretaker support, fosters prosocial skill development and reduces the need for family court involvement.			
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 75			
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less) Of the 43 youth served, only 1 was detained and 2 were placed out of home.			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 100 days			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 43			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0			
Program two name:	Multi-systemic Therapy	Type of program:	Early Intervention
Program operating agency:	Cayuga Centers		
Program mailing address 101 Hamilton Avenue			
Address line 2			

City Auburn	State NY	Zip code 13021
Contact person for program Cindi Pagan		
Title Supervisor	Phone number (315) 253-5383	Ext.
Email cpagan@cayugacenters.org		
Program service detailed information		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 150,000		
1. Please indicate the specific zip codes this program will target? Zip Codes 13021,13092,13140,13152,13071,13118		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) MST will be used for high-risk youth coming into contact with the juvenile justice system in order to prevent further contact with the juvenile justice system and deeper penetration.		
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)		
4. What is the projected number of youth who will receive service from this program? (4-character number) 36		
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.		
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.		
6. What projected outcomes were met and how were they met? (100 word or less)		
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)		
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)		
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)		

Program three name:	Alternatives to Detention - Respite	Type of program:	ATD
Program operating agency:	Cayuga Centers		
Program mailing address 101 Hamilton Ave			
Address line 2			
City Auburn	State NY	Zip code 13021	
Contact person for program Kelly Ware			
Title Vice President for Residential Services	Phone number (315)2535383)	Ext.	
Email kware@cayugacenters.org			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 90,000			
1. Please indicate the specific zip codes this program will target? Zip Codes 13021,13092,13140,13152,13071,13118			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Used as an alternative placement option instead of non-secure detention.			
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 20			
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less) 100% of court ordered respite placements were in lieu of non-secure and in some cases, secure placement.			

7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 10
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 18
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

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

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

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input type="checkbox"/> no)
4. What is the projected number of youth who will receive service from this program? (4-character number)
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.
6. What projected outcomes were met and how were they met? (100 word or less)
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

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

Program seven name:		Type of program:	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	

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

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

Program nine name:		Type of program:	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ()	Ext.	
Email			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$			
1. Please indicate the specific zip codes this program will target? Zip Codes			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)			
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number)			
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less)			
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8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)			
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10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)			

Program ten name:		Type of program:	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ()	Ext.	
Email			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$			
1. Please indicate the specific zip codes this program will target? Zip Codes			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)			
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number)			
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less)			

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

STSJP/RTA Program name:	Alternatives to Detention - Respite	Type of program:	ATD
Program operating agency:	Cayuga Centers		
Program mailing address 101 Hamilton Ave			
Address line 2			
City Auburn		State NY	Zip code 13021
Contact person for program Kelly Ware			
Title Vice President for Residential Services		Phone number (3152535383)	Ext.
Email kware@cayugacenters.org			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 25,000			
1. Please indicate the specific zip codes this program will target? Zip Codes 13021,13092,13140,13152,13071,13118			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Provides an alternative placement to non-secure detention.			
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 11			
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less)			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)			

STSJP/RTA Program name:	Problem Sexual Behavior/ JSS	Type of program:	New Program STSJP-RTA
Program operating agency:	Cayuga Counseling Services		
Program mailing address 17 East Genesee Street			
Address line 2			

City Auburn	State NY	Zip code 13021
Contact person for program Heather Petrus		
Title Director	Phone number (315) 2539795	Ext.
Email hpetrus@cayugacounseling.org		
Program service detailed information		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 13,800		
1. Please indicate the specific zip codes this program will target? Zip Codes 13021,13092,13140,13152,13071,13118		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Provides specialized assessment and supervision for individuals exhibiting problematic sexual behaviors.		
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)		
4. What is the projected number of youth who will receive service from this program? (4-character number) 6		
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.		
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.		
6. What projected outcomes were met and how were they met? (100 word or less)		
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)		
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)		
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)		

STSJP/RTA Program name:	Multi-Systemic Therapy/Funcional Family Therapy	Type of program:	STSJP-RTA
Program operating agency:	Cayuga Centers		
Program mailing address 101 Hamilton Avenue			
Address line 2			
City Auburn	State NY	Zip code 13021	
Contact person for program Cindi Pagan			
Title Director	Phone number (315) 2535383	Ext.	
Email cpagan@cayugacenters.org			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 55,000			
1. Please indicate the specific zip codes this program will target? Zip Codes 13021,13092,13140,13152,13071,13118			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) These evidence based programs will be deployed in families with high risk youth to maintain them in the community and improve family functioning.			
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 15			
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less)			

- 7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
- 8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)
- 9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)
- 10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

SECTION EIGHT – Plan Approval

Approval of the Chief Executive Officer

As STSJP Lead for Cayuga County municipality, I certify that the CEO

Raymond Bizzari has reviewed and approved the 2018 - 2019 STSJP plan.

Date: 10 / 30 / 2018 STSJP Lead User ID

STSJP Lead printed name: Raymond Bizzari

Approval of the OCFS STSJP Program Lead

As OCFS STSJP reviewer, I certify that I approve of this STSJP plan for Cayuga municipality, for 2018 - 2019.

Date: 12/9/20 User ID: JTO911 Printed name Lynn Tubbs