



**Office of Children
and Family Services**

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Acting Commissioner

January 25, 2019

Dear Chief Executive Officer,

Thank you for submitting Cortland 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 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.

Cortland 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 Cortland 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 John Johnson at (518) 486-4665 or John.Johnson@ocfs.ny.gov.

Sincerely,

Joseph Mancini
Associate Commissioner
Office of Community Partnerships
Division of Juvenile Justice and Opportunities for Youth

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 10 / 15 / 2018

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: Cortland County			
LEAD AGENCY FOR STSJP SUBMISSION: Cortland County Department of Social Services		NAME OF CONTACT PERSON: Kristen Monroe	
CONTACT PERSON'S PHONE NUMBER: 607-753-5305	CONTACT PERSON'S EMAIL ADDRESS: Kristen.Monroe@dfa.state.ny.us		

Plan Submission instructions
<p>Instructions for submitting an STSJP plan for OCFS review.</p> <ol style="list-style-type: none"> Once you have opened this form on your computer, please immediately use the "Save As" function in Microsoft Word to save a copy; Save your application using the following name "PY 2018 - 2019 STSJP Plan – (Name of municipality)"; Work from the "saved" application document, using it to record all of your municipality's information; Once you have completed entering the required data, save the document; Prior to submission, review calculation in section eight for accuracy. Complete the "Approval and Certification" section before submission to OCFS; <p>Send the completed application to OCFS via the STSJP email address at: stsjp@ocfs.ny.gov</p>

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 Coordinated Children's Services Initiative	\$ 64,516.12	\$ 40,000	\$ 24,516.12
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	\$	\$	\$
TOTAL	\$ 65,516.12	\$ 40,000	\$ 24,516.12
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
TOTAL	\$	\$	\$

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) According to the U.S. Census Bureau, Cortland County has a population of around 49,000 people with the largest number of people residing in Cortland City. In 2017, Cortland County placed 16 youth in detention facilities and 3 youth in residential treatment centers. Naturally, as a result of the city being the most densely populated, the largest majority of these youths, 68.4%, were placements from which the youths were located in the Cortland City School District at the time of placement. Of these placements, 21.1% youths were from the Homer Central School District, which is our second largest school district. The remaining youths were located in surrounding school districts within the county at the time of placement. Sufficient resources are available for the CCSI program to work with youth within Cortland City School District and county wide.

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) There are currently no identified or significant race or ethnic disproportionalities with our residential or detention placement populations. In 2017, 16 youth were placed in detention and 3 youth were placed

in residential treatment centers. 16 of these 19-youth placed were Caucasian. According to the U.S. Census Bureau's demographic statistics for Cortland County in 2010, the county is comprised of 95% white persons. About 84% of our youth placed were white. The additional 3 youth were Black/African American and this was actually the same youth that was sent to detention on 3 separate occasions. Given the relatively small sample size, the proportionality of youth placed in Cortland County is fairly consistent with the US Census Bureau's demographic information for Cortland County.

If such disparity exists, describe how the service/program addresses issues described above.
(250 words or less)

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) (1). Our goal is to reduce the total number of care days of detention by 5% in 2018. (2). Maintain the number of youth placed in residential and foster care placements in 2018. (3). Improve coordination and communication amongst service providers and families through the use of family wraparound meetings. Our goal is to hold approximately 55 wraparound meetings for these families in 2018.

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) CCSI partners with over 25 local service agencies which include: Franziska Racker Center, DSS, Mental Health, Probation, County Youth Bureau, YWCA, Aid to Victims of Violence, Family Counseling Services, Seven Valley's Health Coalition, Catholic Charities, Liberty Resources, Schools, County Attorney, Cortland Area Communities that Care, Cortland Prevention Resources, Child Advocacy Center, Law Enforcement, SUPAC, and Elmcrest. Having membership and buy-in from each of these agencies at our monthly community tier II meetings assists us in being able to coordinate services across systems and to develop individual family specific goals. The CCSI program utilizes relationships with these agencies to target high needs youth addressed in the STSJP grant. Our PINS Diversion unit, DSS Court Liaison, Law Enforcement, and DSS regularly refer at risk youth. The community tier II meetings are also used to share updates regarding statistical trends and to discuss service barriers. Community Partners provide regular input, oversight, and feedback regarding the CCSI program and they have approved of the CCSI program continuing to apply for STSJP money.

