



Office of Children
and Family Services

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Commissioner

July 31, 2019

Dear Chief Executive Officer,

Thank you for submitting Broome 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.

Broome 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 Broome 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 re-purposed 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
Division of Youth Development and Partnerships for Success

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 / 31 / 2018

Plans should be submitted to: stsip@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: Broome County | | | |
| LEAD AGENCY FOR STSJP SUBMISSION: Broome County Social Services | | NAME OF CONTACT PERSON: Barbara Ravas | |
| CONTACT PERSON'S PHONE NUMBER: 607-778-8856 | | CONTACT PERSON'S EMAIL ADDRESS: barbara.ravas@dfa.state.ny.us | |

| Plan Submission instructions |
|---|
| <p>Instructions for submitting an STSJP plan for OCFS review.</p> <ol style="list-style-type: none"> 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; <p>Send the completed application to OCFS via the STSJP email address at: stsip@ocfs.ny.gov</p> |

| SECTION ONE - List of programs to be funded | | | |
|---|--|-----------------------------|------------------------------|
| <p>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)</p> | | | |
| Program Name | Total Program Expense (100 percent) | State Share (62 percent) | County Share (38 percent) |
| STSJP Program 1 DAASP | \$ 201,500 | \$ 124,930 | \$ 76,570 |
| 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 | \$ 201,500 | \$ 124,930 | \$ 76,570 |
| STSJP RTA Program (for expenditures eligible for 100% state reimbursement) STSJP RTA Detention/Placement Diversion Program | \$ | | |
| 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) Broome County is located in the Southern Tier of New York, it covers 716 square miles, and consists of a mix of urban, suburban, and rural areas. Broome County's population was reported in the 2010 census as 200,600, however the population is declining and in 2017 the population was reported as 193,639. Binghamton is the major urban center of Broome County with a population of 45,179, followed by Johnson City with a population of 14,508, and Endicott with a population of 12,828. The zip codes that are most prevalent are the Binghamton zip codes of 13901 and 13905. Followed by Johnson City which is 13790, and Endicott which is 13760. The crime rate for both juveniles and adults is higher in these urban centers than in the rest of the county. Binghamton's crime rate is 69% higher than the national average for cities the same size. Broome County's poverty rate and unemployment rate are both higher than the state and national averages. Families and juveniles in these zip codes face uncertainty and instability, the population is often transient, moving between these zip codes and changing school districts. On a daily basis families and juveniles in these zip codes deal with issues such as high crime rates, poverty, lack of jobs, substandard housing, gang activity, lack of transportation, and lack of services.

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) According to the Broome County profile information provided by DCJS, Broome County's juvenile population in 2016 was 19,050, with 79% White, 10% Black, 7% Hispanic, and 4% Asian or Pacific Islander (non-Hispanic). Broome County's detention rate for Black juveniles has gone down from 54% in 2014 to 43% in 2017, but is still significantly high based on the population make up. The number of Broome County Hispanic youth placed in detention has gone down from 14% in 2014 to 9% in 2017, which again is disparate based on Broome County's juvenile population.

The placement rate of Broome County Black youth in OCFS facilities in 2017 was 20%. The placement rate of Broome County Hispanic youth in OCFS facilities in 2017 was 10%.

Racial disparity is evidenced throughout the process as a youth enters and moves through the Juvenile Justice system in Broome County. The rate of Probation intakes opened in 2017 for Black youth in Broome County was 47%, and 9% for Hispanic youth. The rate of Probation cases opened in 2017 for Black youth in Broome County was 50%, and 15% for Hispanic youth. The rate of JD Probation violations filed in 2017 in Broome County for Black youth was 42%, and 5% for Hispanic youth.

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

(250 words or less) The Detention Alternative After School Program (DAASP) tracks zip codes prior to a youth's involvement in the juvenile justice system. They also track the race of the youth that participate in the program. DAASP prioritizes referred youth who are at greatest risk of placement. These youth are adjudicated Juvenile Delinquents, adjudicated PINS, or on PINS Diversion. For the 2017-2018 funding year DAASP served 32 youth; of which 20 were African American or Hispanic. Additionally the majority of the youth served in program were from the high needs zip codes of 13901, 13905, 13790, and 13760. The disparity of the youth referred to DAASP is present throughout Broome County's Juvenile Justice system. DAASP staff are all trained in cultural competency. The DAASP program uses a strength based perspective that is also trauma informed. In addition DAASP staff utilize Restorative Justice practices.

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) Projected outcomes for DAASP are as follows;

Serve 35 youth for program year

90% of youth participants (both PINS and JDs) will not be arrested or re-arrested

95% of youth participants currently on PINS Diversion will not be referred to court

90% of youth participants currently on Probation will not be petitioned to court on a violation of Probation

90% of youth participants will not be remanded to detention

90% of youth participants will not be placed in a residential setting

85% of youth participants will successfully complete DAASP

The number of juveniles under age 16 remanded to non-secure detention will decrease by 10%.

The number of juveniles under age 16 placed in residential settings will decrease by 10%.

