



Office of Children
and Family Services

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Commissioner

August 2, 2019

Dear Chief Executive Officer,

Thank you for submitting Oswego County's Supervision and Treatment Services for Juveniles Program (STSJP) plan for Program Year (PY) 2018-19. Your plan has been reviewed by the Office of Children and Family Services (OCFS) and I am pleased to inform you that your entire STSJP plan, including the amounts listed for PY 2018-19 STSJP-RTA, has been approved.

Oswego County is eligible to receive 62% State reimbursement for STSJP expenditures up to the capped STSJP allocation amount. Your municipality will continue to receive 49% State reimbursement for eligible detention services expenditures up to the capped allocation amount. If your municipality shifts a portion of its detention allocation into its STSJP plan, your municipality will receive 62% State reimbursement if such shifted funds are spent on STSJP eligible expenditures. A municipality may make a detention allocation shift at the time of the STSJP plan submission or at any time during the program year. If Oswego County plans to shift its detention allocation for STSJP eligible expenses, please submit a request on official letterhead to John Johnson and email it to stsjp@ocfs.ny.gov outlining the amount that will be shifted and the type of programming or services the re-purposed detention funds will be used for under STSJP. An amended STSJP plan will also need to be submitted.

As a reminder, to access RTA reimbursement that a municipality may be eligible for, the expenditures must be specifically included in a locality's comprehensive RTA plan. Plan approval for 100% reimbursement will be determined on a case-by-case basis by the Office of Children and Family Services, the Department of Criminal Justice Services and the Division of Budget.

All STSJP claims must be submitted electronically via the Juvenile Detention Automated System (JDAS) for the service period of October 1, 2018 to September 30, 2019. Questions on all aspects of the claiming process should be directed to Daniel Hulihan at (518) 473-4511 or at Daniel.Hulihan@ocfs.ny.gov.

Thank you for your continued partnership as we reform the juvenile justice practices in New York State by safely engaging youth and their families through innovative alternative to placement and detention programs.

If you have any questions, please email us at stsjp@ocfs.ny.gov and write "STSJP Plan Questions" in the subject line so that we may best assist you in a timely manner. You can direct STSJP inquiries to Lynn Tubbs at (518) 473-9116/Lynn.Tubbs@ocfs.ny.gov or Geneva Hilliard at (518) 486-1819/Geneva.Hilliard@ocfs.ny.gov

Sincerely,

Nina Aledort, Ph.D., LMSW
Deputy Commissioner
Division of Youth Development and Partnerships for Success

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

STSJP Plans are due to the Office of Children and Family Services (OCFS) by 10 / 15 / 2018

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: Oswego County			
LEAD AGENCY FOR STSJP SUBMISSION: Oswego County Department of Social Services		NAME OF CONTACT PERSON: Carey Benzing	
CONTACT PERSON'S PHONE NUMBER: 315-963-5399	CONTACT PERSON'S EMAIL ADDRESS: carey.benzing@oswegocounty.com		

Plan Submission instructions
<p>Instructions for submitting an STSJP plan for OCFS review.</p> <ol style="list-style-type: none"> Once you have opened this form on your computer, please immediately use the "Save As" function in Microsoft Word to save a copy; Save your application using the following name "PY 2018 - 2019 STSJP Plan – (Name of municipality)"; Work from the "saved" application document, using it to record all of your municipality's information; Once you have completed entering the required data, save the document; Prior to submission, review calculation in section eight for accuracy. Complete the "Approval and Certification" section before submission to OCFS; <p>Send the completed application to OCFS via the STSJP email address at: stsjp@ocfs.ny.gov</p>

