



Office of Children and Family Services

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Commissioner

May 13, 2020

Dear Chief Executive Officer,

Thank you for submitting Onondaga County's Supervision and Treatment Services for Juveniles Program (STSJP) plan for Program Year (PY) 2019-20. Your plan has been reviewed by the Office of Children and Family Services (OCFS), and we are 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 as applicable

Onondaga 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 non-Raise The Age 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 up until 6/30/20, unless otherwise approved by the Office of Children and Family Services. If Onondaga County plans to shift its detention allocation for STSJP eligible expenses, please submit a request on official letterhead to Lynn Tubbs 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 for which a municipality may be eligible, the expenditures must be specifically included in a locality's Division of Budget approved comprehensive RTA plan.

All STSJP claims must be submitted electronically via the Juvenile Detention Automated System (JDAS) for the service period of October 1, 2019 to September 30, 2020. 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 programming to reduce out of home placement and detention of youth.

If you have any questions, please email us at stsjp@ocfs.ny.gov and write "STSJP Plan Questions" in the subject line so that we may best assist you in a timely manner. You can direct STSJP inquiries to Lynn Tubbs at (518) 473-9116 or Lynn.Tubbs@ocfs.ny.gov.

Sincerely,



Nina Aledort, PhD
Deputy Commissioner

cc: Derek Holtzclaw, OCFS Deputy Commissioner for Administration
Lynn Tubbs, Director of Cross-System Supports, YDAPS
OCFS Child Welfare and Community Services Regional Office Directors
Municipality STSJP Leads

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
SUPERVISION AND TREATMENT SERVICES
FOR JUVENILE PROGRAM (STSJP) ANNUAL PLAN
FOR PROGRAM YEAR OCTOBER 1, 2019 - SEPTEMBER 30, 2020

STSJP plans are due to the Office of Children and Family Services (OCFS) by 9/10/2019

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

Please be sure that the title “**STSJP 2019-2020 Annual Plan-Municipality 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:

- Geneva Hilliard: 518-486-1819
- Lynn Tubbs: 518-473-9116

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"> 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 file name “STSJP 2019-2020 Annual Plan – (Name of County)”; c. Work from the “saved” application document, using it to record all of your municipality information; d. Once you have completed entering the required data, save the document. <p>Send the completed application to OCFS via the STSJP email address at: stsjp@ocfs.ny.gov</p>

PART I – STSJP PROGRAMS

SECTION 1		PLAN AMOUNTS
EXPENSES		
1. Total program expenses		\$ 1,301,762
2. State reimbursement		\$ 807,092.44
3. Local share amount		\$ 494,669.56
Reimbursements for the plan (Enter all amounts that are applicable.)		
4. STSJP allocation amount	\$ 205,407	
5. STSJP local approved plan amount		\$ 205,407
6. Detention approved amount shifted to STSJP		\$ 551,685.44
7. PY rollover approved amount		\$ 50,000
8. Total approved amounts for state reimbursement		\$ 807,092.44

SECTION 2		LIST OF STSJP PROGRAMS TO BE FUNDED	
Program Name	Local Share (38 percent)	State Share (62 percent)	Total Program Expenses (100 percent)
STSJP Program 1 Special Supervision Program	\$ 109,060	\$ 177,940	\$ 287,000
STSJP Program 2 315 LIFT Project	\$ 130,629.56	\$ 213,132.44	\$ 343,762
STSJP Program 3	\$ 114,380	\$ 186,620	\$ 301,000

Street Court			
STSJP Program 4 Community Engagement Initiative Coordination	\$ 45,600	\$ 74,400	\$ 120,000
STSJP Program 5 Intensive Community-Based Supervision	\$ 73,720	\$ 120,280	\$ 194,000
STSJP Program 6 Thinking for a Change	\$ 21,280	\$ 34,720	\$ 56,000
STSJP Program 7	\$	\$	\$
STSJP Program 8	\$	\$	\$
STSJP Program 9	\$	\$	\$
STSJP Program 10	\$	\$	\$
STSJP Program 11	\$	\$	\$
STSJP Program 12	\$	\$	\$
TOTAL			\$ 1,301,762

