NEW YORK STATE | Office of Children and Family Services

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Acting Commissioner

February 1, 2019

Dear Chief Executive Officer,

Thank you for submitting Oneida 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.

Oneida 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 Oneida 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 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 / 18

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: Oneida County	
LEAD AGENCY FOR STSJP SUBMISSION: Oneida County Department of Social Services	NAME OF CONTACT PERSON: Deborah Neal
CONTACT PERSON'S PHONE NUMBER: 315-798-5738	CONTACT PERSON'S EMAIL ADDRESS: deborah.neal@dfa.state.ny.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 PREP/AIM	$ 391,309.68	$ 242,612	$ 148,697.68
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	$ 391,309.68	$ 242,612	$ 148,697.68
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) PREP/AIM	$ 90,780		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) MST/FFT	$ 168,000		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Service Provisions for Ind. Needs	$ 132,600		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	$		
TOTAL	$ $391,380	$	$

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)

Oneida County is located in Central New York and is made up of both urban and rural areas. It includes two major cities, the City of Utica (13501 / 13502) and the City of Rome (13340) and several rural communities. All these areas continue to face such obstacles as unemployment, low wage jobs and poverty. Societal pressures, such as substance abuse and violence, are additional concerns that has only added another element of distress on struggling families and youth.

Local data regarding our 2017 - 2018 PINS / JD population (see attached), illustrates the number of youth that has presented to the "system", but we need to recognize that this is only a fraction of children that may need our help. Programming must be available and begin at the first signs of distress in a child. Interventions must be early, flexible and comprehensive to meet the individual needs of each. Our services continuum must provide youth with the opportunities to develop healthy attitudes and behaviors that are long-lasting and this requires a cross-systems approach involving all disciplines that may touch a child's life.

With the onset of Raise the Age, Oneida County has continued its efforts to broaden cross-system planning and education. Community providers, some of which are members of various taskforces, as well as the judicial, legal and law enforcement systems are meeting and sharing both ideas, concerns and perspectives. This on-going learning process will benefit all youth as the information shared will educate all adults to the dangers our youth face, such as trafficking concerns and gangs, which may not always come under a specific provider's scrutiny and the intervention services that are available. A simple example of this are Oneida County's Drop-In Centers. Just the information of where and when, in the right hands and at the right time, may help a child who has never disclosed that he or she is home alone because a parent is working or that tutoring is available if a child is struggling. While this example may be simplistic to us, it may not be true to a youth in distress as he or she may see it as "just one more thing" and become discouraged and disenchanted and seek relieve in unhealthy ways.

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)

In 2017, Oneida County data continues to show a decrease in detention admissions across Black, White and Other youth but an increase in Hispanic youth by 75%. This translates to number of youth increased from 12 to 21 youth in both secure and non-secure facilities between the years 2013 to 2017.

Number admitted vs. proportional representation for Oneida County:

-White admissions decreased 65% and decreased 19% proportionally
-Black admissions decreased 35% and increased 5% proportionally
-Hispanic admissions increased 75% and increased 14% proportionally
-Other admissions decreased 44% and remained the same at 10% proportionally

Overall, slight improvement was noted except for Black and Hispanic youth where increases in admissions and/or disportionality were noted.

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

Overall, slight improvement was noted except for Black and Hispanic youth where increases in admissions and/or disportionality were noted.

For the upcoming year, the plan to address disparity will involve "tracking" all youth participating by race and ethnicity, as well as, their outcomes. This will demonstrate the program's effectiveness across the board for all involved youth. If non-compliance rates are specific to particular populations, modifications will be explored which will include discussions with youth for input on program design.

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)

Primary Outcomes:

Truancy, school suspensions and violations of court orders can and are reasons for youth to enter or re-enter out of home placements.

Outcome # I: Reduction of missed school days due to illegal absences.

Measure #1: # of illegal absences while in program vs. # of documented illegal absences last school year

Goal: 70%

RESULT: We are entering a new school year, however, based on the last school year data, 67% of the youth reduced the number of the number of days absent. We anticipate reaching our goal in 2018-2019.
Outcome # II: 70% of participants will not have a violations filed while in program.
Measure # II: # of violations on participants
Goal: 70%
RESULT: Percentage of youth that did not have any violations was 67%. We anticipate reaching our goal in 2018-2019.

Secondary Outcomes:
Outcome # I: Reported improvement in areas of support, empowerment, boundaries, constructive use of time and commitment to learning and positive values and identities.
Measure # I: Pre and Post Assessment based on Search Institute's 40 Developmental Assets and 70% of these youth will report an overall improvement in these areas.
RESULTS: 90% reported improvement based on the pre/post asessments.

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)

Collaboration continues among the courts, probation, attorneys and community service providers in Oneida County; and in preparation for the Raise The Age initiative, we have seen an increase in these efforts. On-going work groups have identified service gaps and what measures are needed to resolve them. Family Court Judges verbalize the need for more options in diversion services and state "respite" as a critical need and will support any and all measures that will give them alternatives to maintain challenging youth in our commmunity. Probation Officers are stationed in many of our schools and are well-versed in service programing available for at risk youth. Informational sessions continue to be presented to such groups as the: Policy Academy, Oneida County Youth Council and service providers in order to raise awareness.

On-going communication is also evident on all levels of government and its various divisions: Mental Health, Substance Abuse Services, Children's Services and Legal Department where Family Court is a critical partner in these conversations.