SECTION ONE - List of programs to be funded			
In this section, list the exact name of each program and Indirect Service that will be funded with STSJP funds, along with the projected amount of Program Expense, State Share and County Share to be used for each. (Program List and Detail Sheet must match)			
Program Name	Total Program Expense (100 percent)	State Share (62 percent)	County Share (38 percent)
STSJP Program 1 Probation Supervision/Electronic Monitoring	\$ 144,879.03	\$ 89,825	\$ 55,054.03
STSJP Program 2 Interactive Journaling	\$ 4,095.16	\$ 2,539	\$ 1,556.16
STSJP Program 3 Bridging the Gap	\$ 124,077.42	\$ 76,928	\$ 47,149.42
STSJP Program 4 Youth Court	\$ 19,556.45	\$ 12,125	\$ 7,431.45
STSJP Program 5	\$	\$	\$
STSJP Program 6	\$	\$	\$

STSJP Program 7	\$	\$	\$
STSJP Program 8	\$	\$	\$
STSJP Program 9	\$	\$	\$
STSJP Program 10	\$	\$	\$
STSJP Program 11	\$	\$	\$
STSJP Program 12	\$	\$	\$
TOTAL	\$ 292,608.06	\$ 181,417	\$ 111,191.06
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Probation Supervision/Electronic Monitoring	\$ 7,244		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Bridging the Gap	\$ 6,204		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
TOTAL	\$ 13,448	\$	\$

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) Oswego County is primarily rural with two cities, nine school districts: one (Central Square) encompassing a large geographic area. Two cities, Fulton and Oswego, have highest number of JD and PINS petitions filed.

According to YASI dynamic risk factor domains, the highest need areas for at risk youth continued to be family issues, legal history, school issues, skills, mental health and violent history. Crimes that are most concerning in the community and that could result in placement continue to be: sexual assaults, weapon’s possession, use of and sale of illicit substances, and being physically combative to caregivers.

The high risk factors and communities/areas with highest use are the same as were served in the previous year's plan.

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) Oswego County is primarily composed of Caucasian youth. There is no evidence of a disproportion of placement for racial/ethnic youth. This information is consistent with last year's report.

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

(250 words or less)

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) Probation Supervision/Electronic Monitoring: It is projected that probation supervision, used in conjunction with programs such as electronic monitoring, provide an estimated 30% reduction in residential placement. This allows youth to remain in the community and in their school.

Interactive Journaling: Staff will use this evidenced-based program to assist probation-involved youth in developing strategies to change their negative behaviors, resulting in an estimated 30% reduction in residential placement. It is anticipated that this program will be used with probation services for youth determined by YASI to be at a high risk.

Youth Court: A total of 110 youth will be involved in the Youth Court process. Youth Court members will receive required training in regards to procedures. 30 youthful offenders will be processed through Youth Court in the next year. 60% of youthful offenders will successfully complete the Youth Court program.

Bridging the Gap: 80% of youth will successfully complete the BTG program. This will result in the removal of an arrest and criminal record, lowered recidivism rates, more educational achievement, improved communication in family relationships, and improved community relationships.

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) Collaborative partners include: the Oswego County Probation Department, the Oswego County Youth Bureau, and the Salvation Army. Oswego County utilizes a team approach and collaboration between agencies that provides effective programming for at risk youth. Community partners, i.e. schools, substance abuse providers, etc. have the opportunity to participate in these collaborations to plan for youth. Oswego County recently appointed a Community Services Coordinator to maintain and strengthen these relationships.

**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: N/A

Describe the manner of employment of personnel across and between counties in the cooperative: N/A

Identify whether a single fiscal officer shall be the custodian of the funds made available for STSJP: N/A

PLEASE DO NOT INCLUDE ANY RTA PROGRAM FUNDING IN SECTION SEVEN (section directly below)

SECTION SEVEN – Plan amounts

Expenses

1. Total Program expenses		\$ 292,608.06
2. State reimbursement		\$ 181,417

(Program expenses*.62)		
3. State share amount (Program expenses*.38)		\$ 111,191.06
Add in Reimbursements for the plan (fill out all that are applicable)		
4. STSJP allocation	\$ 56,591	
5. STSJP approved		\$ 56,591
6. JDAI allocation	\$	
7. JDAI approved		\$
8. Detention approved amount shifted to STSJP		\$ 124,826
9. PY rollover approved		\$
10. Total approved amounts for state reimbursement		\$ 181,417
11. Total amount of approved STSJP-RTA 100% state reimbursement		\$ 13,448