STSJP PROGRAMMING DETAILS

List the **name of each service and program** that you expect will receive STSJP funds, along with the **projected amount of STSJP funds** to be used for each. Please provide programmatic information in the format listed below. Provide the name of the provider of the service program. **Please note there are now 7 types of programming to choose from.**

STSJP Program 1		
STSJP Program 1 Name: Special Supervision program		STSJP Program 1 Type: JO/JD-Alternative to Detention
STSJP Program 1 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	Email hpetrus@cayugacounseling.org	
Title Executive Director	Phone (315) 253 - 9795	Ext

STSJP Program 1	Service Detailed Information
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 287,000	
2. Please indicate the specific zip codes this program will target. County-Wide, , ,	
3. 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.	
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program? 75	

If the STSJP Program 1 received STSJP funds in the previous STSJP PY, answer the questions below.
6. Did projected performance outcomes meet expected outcomes? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 .
7. What projected outcomes were met and how were they met? (100 words or less) 70% of youth participating with the program were not arrested for a new offense during the pendency of their case and 80% did not miss any court appearances. (10/1/18-3/31/19)
8. 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)
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 50 Days
10. Total number of youth served by this program during the previous STSJP PY: 70
11. What amount of rollover funds from the previous STSJP PY will be spent on this program? \$50,000

STSJP Program 2		
STSJP Program 2 Name: 315 Lift Project	STSJP Program 2 Type: Aftercare	
STSJP Program 2 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	Email sreckess@nycourts.gov	
Title Director, Upstate Office	Phone (315) 266 - 4332	Ext

STSJP Program 2	Service Detailed Information
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 343,762	
2. Please indicate the specific zip codes this program will target. 13204, 13205, 13207, 13208	
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) 315 L.I.F.T. combines life coaching/mentorship, entrepreneurship classes and opportunities, and community-based conflict resolution (peacemaking). Youth receive three hours of life coaching every week and will attend bi-weekly life skills group sessions developed by the Good Life Foundation (GLF). Bi-monthly skill-building sessions in financial literacy and entrepreneurship will be held.	
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program? 27	

If the STSJP Program 2 received STSJP funds in the previous STSJP PY, answer the questions below.
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 .
7. What projected outcomes were met and how were they met? (100 words or less) Dat not yet available.
8. 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. This program specifically targets youth exiting detention or placement.
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 220 Days

10. Total number of youth served by this program during the previous STSJP PY: 20
11. What amount of rollover funds from the previous STSJP PY will be spent on this program? \$0

STSJP Program 3		
STSJP Program 3 Name: Street Court		STSJP Program 3 Type: Alternative to Placement
STSJP Program 3 Operating Agency: Street Addiction Institute		
Program Mailing Address PO Box 15434		
Address Line 2		
City Syracuse	State NY	Zip Code 13215
Contact Person for Program Dr. Najah Salaam	Email nsalaamjenningsbeysai@gmail.com	
Title Assistant Director	Phone (315) 849 - 6335	Ext

STSJP Program 3		Service Detailed Information	
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 301,000			
2. Please indicate the specific zip codes this program will target. 13204, 13205, 13207, 13208			
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The purpose of Street Court is to deliver culturally competent, community-based case management to youth who have perpetuated serious offenses and reside in neighborhoods that are characterized by having high rates of violence/gun shot clusters. Services range from educational advocacy, grief & loss counseling, mentorship, as well as providing structured pro-social activities.			
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
5. What is the projected number of youth who will receive services from this program? 27			
If the STSJP Program 3 received STSJP funds in the previous STSJP PY, answer the questions below.			
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 .			
7. What projected outcomes were met and how were they met? (100 words or less) Data not yet available.			
8. 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. This program specifically targets youth exiting detention or placement.			
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 300 Days			
10. Total number of youth served by this program during the previous STSJP PY: 25			
11. What amount of rollover funds from the previous STSJP PY will be spent on this program? \$0			