**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		\$ 64,516.12
2. State reimbursement (Program expenses*.62)		\$ 40,000
3. State share amount (Program expenses*.38)		\$ 24,516.12

Add in Reimbursements for the plan (fill out all that are applicable)		
4. STSJP allocation	\$ 40,000	
5. STSJP approved		\$ 40,000
6. JDAI allocation	\$	
7. JDAI approved		\$
8. Detention approved amount shifted to STSJP		\$
9. PY rollover approved		\$
10. Total approved amounts for state reimbursement		\$ 40,000
11. Total amount of approved STSJP-RTA 100% state reimbursement		\$

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:	Coordinated Children's Services Initiative	Type of program:	Prevention
Program operating agency:	Cortland County Department of Social Services		
Program mailing address 60 Central Ave.			
Address line 2			
City Cortland		State NY	Zip code 13045
Contact person for program Chris Driscoll			
Title Grade B Supervisor/ CCSI Coordinator		Phone number (607) 428-5487	Ext.
Email Christopher.driscoll@dfa.state.ny.us			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 40,000			
1. Please indicate the specific zip codes this program will target? Zip Codes 13045, 13077, 13158, 13101, 13803, 13056, 13040			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) A parent partner is available to a family 24/7 to help them address immediate needs, offer support, provide a family voice, identify family strengths, identify concerns, and to help them navigate the various services available to them to prevent contact with court. Wraparound meetings are arranged for each family to include all service providers and natural family supports. Needs and strengths of the family are identified and used to develop a family and youth specific service plan.			
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) 40			
If the program received STSJP funds in the previous program year 2017 - 2018, 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) This program is designed to help families obtain necessary services to prevent youth from entering. We had a goal of serving 35 youth and we served 48. We held 69 wraparound meetings (goal was 50). In addition, we were able to help reduce the number of youth placed in foster care by 6.12%.			
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) The number of youth			

in Residential Treatment Centers remained the same from year end 2016 to 2017 (4 Youth). The number of youth in Residential facilities has vastly decreased over the past 5-8 years, as a county we may be leveling off in the amount we are able to reduce these numbers.

8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 222

9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 48

10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) N/A

Program two name:		Type of program:	
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Program operating agency:

Program mailing address

Address line 2

City	State	Zip code
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Contact person for program

Title	Phone number ()	Ext.
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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? (yes or 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? (yes or 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:		Type of program:	
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Program operating agency:

Program mailing address

Address line 2

City	State	Zip code
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Contact person for program

Title	Phone number ()	Ext.
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Email

Program service detailed information

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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? \$			
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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? \$		
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Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
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Program service detailed information			
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Program seven name:		Type of program:	
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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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Program mailing address			
Address line 2			
City	State	Zip code	
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Program mailing address			
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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:		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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SECTION EIGHT – Plan Approval		
Approval of the Chief Executive Officer		
As STSJP Lead for Cortland County		municipality, I certify that the CEO
Kevin Whitney		has reviewed and approved the 2018 - 2019 STSJP plan.
Date: 10 / 12 / 2018	STSJP Lead User ID	11a476
STSJP Lead printed name: Kristen Monroe		
Approval of the OCFS STSJP Program Lead		
As OCFS STSJP reviewer. I certify that I approve of this STSJP plan for		
municipality, for 20 - 20		
Date: 1/25/2019	User ID: 1224352	Printed name John Johnson