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
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)

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Total Program Expense (100 percent)</th>
<th>State Share (62 percent)</th>
<th>County Share (38 percent)</th>
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</thead>
<tbody>
<tr>
<td>STSJP Program 1 Special Supervision Program</td>
<td>$287,000</td>
<td>$177,940</td>
<td>$109,060</td>
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<tr>
<td>STSJP Program 2 Community-Based Diversion</td>
<td>$221,000</td>
<td>$137,020</td>
<td>$83,980</td>
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<tr>
<td>STSJP Program 3 315 L.I.F.T. Project</td>
<td>$343,762</td>
<td>$213,132.44</td>
<td>$130,629.56</td>
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<tr>
<td>STSJP Program 4 Street Court</td>
<td>$301,000</td>
<td>$186,620</td>
<td>$114,380</td>
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<tr>
<td>STSJP Program 5 Community Engagement Initiative Coordination</td>
<td>$120,000</td>
<td>$74,400</td>
<td>$45,600</td>
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<tr>
<td>STSJP Program 6</td>
<td>$194,000</td>
<td>$120,280</td>
<td>$73,720</td>
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<tr>
<td>Intensive Community-Based Supervision</td>
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<td></td>
<td></td>
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<tr>
<td>-------------------------------------</td>
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<tr>
<td>STSJJP Program 7 Thinking for a Change</td>
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<td>STSJJP Program 8</td>
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</tr>
<tr>
<td>STSJJP Program 9</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STSJJP Program 10</td>
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<td></td>
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<tr>
<td>STSJJP Program 11</td>
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<td></td>
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<td>STSJJP Program 12</td>
<td>$27,000</td>
<td>$RTA</td>
<td>$RTA</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>$1,522,762</td>
<td>$944,112.44</td>
<td>$582,649.56</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>STSJJP RTA Program (for expenditures eligible for 100% state reimbursement) Special Supervision Program</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>STSJJP RTA Program (for expenditures eligible for 100% state reimbursement) Community-Based Diversion</td>
<td>$141,000</td>
<td></td>
</tr>
<tr>
<td>STSJJP RTA Program (for expenditures eligible for 100% state reimbursement) 315 L.I.F.T Project</td>
<td>$109,000</td>
<td></td>
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<tr>
<td>STSJJP RTA Program (for expenditures eligible for 100% state reimbursement) Street Court</td>
<td>$170,000</td>
<td></td>
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<tr>
<td>STSJJP RTA Program (for expenditures eligible for 100% state reimbursement) Community Engagement Initiative Coordination</td>
<td>$149,000</td>
<td></td>
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<tr>
<td><strong>TOTAL</strong></td>
<td>$656,000</td>
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</tbody>
</table>

**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 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 measurements 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

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Program expenses</td>
<td>$1,522,762</td>
</tr>
<tr>
<td>2. State reimbursement (Program expenses* .62)</td>
<td>$944,112.44</td>
</tr>
<tr>
<td>3. State share amount (Program expenses* .38)</td>
<td>$578,649.56</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. STSJP allocation</td>
<td>$205,407</td>
</tr>
<tr>
<td>5. STSJP approved</td>
<td>$205,407</td>
</tr>
<tr>
<td>6. JDAI allocation</td>
<td>$83,333</td>
</tr>
<tr>
<td>7. JDAI approved</td>
<td>$83,000</td>
</tr>
<tr>
<td>8. Detention approved amount shifted to STSJP</td>
<td>$550,853</td>
</tr>
<tr>
<td>9. PY rollover approved</td>
<td>$104,852.44</td>
</tr>
<tr>
<td>10. Total approved amounts for state reimbursement</td>
<td>$944,112.44</td>
</tr>
<tr>
<td>11. Total amount of approved STSJP-RTA 100% state reimbursement</td>
<td>$656,000</td>
</tr>
</tbody>
</table>

Program detail inserts

List the name of each service and program who you expect will receive 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.