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		$ 391,309.68
2. State reimbursement (Program expenses*.62)		$ 242,612
3. State share amount (Program expenses*.38)		$ 148,697.68

Add in Reimbursements for the plan (fill out all that are applicable)		
4. STSJP allocation	$ 142,612	
5. STSJP approved		$ 142,612
6. JDAI allocation	$	
7. JDAI approved		$
8. Detention approved amount shifted to STSJP		$ 100,000
9. PY rollover approved		$
10. Total approved amounts for state reimbursement		$ 242,612
11. Total amount of approved STSJP-RTA 100% state reimbursement		$ 391,380

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:	PREP/AIM	**Type of program:**	ATP
Program operating agency:	The Neighborhood Center, Inc.		
Program mailing address 624 Elizabeth Street			
Address line 2			
City Utica	State NY	Zip code 13440	
Contact person for program Patrice VanNortwick			
Title Division Director	Phone number (315) 272-2608	Ext.	
Email patricev@neighborhoodctr.org			

Program service detailed information

The amount of STSJP funds that your jurisdiction will devote to the services from this program? $ 242,612

1. Please indicate the specific zip codes this program will target? Zip Codes 13501, 13502, 13440

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
The PREP/AIM model focuses on reducing offending behaviors and incidents of placement while supporting the increase of "connections". Service coordination, youth and family centered services, counseling, youth support workers and 24 hour emergency supports are key components of the PREP model. AIM promotes opportunities to build self-confidence, provide service to the community, workshops and field trups that promote wellness, education and a healthy life-style.

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) 30

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? (☒ 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)
Results: 90% of the youth reported improvement based on pre/post assessments. This was accomplished through the adult lead group mentoring process following the Search Institute's 40 Developmental Assets.

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) 369 days
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 12
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

Program two 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? (☐ 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:**	
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? (☐ 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 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? (☐ 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.			
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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? $
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.
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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? $			
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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)		
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4. What is the projected number of youth who will receive service from this program? (4-character number)		
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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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Email			
Program service detailed information			
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Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
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Title	Phone number ( )	Ext.	
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Address line 2			
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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)			

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? (☐ 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)

STSJP/RTA Program name:	PREP/AIM	**Type of program:**	STSJP-RTA
Program operating agency:	The Neighborhood Center, Inc.		
Program mailing address 624 Elizabeth Street			
Address line 2			
City Utica	State NY	Zip code 13501	
Contact person for program Patrice VanNortwick			
Title Division Director	Phone number (315) 272-2608	Ext.	
Email patricev@neighborhoodctr.org			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? $ 90,780			
1. Please indicate the specific zip codes this program will target? Zip Codes 13501, 13502, 13340			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The PREP/AIM model focuses on reducing offending behaviors and incidents of placement while supporting the increase of "connections". Service coordination, youth and family centered services, counseling, youth support workers and 24 hour emergency supports are key components of the PREP model. AIM promotes opportunities to build self-confidence, provide service to the community, workshops and field trips that promote wellness, education and a healthy life-style.			
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) 5-10			
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? (☐ 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)

STSJP/RTA Program name:	Cayuga Centers FFT / MST	**Type of program:**	New 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, LCSW			
Title Vice President of Community Based Interventions	Phone number (315) 253-5383	Ext. 1243	
Email cindi.pagan@cayugacenters.org			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? $ 168,000			
1. Please indicate the specific zip codes this program will target? Zip Codes 13501, 13502, 13340			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Functional Family Therapy (FFT) is a family based prevention and intervention program designed to treat a range of youth and their families who are at risk for delinquency, violence, substance use and other behavioral problems. Multisystemic Therapy (MST) is an intensive family and community based treatment that addresses the multiple determinants of serious antisocial behaviors in at risk youth. Both programs facilitate permanency and reduce recidivism for youth in the child welfare system.			
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) 10			
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)			

STSJP/RTA Program name:	KIDS ONEIDA Service Provision for Individual Needs	**Type of program:**	STSJP-RTA
Program operating agency:	KIDS ONEIDA		
Program mailing address 310 Main Street			
Address line 2			
City Utica	State NY	Zip code 13501	
Contact person for program Rebecca Paladino, LMSW			
Title Director of Children's Clinical Services	Phone number (315) 792-9039	Ext. 2610	
Email rpaladino@kidsoneida.org			

Program service detailed information
The amount of STSJP funds that your jurisdiction will devote to the services from this program? $ 132,600
1. Please indicate the specific zip codes this program will target? Zip Codes 13501,13502,13340
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The Service Provision for Individual Needs program (SPIN) offers services that can be tailored to a youth's individual needs. Examples of this service includes but is not limited to: Behavior Management, Curfew Face to Face, Mentoring, Skill Building, Overnight Supervision, Vocational Skill Building, Tutoring and transportation. These types of services will support both youth and parent to meeting the requirements imposed by the Courts, Probation, etc.
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) 10
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)

SECTION EIGHT – Plan Approval	
Approval of the Chief Executive Officer	
As STSJP Lead for Oneida County	municipality, I certify that the CEO
Anthony J. Picente Jr., County Executive	has reviewed and approved the 2018 - 2019 STSJP plan.
Date: 10 / 15 / 2018	STSJP Lead User ID 30a442
STSJP Lead printed name: Deborah Neal	
Approval of the OCFS STSJP Program Lead	
As OCFS STSJP reviewer. I certify that I approve of this STSJP plan for Oneida County	
municipality, for 2018 - 2019.	
Date: 12 / 7 / 2018 User ID: kk4387	Printed name Vera F Vieira