STSJP Program 4	
STSJP Program 4 Name: Community Engagement Initiative Coordination	STSJP Program 4 Type: Indirect Services Provider
STSJP Program 4 Operating Agency: Coordinated Care Services, Inc.	
Program Mailing Address 421 Montgomery Street	

Address Line 2 7th Floor		
City Syracuse	State NY	Zip Code 13202
Contact Person for Program Briana Reid	Email Briana.Reid@dfa.state.ny.us	
Title Program Coordinator	Phone (315) 435 - 2884	Ext *4998

STSJP Program 4 Service Detailed Information

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 120,000
2. Please indicate the specific zip codes this program will target. 13204, 13205, 13207, 13208
3. 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. This program oversees the initiative, coordinates stakeholder meetings, plans events, and facilitates referrals to the two primary case management programs as well as supports other programmatic opportunities.
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. What is the projected number of youth who will receive services from this program?
If the STSJP Program 4 received STSJP funds in the previous STSJP PY, answer the questions below.
6. Did projected performance outcomes meet expected outcomes? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 .
7. What projected outcomes were met and how were they met? (100 words or less) The program involves the overall coordination of the "Word II YOU" Partnership. While the coordination and referral responsibilities have been successful, several smaller sub-contracts with community-based organizations are planned for 2020. Each program funded will also be evaluated individually with separate data reports.
8. 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
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) N/A
10. Total number of youth served by this program during the previous STSJP PY: N/A
11. What amount of rollover funds from the previous STSJP PY will be spent on this program? \$0

STSJP Program 5

STSJP Program 5 Name: Intensive Community-Based Supervision	STSJP Program 5 Type: Alternative to Placement	
STSJP Program 5 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 Phil Galuppi	Email PhilGaluppi	
Title Deputy Comissioner	Phone (315) 435 - 2321	Ext *3845

STSJP Program 5 Service Detailed Information

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 194,000
2. Please indicate the specific zip codes this program will target. 13204, 13205, 13207, 13208

3. 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.

4. Does your municipality plan to replicate the program across multiple locations? Yes No

5. What is the projected number of youth who will receive services from this program? 30

If the STSJP Program 5 received STSJP funds in the previous STSJP PY, answer the questions below.

6. Did projected performance outcomes meet expected outcomes? Yes No Partially If Yes, **answer #7**; If No, **skip to #8**; If Partially, **answer #7 and #8**.
If Yes, **answer #7**. If No, **skip to #8**.

7. What projected outcomes were met and how were they met? **(100 words or less)** Out of the population of youth identified by the YASI as being high risk from the aforementioned geographic zip codes, 80% were not arrested for any new offenses, 83% were not detained, and 83% avoided a placement disposition in Family Court. (10/1/18-3/31/19)

8. 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)**

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 354 Days

10. Total number of youth served by this program during the previous STSJP PY: 45

11. What amount of rollover funds from the previous STSJP PY will be spent on this program? \$0

STSJP Program 6		
STSJP Program 6 Name: Thinking for a Change		STSJP Program 6 Type: Alternative to Placement
STSJP Program 6 Operating Agency: New Justice Services		
Program Mailing Address 400 Leavenworth Ave		
Address Line 2 Suite 100		
City Syracuse	State NY	Zip Code 13204
Contact Person for Program John McCullough	Email johnmccullough@newjusticeservices.org	
Title Executive Director	Phone (315) 471 - 4676	Ext

STSJP Program 6	Service Detailed Information
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 56,000	
2. Please indicate the specific zip codes this program will target. County-Wide, , ,	
3. 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. This program specifically targets post adjudicated youth through Family Court.	
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program? 40	
If the STSJP Program 6 received STSJP funds in the previous STSJP PY, answer the questions below.	
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 .	
7. What projected outcomes were met and how were they met? (100 words or less) Data not yet available.	

