

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**SUPERVISION AND TREATMENT SERVICES FOR JUVENILE PROGRAM (STSJP)
ANNUAL PLAN
FOR PROGRAM YEAR OCTOBER 1, 2018 - SEPTEMBER 30, 2019**

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

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

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

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

Please direct any STSJP plan questions to:

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

MUNICIPALITY INFORMATION			
NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION: Onondaga County			
LEAD AGENCY FOR STSJP SUBMISSION: Onondaga County Department of Children & Family Services		NAME OF CONTACT PERSON: Damian Pratt	
CONTACT PERSON'S PHONE NUMBER: (315) 435-3730		CONTACT PERSON'S EMAIL ADDRESS: DamianPratt@ongov.net	

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 Special Supervision Program	\$ 287,000	\$ 177,940	\$ 109,060
STSJP Program 2 Community-Based Diversion	\$ 221,000	\$ 137,020	\$ 83,980
STSJP Program 3 315 L.I.F.T. Project	\$ 343,762	\$ 213,132.44	\$ 130,629.56
STSJP Program 4 Street Court	\$ 301,000	\$ 186,620	\$ 114,380
STSJP Program 5 Community Engagment Initiative Coordination	\$ 120,000	\$ 74,400	\$ 45,600
STSJP Program 6	\$ 194,000	\$ 120,280	\$ 73,720

Intensive Community-Based Supervision			
STSJP Program 7 Thinking for a Change	\$ 56,000	\$ 34,720	\$ 21,280
STSJP Program 8	\$	\$	\$
STSJP Program 9	\$	\$	\$
STSJP Program 10	\$	\$	\$
STSJP Program 11	\$	\$	\$
STSJP Program 12 Thinking for a Change-STSJP RTA	\$ 27,000	\$ RTA	\$ RTA
TOTAL	\$ 1,522,762	\$ 944,112.44	\$ 582,649.56
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Special Supervision Program	\$ 141,000		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Community-Based Diversion	\$ 109,000		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) 315 L.I.F.T Project	\$ 170,000		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Street Court	\$ 149,000		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Community Engagement Initiative Coordination	\$ 60,000		
TOTAL	\$ 656,000	\$	\$

SECTION TWO – Overall analysis of communities

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

(500 words or less)

The County of Onondaga is comprised of 26 towns and villages in addition to the City of Syracuse. As of the 2015 census, the juvenile population in Onondaga County was approximately 53,890. The race/ethnicity breakdown was as follows: white - 37,463, Black- 7,766, Latino – 2,972, and Other – 5,689.

While most of the services that are offered to youth/families are available everywhere in Onondaga County, local data has shown the need to provide additional supports in neighborhoods and communities where the majority of system involved youth come from. Youth living in four contiguous zip codes within the City of Syracuse (13204, 13205, 13203, & 13208) account for 54% of supervision cases, 51% of detention admissions, and 67% of placements. It should be noted that the over representation for youth from the identified zip codes are down considerably since the

start of the STSJP supported, Community Engagement Initiative. In 2016, youth from these zip codes accounted for 60% of supervision, 68% of detention, and 83% of placement cases respectively.

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 2015 census information, Onondaga County's youth population is 70% White, 14% Black, 6% Hispanic and 11% Multi-Race/Other. Data collected at various system points show an over representation of black youth who account for 60% of arrests, 65% of cases referred to the presentment agency for petition, 64% of the detention population, and 72% of the placement population.

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

(250 words or less) Although disparity exists for youth who enter the Juvenile Justice System, through the use of community-based services and credible messengers, Onondaga County has seen a significant reduction in increased disparity for black youth at various system points. From 2016 to 2018, black youth accounted for a smaller percentage of the over all arrest population (68% in 2016 down to 60% in 2018), cases referred to the presentment agency (78% in 2016 down to 65% in 2018), detention admissions (80% in 2016 down to 64% in 2018), and placement (76% in 2016 down to 72% in 2018).

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) All programs which have received STSJP funding in the past meet on a quarterly basis to share and report program progress, review data and performance, report any issues or concerns, as well as share any program strength and successes. All new services providers which have no received previous funding meet on a monthly basis to refine referral process, data collection, as well as to report strengths and successes. In addition, the Director of Juvenile Justice meets informally with the program coordinators to review progress and answer questions.

Onondaga County and the aforementioned service providers all have agreed on performance measurments which are included in the annual contracts and are reviewed bi-annually.

