



**Office of Children
and Family Services**

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Commissioner

February 12, 2020

Dear Chief Executive Officer,

Thank you for submitting Oswego 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.

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 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 Oswego 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 stsip@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 08/19/2019

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: Oswego County	
LEAD AGENCY FOR STSJP SUBMISSION: Oswego County Probation	NAME OF CONTACT PERSON: David L. Hall
CONTACT PERSON'S PHONE NUMBER: 315-326-6203	CONTACT PERSON'S EMAIL ADDRESS: david.hall@oswegocounty.com

PLAN SUBMISSION INSTRUCTIONS

Instructions for submitting an STSJP plan for OCFS review:

- a. Once you have opened this form on your computer, please immediately use the "Save As" function in Microsoft Word to save a copy;
- b. Save your application using the 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.

Send the completed application to OCFS via the STSJP email address at: stsjp@ocfs.ny.gov

PART I – STSJP PROGRAMS

SECTION 1		PLAN AMOUNTS
EXPENSES		
1. Total program expenses		\$ 393,252.45
2. State reimbursement		\$ 243,816.52
3. Local share amount		\$ 149,435.93
Reimbursements for the plan (Enter all amounts that are applicable.)		
4. STSJP allocation amount	\$ 56,591.00	
5. STSJP local approved plan amount		\$ 56,591.00
6. Detention approved amount shifted to STSJP		\$ 145,362.07
7. PY rollover approved amount		\$ 41,863.45
8. Total approved amounts for state reimbursement		\$ 243,816.52

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 Probation Supervision/Electronic Monitoring	\$ 78,946.90	\$ 128,808.10	\$ 207,755.00
STSJP Program 2	\$ 63,057.37	\$ 102,883.08	\$ 165,940.45

Bridging the Gap			
STSJP Program 3 Youth Court	\$ 7,431.66	\$ 12,125.34	\$ 19,557.00
STSJP Program 4	\$	\$	\$
STSJP Program 5	\$	\$	\$
STSJP Program 6	\$	\$	\$
STSJP Program 7	\$	\$	\$
STSJP Program 8	\$	\$	\$
STSJP Program 9	\$	\$	\$
STSJP Program 10	\$	\$	\$
STSJP Program 11	\$	\$	\$
STSJP Program 12	\$	\$	\$
TOTAL			\$ 393,252.45

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: Probation Supervision/Electronic Monitoring		STSJP Program 1 Type: Alternative to Placement	
STSJP Program 1 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	Email shannon.perkins@oswegocounty.com		
Title Probation Supervisor	Phone (315) 349 - 3477	Ext	

STSJP Program 1 Service Detailed Information

- The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 207,755.00
- Please indicate the specific zip codes this program will target. 13126,13036, 13114, 13145, 13302, 13069, 13074, 13135 , 13142, 13168, 13044
- How will the program be utilized to serve targeted youth in your municipality? **(100 words or less)** Probation supervision works with youth (JD and PINS) and their family/guardians to address needs and reduce problematic behavior. This is accomplished through direct intervention by probation officers and referral/collaboration with support services such as Preventive Services and FFT. Graduated sanctions such as electronic monitoring are also used. These types of programs, used in conjunction with probation supervision, can help reduce the likelihood of the youth repeating their negative/illegal behavior and risk of placement.
- 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? 50
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? 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)** So far this program year, probation has worked with 57 youth placed on probation for JD or PINS adjudication. Through direct interaction with these youth and their families, in addition to collaborating with other service providers who deliver programs such as Preventive and FFT, the youth improved their problematic behavior. This will reduce their risk of placement and allow them to stay in their home/school/community.

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.) 365

10. Total number of youth served by this program during the previous STSJP PY: 57

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

STSJP Program 2

STSJP Program 2 Name: Bridging the Gap		STSJP Program 2 Type: Early Intervention	
STSJP Program 2 Operating Agency: The Salvation Army			
Program Mailing Address P.O. Box 146			
Address Line 2 73 W. Second St.			
City Oswego		State NY	Zip Code 13126
Contact Person for Program Linda Wright		Email Linda.Wright@use.salvationarmy.org	
Title Divisional Social Service Director		Phone (315) 431 - 1360	Ext

STSJP Program 2 Service Detailed Information

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 165,940.45

2. Please indicate the specific zip codes this program will target. 13126, 13069, 13115, 13074, 13135, 13114, 13142

3. 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. The 12 week program offers a diversion process that approaches delinquent/PINS 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.

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? 50
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? 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)** This program is being used by the courts and the C/Oswego School system. By working with the school, we are able to shorten long term suspensions that are a result of serious infractions of school rules and policies. By completing our program students are able to reduce their suspension and return to school sooner. Our goal is to lower the drop out rate as results have shown those with long term suspensions do not reengage and successfully finish the education process. We are working closely with the school to obtain this outcome.