8. 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. Data from 2018-19 has not yet been collected and analyzed, but should be available later in the year.

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 36 Days

10. Total number of youth served by this program during the previous STSJP PY: 55

11. What amount of rollover funds from the previous STSJP PY will be spent on this program? \$0

STSJP Program 7		
STSJP Program 7 Name:		STSJP Program 7 Type:
STSJP Program 7 Operating Agency:		
Program Mailing Address		
Address Line 2		
City	State	Zip Code
Contact Person for Program	Email	
Title	Phone () -	Ext

STSJP Program 7		Service Detailed Information	
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$			
2. Please indicate the specific zip codes this program will target. , , ,			
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)			
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5. What is the projected number of youth who will receive services from this program?			
If the STSJP Program 7 received STSJP funds in the previous STSJP PY, answer the questions below.			
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 .			
7. What projected outcomes were met and how were they met? (100 words or less)			
8. 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)			
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)			
10. Total number of youth served by this program during the previous STSJP PY:			
11. What amount of rollover funds from the previous STSJP PY will be spent on this program?			

STSJP Program 8	
STSJP Program 8 Name:	STSJP Program 8 Type:
STSJP Program 8 Operating Agency:	
Program Mailing Address	
Address Line 2	

City	State	Zip Code
Contact Person for Program	Email	
Title	Phone () -	Ext

STSJP Program 8 Service Detailed Information	
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$	
2. Please indicate the specific zip codes this program will target. , , ,	
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)	
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program?	
If the STSJP Program 8 received STSJP funds in the previous STSJP PY, answer the questions below.	
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 .	
7. What projected outcomes were met and how were they met? (100 words or less)	
8. 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)	
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)	
10. Total number of youth served by this program during the previous STSJP PY:	
11. What amount of rollover funds from the previous STSJP PY will be spent on this program?	

STSJP Program 9	
STSJP Program 9 Name:	STSJP Program 9 Type:
STSJP Program 9 Operating Agency:	
Program Mailing Address	
Address Line 2	
City	State Zip Code
Contact Person for Program	Email
Title	Phone () - Ext

STSJP Program 9 Service Detailed Information	
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$	
2. Please indicate the specific zip codes this program will target. , , ,	
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)	
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program?	
If the STSJP Program 9 received STSJP funds in the previous STSJP PY, answer the questions below.	
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 .	
7. What projected outcomes were met and how were they met? (100 words or less)	
8. 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)	
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)	
10. Total number of youth served by this program during the previous STSJP PY:	

11. What amount of rollover funds from the previous STSJP PY will be spent on this program?

STSJP Program 10		
STSJP Program 10 Name:		STSJP Program 10 Type:
STSJP Program 10 Operating Agency:		
Program Mailing Address		
Address Line 2		
City	State	Zip Code
Contact Person for Program	Email	
Title	Phone () -	Ext

STSJP Program 10	Service Detailed Information
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$	
2. Please indicate the specific zip codes this program will target. , , ,	
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)	
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program?	
If the STSJP Program 10 received STSJP funds in the previous STSJP PY, answer the questions below.	
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 .	
7. What projected outcomes were met and how were they met? (100 words or less)	
8. 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)	
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)	
10. Total number of youth served by this program during the previous STSJP PY:	
11. What amount of rollover funds from the previous STSJP PY will be spent on this program?	

STSJP Program 11		
STSJP Program 11 Name:		STSJP Program 11 Type:
STSJP Program 11 Operating Agency:		
Program Mailing Address		
Address Line 2		
City	State	Zip Code
Contact Person for Program	Email	
Title	Phone () -	Ext

STSJP Program 11	Service Detailed Information
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$	
2. Please indicate the specific zip codes this program will target. , , ,	
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)	
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No	

5. What is the projected number of youth who will receive services from this program?

If the STSJP Program 11 received STSJP funds in the previous STSJP PY, answer the questions below.