<table>
<thead>
<tr>
<th>Program one name:</th>
<th>Special Supervision</th>
<th>Type of program:</th>
<th>ATD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program operating agency:</td>
<td>Cayuga Counseling Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program mailing address</td>
<td>17 East Genesee Street</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address line 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City Auburn</td>
<td>State NY</td>
<td>Zip code 13021</td>
<td></td>
</tr>
<tr>
<td>Contact person for program</td>
<td>Heather Petrus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>Executive Director</td>
<td>Phone number (315) 435-9795</td>
<td>Ext.</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:hpetrus@cayugacounseling.org">hpetrus@cayugacounseling.org</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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? (☐ yes or ☐ 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? (☒ 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) 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 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 Rosnau

Title Director of Youth Services Phone number (315) 479-1353

Email Tom.Rosnau@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 CBD Program 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? (☐ yes or ☐ 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? (☒ 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) 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 Based Accountability process to assist and analyze the performance measurements. While prior performance measurements solely related to rearrests and rate of success with adjustment services, further performance measurements will be tracked under the 2018-19 contract using the "40 Developmental Assets" 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

<table>
<thead>
<tr>
<th>Program three name:</th>
<th>315 L.I.F.T. Project</th>
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</thead>
<tbody>
<tr>
<td>Type of program:</td>
<td>ATP</td>
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</table>

<table>
<thead>
<tr>
<th>Program operating agency:</th>
<th>Center for Court innovation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program mailing address</td>
<td>121 Avenue of the Americas</td>
</tr>
<tr>
<td>Address line 2</td>
<td>6th Floor</td>
</tr>
<tr>
<td>City New York</td>
<td>State NY</td>
</tr>
<tr>
<td>Zip code 10013</td>
<td></td>
</tr>
</tbody>
</table>

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? (☐ yes or ☐ 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? (☐ 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) 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 Based Accountability process to assist and analyze in the performance measurements. While prior performance measurements solely related to removal from the community and placement, further performance 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
<table>
<thead>
<tr>
<th>Program four name:</th>
<th>Street Court (Previously CEI for JD's)</th>
<th>Type of program:</th>
<th>ATP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program operating agency:</td>
<td>United Way of Central New York</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program mailing address</td>
<td>518 James Street</td>
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<td></td>
</tr>
<tr>
<td>Address line 2</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>Syracuse</td>
<td>State</td>
<td>NY</td>
</tr>
<tr>
<td>Contact person for program</td>
<td>Timothy Jennings-Bey</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>Director</td>
<td>Phone number</td>
<td>(315) 575-8631</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:streetaddictinstitute@aol.com">streetaddictinstitute@aol.com</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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? (☐ yes or ☑ 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? (☑ 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) Out of the referred population, no youth completing the program were 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 Based Accountability process to assist and analyze in the performance measurements. While prior performance measures 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) 50

<table>
<thead>
<tr>
<th>Program five name:</th>
<th>Community Engagement Initiative Coordination (formerly JJ Project)</th>
<th>Type of program:</th>
<th>ATP</th>
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<tbody>
<tr>
<td>Program operating agency:</td>
<td>Coordinated Care Services, Inc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program mailing address</td>
<td>1099 Jay Street</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address line 2</td>
<td>Building J</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>Rochester</td>
<td>State</td>
<td>NY</td>
</tr>
</tbody>
</table>
Contact person for program Rodney Corry

<table>
<thead>
<tr>
<th>Title Director, Management Services</th>
<th>Phone number (585) 613-7617</th>
<th>Ext.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email <a href="mailto:rcorry@ccsi.org">rcorry@ccsi.org</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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? (☐ yes or ☒ 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? (☐ 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) 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

<table>
<thead>
<tr>
<th>Program six name:</th>
<th>Intensive Community-Based Supervision</th>
<th>Type of program:</th>
<th>ATP</th>
</tr>
</thead>
</table>

**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 Philip Galuppi

<table>
<thead>
<tr>
<th>Title Deputy Commissioner</th>
<th>Phone number (315) 435-2321</th>
<th>Ext. *3845</th>
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<tr>
<td>Email <a href="mailto:PhilGaluppi@ongov.net">PhilGaluppi@ongov.net</a></td>
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**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? (☐ 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) 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 achieving 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

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<tr>
<th>Program seven name:</th>
<th>Thinking for a Change</th>
<th>Type of program:</th>
<th>ATP</th>
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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? (☐ 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 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) 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.

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) 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? [ ] 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 2020-20, 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 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? [ ] 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)

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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)

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Email
Program service detailed information

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

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) 48

If the program received STSJP funds in the previous program year 2019 - 2020, 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 service detailed information

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 their 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) 40

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### Program Detailed Information

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 their 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) 40
If the program received STSJP funds in the previous program year 2018 - 2019, 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:
- 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 the 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

SECTION EIGHT – Plan Approval

Approval of the Chief Executive Officer

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

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

Date: 2/8/2019

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: 2/11/19     User ID: xm 2-139     Printed name: Nadine Kayajian