Program detail inserts

List the **name of each service and program** who you expect will received STSJP funds, along with the **projected amount of STSJP funds** to be used for each: As a Guide to providing the information needed to properly review your plan, please provide programmatic information in the format listed below; Provide the Name of the Provider of the Service/Program. **Please note there are now 6 types of programming to choose from.**

Program one name:	Probation Supervision/Electronic Monitoring	Type of program:	Early Intervention
Program operating agency:	Oswego County Probation		
Program mailing address Public Safety Center			
Address line 2 39 Churchill Road			
City Oswego		State NY	Zip code 13126
Contact person for program Shannon Perkins			
Title Supervisor		Phone number (315) 349-3477	Ext. 6234
Email shannon.perkins@oswegocounty.com			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 144,879			
1. Please indicate the specific zip codes this program will target? Zip Codes 13126, 13036, 13114, 13145, 13302, 13069, 13074, 13135, 13142, 13168, 13044			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Probation supervision works with youth/family to address needs/reduce problematic behavior. This is accomplished through direct intervention by probation officers and referral/collaboration with support services such as Preventive Services/FFT. Probation also uses graduated sanctions-electronic monitoring-to hold youth accountable. These types of programs, used in conjunction with probation supervision, can help bring a youth into compliance, and preventing further contact with the court.			
3. Does your municipality plan to replicate program across multiple locations? <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no			
4. What is the projected number of youth who will receive service from this program? (4-character number) 0050			
If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.			
5. Did projected performance outcome meet expected outcomes? <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less) Thus far this program year, probation has worked with 56 youth placed on supervision for JD or PINS adjudication. Through direct interaction			

with these youth and their families, in addition to making referrals and collaborating with other service providers who deliver programs such as Preventive and FFT, the youth improved their problematic behavior. This in turn reduced their risk of placement and allowed them to remain in their home/school.		
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) 365		
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 0056		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) N/A		
Program two name:	Interactive Journaling	Type of program: Early Intervention
Program operating agency:	Oswego County Probation	
Program mailing address Public Safety Center		
Address line 2 39 Churchill Road		
City Oswego	State NY	Zip code 13126
Contact person for program Shannon Perkins		
Title Supervisor	Phone number (315) 349-3477	Ext. 6234
Email shannon.perkins@oswegocounty.com		
Program service detailed information		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 4,095		
1. Please indicate the specific zip codes this program will target? Zip Codes 13126, 13036, 13114, 13145, 13302, 13069, 13074, 13135, 13142, 13168, 13044		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) This evidence-based program will be used with justice involved youth and provide them skills to make positive life changes and prevent futher contact with the Juvienlle Justice System.		
3. Does your municipality plan to replicate program across multiple locations? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no)		
4. What is the projected number of youth who will receive service from this program? (4-character number) 0060		
If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.		
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.		
6. What projected outcomes were met and how were they met? (100 word or less)		
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)		
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)		
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)		

Program three name:	Bridging the Gap	Type of program: Early Intervention
Program operating agency:	Salvation Army	
Program mailing address The Salvation Army		
Address line 2 73 West 2nd Street		
City Oswego	State NY	Zip code 13126

Contact person for program Linda Wright		
Title Divisional Social Services Director	Phone number (315) 434-1360	Ext.
Email Linda.Wright@USE.SalvationArmy.Org		
Program service detailed information		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 124,078		
1. Please indicate the specific zip codes this program will target? Zip Codes 13126, 13069, 13135, 13114, 13142, 13074		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) This evidence-based program will target first-time teen offenders will to get them off of probation, out of trouble, and on a path to success. The 12-week program offers a diversion process that approaches criminal behavior head on by providing direct and useful alternatives for unhealthy behavior. It serves to "Bridge the Gap" between youth and community services by working cooperatively and effectively with community partners.		
3. Does your municipality plan to replicate program across multiple locations? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no)		
4. What is the projected number of youth who will receive service from this program? (4-character number) 0050		
If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.		
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.		
6. What projected outcomes were met and how were they met? (100 word or less)		
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)		
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)		
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)		