6. Did projected performance outcomes meet expected outcomes? Yes No Partially If Yes, **answer #7**; If No, **skip to #8**; If Partially, **answer #7 and #8**.

7. What projected outcomes were met and how were they met? **(100 words or less)**

8. 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)**

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)

10. Total number of youth served by this program during the previous STSJP PY:

11. What amount of rollover funds from the previous STSJP PY will be spent on this program?

STSJP Program 12		
STSJP Program 12 Name:	STSJP Program 12 Type:	
STSJP Program 12 Operating Agency:		
Program Mailing Address		
Address Line 2		
City	State	Zip Code
Contact Person for Program	Email	
Title	Phone () -	Ext

STSJP Program 12	Service Detailed Information
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$	
2. Please indicate the specific zip codes this program will target. , , ,	
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)	
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program?	
If the STSJP Program 12 received STSJP funds in the previous STSJP PY, answer the questions below.	
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 .	
7. What projected outcomes were met and how were they met? (100 words or less)	
8. 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)	
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)	
10. Total number of youth served by this program during the previous STSJP PY:	
11. What amount of rollover funds from the previous STSJP PY will be spent on this program?	

PART II – STSJP-RTA PROGRAMS	
SECTION 1	STSJP RTA PLAN AMOUNTS
Expenses	
1. RTA-approved plan amount	\$ 797,000
2. Total program expenses	\$ 584,500
SECTION 2	LIST OF STSJP-RTA PROGRAMS TO BE FUNDED
Program Name	Total Program Expenses

STSJP-RTA Program 1 Special Supervision Program	\$ 178,500
STSJP-RTA Program 2 315 LIFT Project	\$ 170,000
STSJP-RTA Program 3 Street Court	\$ 149,000
STSJP-RTA Program 4 Community Engagment Initiative Coordination	\$ 60,000
STSJP-RTA Program 5 Thinking for a Change	\$ 27,000
STSJP-RTA Program 6	\$
TOTAL	\$ 584,500

STSJP-RTA PROGRAMMING DETAILS

List the **name of each service and program** that you expect will receive STSJP funds, along with the **projected amount of STSJP funds** to be used for each. Please provide programmatic information in the format listed below. Provide the name of the provider of the service program. **Please note there are now 7 types of programming to choose from.**

STSJP-RTA Program 1

Program 1 Name: Special Supervision Program		Program 1 Type: JO/JD-Alternative to Detention	
Program 1 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		Email hpetrus@cayugacounseling.org	
Title Executive Director	Phone (315) 253 - 9795	Ext	

STSJP-RTA Program 1**Service Detailed Information**

1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 178,500
2. Please indicate the specific zip codes this program will target. County-Wide, , ,
3. 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 AO or JD cases by providing intensive supervision and case management services to children and families during periods of court involvement. 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.
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. What is the projected number of youth who will receive services from this program? 100
If the STSJP-RTA Program 1 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.
6. Did projected performance outcomes meet expected outcomes? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 .
7. What projected outcomes were met and how were they met? (100 word or less) 81% of youth participating with the program were not arrested for a new offense during the pendency of their case and 94% did not miss any court appearances. (10/1/18-3/31/19)
8. 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)
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 35 Days
10. Total number of youth served by this program during the previous STSJP-RTA PY: 70
11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program? \$0