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)** This program served 33 youth from 10/1/18 - 8/19/19. This is below the projected number of 50. Our barrier was funding as we were waiting on approval from the contract. Without the funding flowing through we had to run a skeleton operation with less staff. We believe that we will exceed this number this coming year as our referral process is working and we are hiring the staff needed.
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 124
10. Total number of youth served by this program during the previous STSJP PY: 33
11. What amount of rollover funds from the previous STSJP PY will be spent on this program? \$41,863.

STSJP Program 3

STSJP Program 3 Name: Oswego County Youth Court		STSJP Program 3 Type: Early Intervention	
STSJP Program 3 Operating Agency: Oswego City-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 or Tiffany Halstead		Email Kristen.Slimmer@Oswegocounty.com or Tiffany.Halstead@Oswegocounty.com	
Title Youth Court Coordinators		Phone (315) 349 - 3575/3590	Ext

STSJP Program 3 Service Detailed Information

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 19,557.00
2. Please indicate the specific zip codes this program will target. 13126, 13036, 13114, 13145, 13302, 13069, 13074, 13135, 13142, 13168, 13044
3. 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, Probation or county schools. 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. Youth Court also acts as a deterrent for our members and allows them opportunity to learn and encourage continued and positive behavior.
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? 100
- 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? 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)** There was a change in the referral procedure for juvenile cases. This impacted how referrals were handled as well as received by the Oswego County Youth Court program. Raise the Age has also not proven to assist in our numbers as we had all initially anticipated, but in fact, appears to possibly be a reason that there has been a decrease in the number of cases that we have been receiving as law enforcement has taken time to implement changes in procedures based on the legislation. Of the 110 youth we projected to serve last year, we determined 102 youth were served.

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 120
10. Total number of youth served by this program during the previous STSJP PY: 102
11. What amount of rollover funds from the previous STSJP PY will be spent on this program? N/A

STSJP Program 4

STSJP Program 4 Name:		STSJP Program 4 Type:	
STSJP Program 4 Operating Agency:			
Program Mailing Address			
Address Line 2			
City		State	Zip Code
Contact Person for Program		Email	
Title	Phone () -		Ext

STSJP Program 4 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 4 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 5

STSJP Program 5 Name:		STSJP Program 5 Type:	
STSJP Program 5 Operating Agency:			
Program Mailing Address			
Address Line 2			
City		State	Zip Code
Contact Person for Program		Email	
Title	Phone () -		Ext

STSJP Program 5 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 5 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. If Yes, answer #7. If No, skip to #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 6		
STSJP Program 6 Name:	STSJP Program 6 Type:	
STSJP Program 6 Operating Agency:		
Program Mailing Address		
Address Line 2		
City	State	Zip Code
Contact Person for Program	Email	
Title	Phone () -	Ext

STSJP Program 6	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 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 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 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
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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? <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 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

- The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$
- Please indicate the specific zip codes this program will target.
- How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
- Does your municipality plan to replicate the program across multiple locations? Yes No
- 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.

- 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.
- What projected outcomes were met and how were they met? (100 words or less)
- 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)
- What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
- Total number of youth served by this program during the previous STSJP PY:
- 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	\$ 13,448
2. Total program expenses	\$ 13,448

SECTION 2 LIST OF STSJP-RTA PROGRAMS TO BE FUNDED

Program Name	Total Program Expenses
STSJP-RTA Program 1 Probation Supervision/Electronic Monitoring	\$ 7,244
STSJP-RTA Program 2 Bridging the Gap	\$ 6,204
STSJP-RTA Program 3	\$
STSJP-RTA Program 4	\$
STSJP-RTA Program 5	\$
STSJP-RTA Program 6	\$
TOTAL	\$ 13,448

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: Probation Supervision/Electronic Monitoring		Program 1 Type: Alternative to Placement	
Program 1 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		Email shannon.perkins@oswegocounty.com	
Title Probation Supervisor		Phone (315) 349 - 3477	Ext

STSJP-RTA Program 1 Service Detailed Information

- The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 7,244
- Please indicate the specific zip codes this program will target. 13126, 13036, 13114, 13145, 13302, 13069, 13074, 13135, 13142, 13168, 13044
- How will the program be utilized to serve targeted youth in your municipality? **(100 words or less)** Probation supervision works with RTA youth (JD) and their family/guardians to address needs and reduce problematic behavior. This is accomplished through direct intervention by probation officers and referral/collaboration with support services such as Preventive Services and FFT. Graduated sanctions such as electronic monitoring are also used. These types of programs, used in conjunction with probation supervision, can help reduce the likelihood of the youth repeating their negative/illegal behavior and risk of placement.
- Does your municipality plan to replicate the program across multiple locations? Yes No
- What is the projected number of youth who will receive services from this program? 3

If the STSJP-RTA Program 1 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.