Program four name:	Youth Court	Type of program:	Early Intervention
Program operating agency:	Oswego County Youth Bureau		
Program mailing address 70 Bunner Street			
Address line 2			
City Oswego		State NY	Zip code 13126
Contact person for program Kristen Slimmer & Sam Crisafulli			
Title Youth Court Coordinators		Phone number (315) 349-3451	Ext. 3575/3401
Email Kristen.Slimmer@oswegocounty.com or Sam.Crisafulli@oswegocounty.com			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 19,557			
1. Please indicate the specific zip codes this program will target? Zip Codes 13126, 13036, 13114, 13145, 13302, 13069, 13074, 13135, 13142, 13168, 13044			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Youth Court is a juvenile diversion program with the goal of keeping youth from Probation and/or Family Court involvement. We accept referrals for first time, low level offenders from law enforcement agencies and schools county wide. The program helps to teach offenders and members about the legal system and gives offenders an opportunity to constructively assume responsibility for their actions. This level of intervention can work to redirect towards positive future behavior.			
3. Does your municipality plan to replicate program across multiple locations? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no)			

4. What is the projected number of youth who will receive service from this program? (4-character number) 0110

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) We served 114 youth, which was above the projected outcome of 110 youth served.

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) We did not reach our goal of processing 30 cases. Referrals are down across Oswego County for several juvenile justice programs. Once Raise the Age is enacted in October we feel this will increase the number of cases referred to the Youth Court Program.

8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 120

9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 0100

10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) N/A

Program five name:		Type of program:	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ()	Ext.	
Email			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$			
1. Please indicate the specific zip codes this program will target? Zip Codes			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)			
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number)			
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less)			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)			

Program six name:		Type of program:	
Program operating agency:			
Program mailing address			
Address line 2			

City		State	Zip code
Contact person for program			
Title		Phone number ()	Ext.
Email			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$			
1. Please indicate the specific zip codes this program will target? Zip Codes			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)			
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number)			
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less)			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)			

Program seven name:		Type of program:	
Program operating agency:			
Program mailing address			
Address line 2			
City		State	Zip code
Contact person for program			
Title		Phone number ()	Ext.
Email			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$			
1. Please indicate the specific zip codes this program will target? Zip Codes			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)			
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number)			
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
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9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)			

Program eight name:		Type of program:	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ()	Ext.	
Email			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$			
1. Please indicate the specific zip codes this program will target? Zip Codes			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)			
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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? \$			
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3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number)			
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.			
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7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

Program ten name:		Type of program:	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ()	Ext.	
Email			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$			
1. Please indicate the specific zip codes this program will target? Zip Codes			
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10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)			

Program eleven name:		Type of program:	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ()	Ext.	
Email			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$			

1. Please indicate the specific zip codes this program will target? Zip Codes
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input type="checkbox"/> no)
4. What is the projected number of youth who will receive service from this program? (4-character number)
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.
6. What projected outcomes were met and how were they met? (100 word or less)
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

Program twelve name:		Type of program:	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ()	Ext.	
Email			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$			
1. Please indicate the specific zip codes this program will target? Zip Codes			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)			
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number)			
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less)			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)			

STSJP/RTA Program name:	Probation Supervision/Electronic Monitoring	Type of program:	STSJP-RTA
Program operating agency: Oswego County Probation			
Program mailing address Public Safety Center			
Address line 2			