STSJP-RTA Program 2

Program 2 Name: 315 LIFT Project		Program 2 Type: Alternative to Placement	
Program 2 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	Email sreckess@nycourts.gov	
Title Director, Upstate Office	Phone (315) 266 - 4332	Ext
STSJP-RTA Program 2 Service Detailed Information		
1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 170,000		
2. Please indicate the specific zip codes this program will target. 13204, 13205, 13207, 13208		
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) 315 L.I.F.T. combines life coaching/mentorship, entrepreneurship classes and opportunities, and community-based conflict resolution (peacemaking). Youth receive three hours of life coaching every week and will attend bi-weekly life skills group sessions developed by the Good Life Foundation (GLF). Bi-monthly skill-building sessions in financial literacy and entrepreneurship will be held.		
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
5. What is the projected number of youth who will receive services from this program? 13		
If the STSJP-RTA Program 2 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.		
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 .		
7. What projected outcomes were met and how were they met? (100 word or less) Data not yet available.		
8. 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. This program specifically targets youth exiting detention or placement.		
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 135 Days		
10. Total number of youth served by this program during the previous STSJP-RTA PY: 12		
11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program? \$0		

STSJP-RTA Program 3		
Program 3 Name: Street Court	Program 3 Type: Alternative to Placement	
Program 3 Operating Agency: Street Addiction Institute		
Program Mailing Address PO Box 15434		
Address Line 2		
City Syracuse	State NY	Zip Code 13215
Contact Person for Program Dr. Najah Salaam	Email nsalaamjenningsbeysaii@gmail.com	
Title Assistant Director	Phone (315) 849 - 6335	Ext
STSJP-RTA Program 3 Service Detailed Information		

1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 149,000
2. Please indicate the specific zip codes this program will target. 13204, 13205, 13207, 13208
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The purpose of Street Court is to deliver culturally competent, community-based case management to youth who have perpetuated serious offenses and reside in neighborhoods that are characterized by having high rates of violence/gun shot clusters. Services range from educational advocacy, grief & loss counseling, mentorship, as well as providing structured pro-social activities.
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. What is the projected number of youth who will receive services from this program? 13
If the STSJP-RTA Program 3 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 .
7. What projected outcomes were met and how were they met? (100 word or less) Data not yet available.
8. 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. This program specifically targets youth exiting detention or placement.
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 300 Days
10. Total number of youth served by this program during the previous STSJP-RTA PY: 14
11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program? \$0

STSJP-RTA Program 4		
Program 4 Name: Community Engagement Initiative Coordination	Program 4 Type: Indirect Services Provider	
Program 4 Operating Agency: Coordinated Care Services, Inc.		
Program Mailing Address 421 Montgomery Street		
Address Line 2 7th Floor		
City Syracuse	State NY	Zip Code 13202
Contact Person for Program Briana Reid	Email briana.reid@dfa.state.ny.us	
Title Program Coordinator	Phone (315) 435 - 2884	Ext *4998

STSJP-RTA Program 4	Service Detailed Information
1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 60,000	
2. Please indicate the specific zip codes this program will target. 13204, 13205, 13207, 13208	
3. 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. This program oversees the initiative, coordinates stakeholder meetings, plans events, and facilitates referrals to the two primary case management programs as well as supports other programatic opportunities.	

4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. What is the projected number of youth who will receive services from this program? N/A
If the STSJP-RTA Program 4 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.
6. Did projected performance outcomes meet expected outcomes? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 .
7. What projected outcomes were met and how were they met? (100 word or less)
8. 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)
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) N/A
10. Total number of youth served by this program during the previous STSJP-RTA PY: N/A
11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program? \$0

STSJP-RTA Program 5		
Program 5 Name: Thinking for a Change	Program 5 Type: Alternative to Placement	
Program 5 Operating Agency: New Justice Services		
Program Mailing Address 400 Leavenworth Ave		
Address Line 2 Suite 100		
City Syracuse	State NY	Zip Code 13204
Contact Person for Program John McCullough	Email johnmccullough@newjusticeservices.org	
Title Executive Director	Phone (315) 471 - 4676	Ext

STSJP-RTA Program 5	Service Detailed Information
1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 27,000	
2. Please indicate the specific zip codes this program will target. County-Wide, , ,	
3. 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. This program specifically targets post adjudicated youth through Criminal Court and Family Court.	
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program? 40	
If the STSJP-RTA Program 5 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.	
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 .	
7. What projected outcomes were met and how were they met? (100 word or less) Data not yet available.	
8. 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. Data from 2018-19 has not yet been collected and analyzed, but should be available later in the year.