- 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.
- What projected outcomes were met and how were they met? **(100 word or less)**
- 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 number of 16 year old youth JD and AO arrests was much lower than projected. And, the cases that were referred for Intake Diversion Services were either adjusted, or otherwise did not result in probation supervision. Based on these lower numbers, electronic monitoring was also not utilized as predicted. It is assumed cases will increase with RTA being expanded to include 17 year old youth.
- What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 365
- Total number of youth served by this program during the previous STSJP-RTA PY: 1
- What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program? N/A

STSJP-RTA Program 2

Program 2 Name: Bridging the Gap	Program 2 Type: Early Intervention
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Program 2 Operating Agency: Salvation Army		
Program Mailing Address P.O. Box 146		
Address Line 2 73 W. Second St.		
City Oswego	State NY	Zip Code 13126
Contact Person for Program Linda Wright	Email linda.wright@use.salvationarmy.org	
Title Divisional Social Service Director	Phone (315) 431 - 1360	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? \$ 6,204

2. Please indicate the specific zip codes this program will target. 13126, 13069, 13115, 13074, 13135, 13114, 13142

3. 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 RTA offenders. The 12 week program offers a diversion process that approaches delinquent/PINS 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.

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? 3

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? 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 word or less)** Bridging the Gap served 16 youth during the previous program year. Most of the referrals were from a school district that utilizes the program to help youth who have been identified with behavioral issues, and to help reduce out of school suspensions. Assisting these youth at this point also helps deter them from more serious behavioral problems which can lead to JD or PINS involvement.

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.) 180

10. Total number of youth served by this program during the previous STSJP-RTA PY: 16

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

STSJP-RTA Program 3

Program 3 Name:		Program 3 Type:	
Program 3 Operating Agency:			
Program Mailing Address			
Address Line 2			
City	State	Zip Code	
Contact Person for Program	Email		
Title	Phone () -	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? \$	
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 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 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?	

STSJP-RTA Program 4			
Program 4 Name:		Program 4 Type:	
Program 4 Operating Agency:			
Program Mailing Address			
Address Line 2			
City		State	Zip Code
Contact Person for Program		Email	
Title	Phone () -		Ext

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? \$	
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 4 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?	

STSJP-RTA Program 5

Program 5 Name:		Program 5 Type:	
Program 5 Operating Agency:			
Program Mailing Address			
Address Line 2			
City		State	Zip Code
Contact Person for Program		Email	
Title	Phone () -		Ext

STSJP-RTA Program 5 Service Detailed Information

- The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$
- Please indicate the specific zip codes this program will target.
- How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
- Does your municipality plan to replicate the program across multiple locations? Yes No
- What is the projected number of youth who will receive services from this program?

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

- 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.
- What projected outcomes were met and how were they met? (100 word or less)
- 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)
- What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
- Total number of youth served by this program during the previous STSJP-RTA PY:
- What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program?

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

- The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$
- Please indicate the specific zip codes this program will target.
- How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
- 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?
- 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? 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 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

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. (500 words or less) Our highest number of YO supervision cases (40) come from the city of Fulton (13069), with the second highest being 29 in the Oswego area (13126). Regarding JD and PINS cases, our highest concentration is also Fulton. Fulton has very few activities for youth, pre-teens and teenagers, and services/resources for this population in that area are limited. Many of the families serviced also have a low socio-economic status.

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. (250 words or less) There is no evidence that there is racial/ethnic disparity in Oswego County's use of detention or placement. In 2018, 100% of youth who were placed were white. This is consistent with the fact that based on the most recent statistics available, nearly 96% of the county's population is white.

If such disparity exists, describe how this STSJP plan addresses the issues of disparity. (250 words or less) N/A

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) Thus far the probation supervision program has surpassed the number of youth anticipated to be under supervision for JD and PINS adjudication. The youth receiving this service have not been placed because they were helped to address the issues that lead to their problematic behavior. Although the Bridging the Gap program will most likely not serve the number of youth projected, they have served 33 youth to date. As many of these youth were referred by a local school district, it is believed that by receiving this programming they were deferred from the youth justice system and thus not at risk of placement. The Youth Court program provides a consequence and learning experience for youth who have committed a negative act which also helps defer them from the youth justice system and placement.

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. (250 words or less) As lead agency, Probation collaborated with our local DSS, Youth Court and the Salvation Army. DSS provided information regarding past/projected placements. The Salvation Army, who delivers the Bridging the Gap program, provided information about this program and how it benefits youth.

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: **(250 words or less)**
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 Oswego County municipality, I certify that the CEO James Weatherup has reviewed and approved the 2020 STSJP plan.

Date: 02 / 04 / 2020 User ID: 35a965

Print name: David Hall

SECTION 2 APPROVAL OF THE OCFS PROGRAM LEAD

As OCFS STSJP reviewer, I certify that I approve of this STSJP plan for Oswego municipality, for 2019-2020

Date: 2 / 11 / 20 User ID: JTD911

Print name: Lynn Tubbs