39 Churchill Road		
City Oswego	State NY	Zip code 13126
Contact person for program Shannon Perkins		
Title Supervisor	Phone number (315) 349-3477	Ext. 6234
Email shannon.perkins@oswegocounty.com		
Program service detailed information		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 7,244		
1. Please indicate the specific zip codes this program will target? Zip Codes 13126, 13036, 13114, 13145, 13302, 13069, 13074, 13135, 13142, 13168, 13044		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Probation supervision works with youth/family to address needs/reduce problematic behavior. This is accomplished through direct intervention by probation officers and referral/collaboration with support services such as Preventive Services/FFT. Probation also uses graduated sanctions-electronic monitoring-to hold youth accountable. These types of programs, used in conjunction with probation supervision, can help bring a youth into compliance, and preventing further contact with the court.		
3. Does your municipality plan to replicate program across multiple locations? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no)		
4. What is the projected number of youth who will receive service from this program? (4-character number) 0003		
If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.		
5. Did projected performance outcome meet expected outcomes? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.		
6. What projected outcomes were met and how were they met? (100 word or less) Thus far this program year, probation has worked with 56 youth placed on supervision for JD or PINS adjudication. Through direct interaction with these youth and their families, in addition to making referrals and collaborating with other service providers who deliver programs such as Preventive and FFT, the youth improved their problematic behavior. This in turn reduced their risk of placement and allowed them to remain in their home/school.		
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) 365		
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 0056		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) N/A		

STSJP/RTA Program name:	Bridging the Gap	Type of program:	New Program STSJP-RTA
Program operating agency:	Salvation Army		
Program mailing address			
The Salvation Army			
Address line 2			
73 West 2nd Street			
City Oswego	State NY	Zip code 13126	
Contact person for program Linda Wright			
Title Social Services Director	Phone number (315) 434-1360	Ext.	
Email Linda.Wright@USE.SalvationArmy.Org			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 6,204			

1. Please indicate the specific zip codes this program will target?	Zip Codes 13126, 13069, 13135, 13114, 13142, 13074
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) This evidence-based program will target first-time teen offenders will to get them off of probation, out of trouble, and on a path to succes. The 12-week program offers a diversion process that approaches criminal behavior head on by providing direct and useful alternatives for unhealthy behavior. It serves to "Bridge the Gap" between youth and community services by working cooperatively and effectively with commuinty partners.	
3. Does your municipality plan to replicate program across multiple locations? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no)	
4. What is the projected number of youth who will receive service from this program? (4-character number) 0003	
If the program received STSJF funds in the previous program year 2017 - 2018, answer the questions below.	
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.	
6. What projected outcomes were met and how were they met? (100 word or less)	
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)	
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)	
9. Total amount of youth were served by this program during the previous STSJF PY? (4 Characters)	
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)	

STSJF/RTA			Type of program:	
Program name:				
Program operating agency:				
Program mailing address				
Address line 2				
City	State	Zip code		
Contact person for program				
Title	Phone number ()		Ext.	
Email				
Program service detailed information				
The amount of STSJF funds that your jurisdiction will devote to the services from this program? \$				
1. Please indicate the specific zip codes this program will target? Zip Codes				
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)				
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input type="checkbox"/> no)				
4. What is the projected number of youth who will receive service from this program? (4-character number)				
If the program received STSJF funds in the previous program year 20 - 20 , answer the questions below.				
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.				
6. What projected outcomes were met and how were they met? (100 word or less)				
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)				
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)				
9. Total amount of youth were served by this program during the previous STSJF PY? (4 Characters)				
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)				

SECTION EIGHT – Plan Approval
Approval of the Chief Executive Officer

As STSJP Lead for Oswego County	municipality, I certify that the CEO
Shane Broadwell	has reviewed and approved the 2018 - 2019 STSJP plan.
Date: 10 / 15 / 2018	STSJP Lead User ID 35a965
STSJP Lead printed name: Carey Benzing	
Approval of the OCFS STSJP Program Lead	
As OCFS STSJP reviewer, I certify that I approve of this STSJP plan for	
municipality, for 20 18 - 20 19	
Date: 2/5/19	User ID: 1KK9352 Printed name John Johnson