In addition, the Onondaga County Department of Children & Family Services is rolling out a Results Based Accountability construct for all providers that will feed into department-wide indicators.

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) The Onondaga County Partnership for Youth Justice vision is that all youth involved in the Juvenile Justice System are given an opportunity to safely stay in their community and receive community based supports that are culturally competent in order to successfully transition to adulthood.

The Partnership's Steering Committee meets bi-monthly and is the advisory body of the collaborative which makes recommendations and provides feedback on priority areas, system gaps, and needs. There are two ongoing work groups, as well as smaller, short-term work groups.

As it relates to the STSJP Plan, the Partnership reviews data, creates an annual work plan, as well as contributions to strategic planning focusing on meeting targets and goals. The Partnership also looks at the resources available including STSJP, local funding dedicated to placement, outside grants and partnerships to fund strategies that will fund a continuum of programs and services and interventions that will provide lasting impact on youth and their pathway to successful adulthood.

**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		\$ 1,522,762
2. State reimbursement (Program expenses* .62)		\$ 944,112.44
3. State share amount (Program expenses* .38)		\$ 578,649.56
Add in Reimbursements for the plan (fill out all that are applicable)		
4. STSJP allocation	\$ 205,407	
5. STSJP approved		\$ 205,407
6. JDAI allocation	\$ 83,333	
7. JDAI approved		\$ 83,000
8. Detention approved amount shifted to STSJP		\$ 550,853
9. PY rollover approved		\$ 104,852.44
10. Total approved amounts for state reimbursement		\$ 944,112.44
11. Total amount of approved STSJP-RTA 100% state reimbursement		\$ 656,000

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:	Special Supervision	Type of program:	ATD
Program operating agency:	Cayuga Counseling Services		
Program mailing address 17 East Genesee Street			
Address line 2			
City Auburn		State NY	Zip code 13021
Contact person for program Heather Petrus			
Title Executive Director		Phone number (315) 435-9795	Ext.
Email hpetrus@cayugacounseling.org			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program?			\$ 287,000

1. Please indicate the specific zip codes this program will target? Zip Codes County-Wide	
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The Special Supervision Program was designed to reduce the reliance on the use of detention for youth with pending Juvenile Delinquency cases by providing intensive supervision and case management services to children and families awaiting disposition in Family Court. Special Supervision will monitor each child at home, school, and within the community to ensure they return to court and refrain from committing future law violations.	
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) 100	
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) From the time of referral to a subsequent court appearance, 89% of youth were not arrested and 93% of youth attended all court appearances successfully.	
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) N/A	
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 61	
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 83	
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) \$0	
Program two name:	Community Based Diversion
Type of program:	Early Intervention
Program operating agency:	Salvation Army
Program mailing address 749 South Warren Street	
Address line 2	
City Syracuse	State NY
Zip code 13202	
Contact person for program Tom Roshau	
Title Director of Youth Services	Phone number (315) 479-1353
Ext.	
Email Tom.Roshau@USE.SalvationArmy.org	
Program service detailed information	
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 221,000	
1. Please indicate the specific zip codes this program will target? Zip Codes County-Wide	
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The CBDProgram is a diversion program designed to limit first time, misdemeanor-level offenders from unnecessary exposure to the Juvenile Justice System. Youth who are determined to qualify for referral during the Family Court Appearance ticket appointment with Probation have an opportunity to work with a case manager to identify an individualized plan including restorative justice options, educational opportunities, and develop a greater sense of connectiveness to their individual communities.	
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) 90	
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) 95% of low-level youth referred were not arrested during the pendency of adjustment services.	

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 Onondaga County Department of Children & Family Services is currently participating in a Results Baseded Accountability process to assist and analyze in the performance measurements. While prior performance measurments solely related to rearrests and rate of success with adjustment services, further performances measures will be tracked under the 2018-19 contract using the "40 Developmental Assests" tool.
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 155 days
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 84
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) \$22,000