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) Discussions among stakeholders have occurred regarding the continued use of STSJP funding for the DAASP Program. The consensus is that the program is a very integral part of the juvenile justice continuum of services in Broome County. Most recently Family Court Judge Rita Connerton, strongly praised and supported the DAASP Program as a model for the rest of the state. The Department of Social Services, Probation, County Attorneys,

private agencies, OCFS, and representatives from various law enforcement agencies are all members of the Broome County Juvenile Justice Task Force which meets quarterly. DSS and DAASP program representatives participate weekly in assessment team meetings at Probation to review youth coming on Probation or who are being violated. Collaboration also occurs regionally at the Regional Youth Justice Team where representatives of Broome County Probation and The Broome County Department of Social Services are active participants.

**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 | | \$ 201,500 |
| 2. State reimbursement (Program expenses* .62) | | \$ 124,930 |
| 3. State share amount (Program expenses* .38) | | \$ 76,570 |

Add in Reimbursements for the plan (fill out all that are applicable)

| | | |
|---|------------|------------|
| 4. STSJP allocation | \$ 124,930 | |
| 5. STSJP approved | | \$ 124,930 |
| 6. JDAI allocation | \$ 0 | |
| 7. JDAI approved | | \$ 0 |
| 8. Detention approved amount shifted to STSJP | | \$ 0 |
| 9. PY rollover approved | | \$ 0 |
| 10. Total approved amounts for state reimbursement | | \$ 124,930 |
| 11. Total amount of approved STSJP-RTA 100% state reimbursement | | \$ 0 |

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: | Detention Alternative After School Program (DAASP) | Type of program: | Early Intervention |
| Program operating agency: | Our Lady of Lourdes | | |
| Program mailing address 169 Riverside Drive | | | |
| Address line 2 | | | |
| City Binghamton | State NY | Zip code 13905 | |

| | | |
|--|--|----------------------|
| Contact person for program Ralphalla Richardson | | |
| Title Program Manager | Phone number (607) 584-3118 | Ext. |
| Email rrichardson1@ascension.org | | |
| Program service detailed information | | |
| The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 201,500 | | |
| 1. Please indicate the specific zip codes this program will target? Zip Codes 13901, 13905, 13790, 13760 | | |
| 2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The DAASP program will work with youth at the highest risk for out of home placement to build skills to help them deal with factors contributing to poor decision making. Participants will demonstrate an increased ability to deal with peer pressure, anger, and understanding of consequences. Participants will also develop and demonstrate improved communication, anger management skills, academic goals, life skills, and positive behaviors and interests. | | |
| 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) 35 | | |
| 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) Outcomes met include; 100% of youth participants appeared at scheduled court appearances, 94% of youth participants were not placed in detention or residential care, and 93% of youth participants were not arrested or re-arrested. These goals were met by using an approach which included physical activities, life skills activities, parent and family centered activities, parent supports, and experiential learning. In addition according to satisfaction surveys there was a 100% satisfaction rate. | | |
| 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 goal DAASP failed to meet was to serve 35 youth, they served 32 youth. This was due to a lack of referrals. To address this issue DAASP staff met with PINS Diversion and Probation staff in an effort to increase understanding and referrals. The program also expanded to include referrals from PINS Diversion. | | |
| 8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 50 | | |
| 9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 32 | | |
| 10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) | | |
| Program two name: | STSJP RTA detention/placement diversion program | Type of program: ATD |
| Program operating agency: | unknown provider, an RFP will be issued once Broome's RTA budget has been approved | |
| 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 13901, 13905, 13760, 13790 | | |
| 2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The program will work with high risk RTA youth who if not for the program would be placed in detention and/or residential placement. | | |

This will be an intensive program for youth that will provide specialized services and supports in order for them to be successfully maintained in their communities.

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) 40

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: | |
| 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 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) |
| 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 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) | | | | | |
| 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 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. | | |
| 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 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 | | |
| 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) | | |

| | |
|-----------|------------------|
| STSJP/RTA | Type of program: |
|-----------|------------------|

| | | |
|---|------------------|----------|
| Program name: | | |
| 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) | | |

| | | |
|--|------------------|-------------------------|
| STSJP/RTA | Detention | Type of program: |
| Program name: | | |
| 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)

| | | | | | |
|---|----------------------|--|-------------------------|------|--|
| STSJP/RTA | | | Type of program: | | |
| Program name: | | | | | |
| 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) | | | | | |

| | | |
|---|---|-------------------------|
| SECTION EIGHT – Plan Approval | | |
| Approval of the Chief Executive Officer | | |
| As STSJP Lead for Broome County | municipality, I certify that the CEO | |
| Jerome Knebel | has reviewed and approved the 2018 - 2019 STSJP plan. | |
| Date: 10 / 30 / 18 | STSJP Lead User ID 03A863 | |
| STSJP Lead printed name: Barbara Ravas | | |
| Approval of the OCFS STSJP Program Lead | | |
| As OCFS STSJP reviewer, I certify that I approve of this STSJP plan for Broome County | | |
| municipality, for 2018 - 2019. | | |
| Date: 7/31/19 | User ID: J10911 | Printed name Lynn Tubbs |