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 52 Days

10. Total number of youth served by this program during the previous STSJP-RTA PY: 42

11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program? \$0

STSJP-RTA Program 6		
Program 6 Name:	Program 6 Type:	
Program 6 Operating Agency:		
Program Mailing Address		
Address Line 2		
City	State	Zip Code
Contact Person for Program	Email	
Title	Phone () -	Ext

STSJP-RTA Program 6	Service Detailed Information
1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$	
2. Please indicate the specific zip codes this program will target. , , ,	
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)	
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program?	
If the STSJP-RTA Program 6 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.	
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 .	
7. What projected outcomes were met and how were they met? (100 word or less)	
8. 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)	
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)	
10. Total number of youth served by this program during the previous STSJP-RTA PY:	
11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program?	

PART III – STSJP-RTA PROGRAM ANALYSIS

SECTION 1	Overall Analysis
A. Overall Analysis of Communities	
<p>Discuss and identify the neighborhoods or communities by zip codes or areas from which the highest number of Youthful Offenders (YO), Adolescent Offenders (AO), Juvenile Delinquents (JD) and Persons in Need of Supervision (PINS) enter the youth justice system, and the factors that may be contributing. 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.</p> <p>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</p>	

system involved youth come from. In 2018, 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.

It should be noted that Onondaga County has made a concerted effort to support youth (and their families) who have exhibited "PINS-related behaviors" with other supportive services rather than Family Court involvement. As a result there is currently one youth adjudicated as a PINS on formal probation and one youth adjudicated as a PINS in placement. PINS related services are not funded through the use of STSJP funding in Onondaga County.

B. Overall Analysis of Disparity

Please provide information indicating whether there is evidence of racial/ethnic disparity in your local system's use of detention or residential placement. 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 this STSJP plan addresses the issues of disparity. 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 2 PERFORMANCE OUTCOMES

For current program year, provide the projected performance outcomes for all of your proposed services and programs. Be sure to include an estimate of the anticipated reductions in detention utilization and residential placements. **(250 words 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 program specific, performance measurements which are included in the annual contracts and are reviewed bi-annually.

In addition to the data required to be collected by STSJP programs, 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. Each program will have a minimum of three indicators under the RBA framework of "how much do we do," how well do we do it," and "is anyone better off?" While all indicators will feed into larger departmental objectives, they will all be customized for each program.

SECTION 3 COLLABORATION SECTION

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, social services, courts, services providers, schools, and youth development programs. 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 (which is comprised of service providers, organizational leaders, county department heads, law enforcement, judiciaries, attorneys, court staff, individual from faith-based organizations, probation officers, and interested community members) 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 4 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 juvenile programs, and may enter into agreements in connection therewith. Counties submitting such applications must provide the following information:

1. Describe the provisions for the proportionate cost to be borne by each county:
2. Describe how personnel will be compensated across and between counties in the cooperative:
3. If a single fiscal officer will be the custodian of the funds made available for STSJP, please provide the officer's name and contact information:

PART IV – PLAN APPROVAL

SECTION 1 APPROVAL OF THE CHIEF EXECUTIVE OFFICER

As STSJP Lead for Onondaga County municipality, I certify that the CEO J. Ryan McMahon has reviewed and approved the 2019 STSJP plan.

Date: 4 / 10 / 2020 User ID: DCFSDPratt1

Print name: Damian Pratt

SECTION 2 APPROVAL OF THE OCFS PROGRAM LEAD

As OCFS STSJP reviewer. I certify that I approve of this STSJP plan for Onondaga municipality, for 2019.

Date: 5 / 12 / 20 User ID: IT0911

Print name: Lynn Tubbs