Program three name:	315 L.I.F.T. Project	Type of program:	ATP
Program operating agency:	Center for Court innovation		
Program mailing address 121 Avenue of the Americas			
Address line 2 6th Floor			
City New York		State NY	Zip code 10013
Contact person for program Sarah Reckess			
Title Director, Upstate Office		Phone number (315) 266-4332	Ext.
Email sreckess@nycourts.gov			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 345,000			
1. Please indicate the specific zip codes this program will target? Zip Codes 13204, 13205, 13207, & 13208			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The program is one of community-based agencies that make up "Word II Y.O.U. (formerly the "Onondaga County Community Engagement Initiative)." The purpose of the "Word II You" is to deliver culturally competent, community-based case management. Services range from employment and entrepreneurial programs, victim-offender peace circles, mentors, as well as providing structured pro-social activities.			
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) 27			
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) Out of the youth referred to the program, only one youth was placed.			
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 Onondaga County Department of Children & Family Services is currently participating in a Results Baseded Accountability process to assist and analyze in the performance measurements. While prior performance measurments solely related to removal from the community and placement, further performances measures will be tracked under the 2018-19 contract measuring increased protective factors and decreased risk factors in several identified domains of the Youth Assessment & Screening Instrument.			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 195			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 31			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) \$18,000			

Program four name:	Street Court (Previously CEI for JD's)	Type of program:	ATP
Program operating agency:	United Way of Central New York		
Program mailing address 518 James Street			
Address line 2			
City Syracuse		State NY	Zip code 13203
Contact person for program Timothy Jennings-Bey			
Title Director		Phone number (315) 575-8631	Ext.
Email streetaddictinstitute@aol.com			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 300,000			
1. Please indicate the specific zip codes this program will target? Zip Codes 13204, 13205, 13207, & 13208			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The program is one of community-based agencies that make up "Word II Y.O.U. (formerly the "Onondaga County Community Engagement Initiative)." The purpose of the "Word II You" is to deliver culturally competent, community-based case management. Services range from employment and entrepreneurial programs, victim-offender peace circles, mentors, as well as providing structured pro-social activities.			
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) 27			
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) Out of the referred population, no youth completing the program wer placed in a congregate care setting.			
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 Onondaga County Department of Children & Family Services is currently participating in a Results Baseded Accountability process to assist and analyze in the performance measurements. While prior performance measurments solely related to removal from the community and placement, further performances measures will be tracked under the 2018-19 contract measuring increased protective factors and decreased risk factors in several identified domains of the Youth Assessment & Screening Instrument.			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 323 days			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 36			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) \$0			

Program five name:	Community Engagement Initiative Coordination (formerly JJ Project)	Type of program:	ATP
Program operating agency:	Coordinated Care Services, Inc.		
Program mailing address 1099 Jay Street			
Address line 2 Building J			
City Rochester		State NY	Zip code 14611

Contact person for program Rodney Corry		
Title Director, Management Services	Phone number (585) 613-7617	Ext.
Email rcorry@ccsi.org		
Program service detailed information		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 120,000		
1. Please indicate the specific zip codes this program will target? Zip Codes 13204, 13205, 13207, & 13208		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The program is one of community-based agencies that make up "Word II Y.O.U. (formerly the "Onondaga County Community Engagement Initiative)." The purpose of the "Word II You" is to deliver culturally competent, community-based case management. Services range from employment and entrepreneurial programs, victim-offender peace circles, mentors, as well as providing structured pro-social activities.		
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) N/A		
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 type="checkbox"/> yes or <input checked="" 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) The program assists in the coordination of "Word II Y.O.U. (formerly the "Onondaga County Community Engagement Initiative)." The purpose of the "Word II You" is to deliver culturally competent, community-based case management. In addition to coordination, the program also subcontracts with a variety of smaller grassroots organizations to fill gaps in the collaboratives service continuum.		
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) N/A		
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) N/A		
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) N/A		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) \$55,000		

Program six name:	Intensive Community-Based Supervision	Type of program:	ATP
Program operating agency:	Onondaga County Probation Department		
Program mailing address 600 South State Street			
Address line 2 Suite 500			
City Syracuse		State NY	Zip code 13202
Contact person for program Phillip Galuppi			
Title Deputy Commissioner		Phone number (315) 435-2321	Ext. *3845
Email PhilGaluppi@ongov.net			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 194,000			
1. Please indicate the specific zip codes this program will target? Zip Codes 13204, 13205, 13207, & 13208			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The two assigned probation officers will intensively work with youth who reside in the four zip codes which yield the most significant number of referrals and will be directly engaged with the local Community Engagement Initiative.			
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) 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? (<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) The targeted goal outlined in the 2017-18 plan was to reduce the number of youth placed in the identified zip codes by 25%. The target of 25% was surpassed and almost reached 50% as there were twenty-two youth placed from the identified zip codes in 2017 compared to twelve in 2018.
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) N/A
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 248 days
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 28
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) \$10,000

Program seven name:	Thinking for a Change	Type of program:	ATP
Program operating agency:	New Justice Services		
Program mailing address 400 Leavenworth Avenue			
Address line 2 Suite 100			
City Syracuse	State NY	Zip code 13204	
Contact person for program John McCullough			
Title Executive Director	Phone number (315) 471-4676	Ext	
Email johnmccullough@newjusticeservices.org			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 56,000			
1. Please indicate the specific zip codes this program will target? Zip Codes City of Syracuse			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Thinking for a Change is a long standing evidence-based program which has been implemented in many other jurisdictions, both nationally as well as in New York State. In addition to reducing risk factors associated with recidivism, the local Partnership's Executive Committee has approved reduced terms of supervision for successful completion of the twelve week curriculum.			
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 type="checkbox"/> yes or <input checked="" 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) While no youth who participated in the program were arrested for a new offense, the program did not serve the number of youth intended. This can be attributed to the program launching as well as a lower than expected referral pool due to a systemwide decrease in youth placed under formal probation supervision. It is anticipated that the program will be at capacity during the 2018-19 program year.			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 74 days			

9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 19
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) \$0

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? (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 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? (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 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:	Thinking for a Change-STSJP/RTA	Type of program:	ATP
Program operating agency:	New Justice Services		
Program mailing address 400 Leavenworth Avenue			
Address line 2 Suite 100			
City Syracuse		State NY	Zip code 13204
Contact person for program John McCullough			
Title Director		Phone number (315) 471-4676	Ext.
Email johnmccullough@newjusticeservices.org			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 27,000			
1. Please indicate the specific zip codes this program will target? Zip Codes N/A, Youth in Detention			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) This is an expansion of the existing Thinking for a Change program to assist with meeting the needs of the RTA population, specifically, who have been detained at the Hillbrook Juvenile Detention Facility. Youth who participate in the service while in detention will have an opportunity to transition into the concurrent community-based group upon their release.			
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) 48			
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less)			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)			

STSJP/RTA Program name:	Special Supervision Program RTA	Type of program:	ATD
Program operating agency:	Cayuga Counseling Services		
Program mailing address 17 East Genessee Street			
Address line 2			
City Auburn		State NY	Zip code 13021
Contact person for program Heather Petrus			
Title Executive Director		Phone number (315) 253-9795	Ext.
Email hpetrus@cayugacounseling.org			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 141,000			
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 Program name:	Community Based Diversion	Type of program:	Early Intervention
Program operating agency:	Salvation Army		
Program mailing address 749 South Warren Street			
Address line 2			
City Syracuse		State NY	Zip code 13202
Contact person for program Tom Roshau			
Title Director of Youth Services		Phone number (315) 479-1353	Ext.
Email Tom.Roshau@USE.SalvationArmy.org			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 109,000			
1. Please indicate the specific zip codes this program will target? Zip Codes County-Wide			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) This is an incremental increase in capacity of ther existing contract which will be used to support the RTA population.			
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 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:	315 L.I.F.T. Program	Type of program:	ATP
Program operating agency:	Center for Court Innovation		
Program mailing address 121 Avenue of the Americas			
Address line 2 6th Floor			
City New York	State NY	Zip code 10013	
Contact person for program Sarah Reckess			
Title Director, Upstate Office	Phone number (315) 266-4332	Ext.	
Email sreckess@nycourts.gov			

Program service detailed information

The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 170,000

1. Please indicate the specific zip codes this program will target? Zip Codes 13204, 13205, 13207, & 13208

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) This is an incremental increase in capacity of ther existing contract which will be used to support the RTA population.

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) 13

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 Onondaga County municipality, I certify that the CEO

J. Ryan McMahan, II has reviewed and approved the 2018 - 2019 STSJP plan.

Date: 2 / 8 / 2019 STSJP Lead User ID: DCFSDPratt1

STSJP Lead printed name: Damian Pratt

Approval of the OCFS STSJP Program Lead

As OCFS STSJP reviewer. I certify that I approve of this STSJP plan for		
municipality, for 2018-2019		
Date: 2/26/19	User ID: xm 8439	Printed name: Nadine Kayajian