



Office of Children  
and Family Services

ANDREW M. CUOMO  
Governor

SHEILA J. POOLE  
Commissioner

March 13, 2020

Dear Chief Elected Official,

Thank you for submitting Otsego County's Supervision and Treatment Services for Juveniles Program (STSJP) plan for Program Year (PY) 2019-2020. Your entire STSJP plan, including the amounts listed for PY 2019-2020 STSJP-RTA, has been approved.

The 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 any time during the program year.

If the 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](mailto:stsjp@ocfs.ny.gov) outlining

1. the amount that will be shifted and
2. the type of programming or services the re-purposed detention funds will be used for under STSJP

Once the shift is approved, an amended STSJP plan will 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 is determined by the Office of Children and Family Services, the Department of Criminal Justice Services and the Division of Budget.

All STSJP claims, inclusive of STSJP-RTA 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](mailto:Daniel.Hulihan@ocfs.ny.gov).

If you have any questions, please email us at [stsjp@ocfs.ny.gov](mailto:stsjp@ocfs.ny.gov) and write "STSJP Plan Questions" in the subject line or reach out to Geneva Hilliard at (518)486-1819 or Lynn Tubbs at (518) 473-9116.

Thank you for your continued partnership.

Sincerely,

Nina Aledort, Ph.D., LMSW  
Deputy Commissioner

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 8/19/2019**

Plans should be submitted to: [stsjp@ocfs.ny.gov](mailto: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

<b>MUNICIPALITY INFORMATION</b>	
NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION: Otsego County	
LEAD AGENCY FOR STSJP SUBMISSION: Probation Department	NAME OF CONTACT PERSON: Daniel Naughton
CONTACT PERSON'S PHONE NUMBER: (607) 547-4217	CONTACT PERSON'S EMAIL ADDRESS: naughtond@otsegocounty.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](mailto:stsjp@ocfs.ny.gov)

### PART I – STSJP PROGRAMS

SECTION 1	PLAN AMOUNTS	
<b>EXPENSES</b>		
1. Total program expenses		\$ 80,245.16
2. State reimbursement		\$ 49,752.00
3. Local share amount		\$ 30,493.16
<b>Reimbursements for the plan (Enter all amounts that are applicable.)</b>		
4. STSJP allocation amount	\$ 49,752	
5. STSJP local approved plan amount		\$ 49,752
6. Detention approved amount shifted to STSJP		\$ 0.00
7. PY rollover approved amount		\$ 0.00
8. Total approved amounts for state reimbursement		\$ 49,752

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 I CAN - EI	\$ 11,400	\$ 18,600	\$ 30,000
STSJP Program 2 I CAN - ATD	\$ 3,800	\$ 6,200	\$ 10,000
STSJP Program 3	\$ 3,800	\$ 6,200	\$ 10,000

I CAN - ATP			
STSJP Program 4 Electronic Monitoring - ATD	\$ 1,254	\$ 2,046	\$ 3,300
STSJP Program 5 Electronic Monitoring - ATP	\$ 1,254	\$ 2,046	\$ 3,300
STSJP Program 6 Respite - EI	\$ 1,330	\$ 2,170	\$ 3,500
STSJP Program 7 Respite - ATD	\$ 1,330	\$ 2,170	\$ 3,500
STSJP Program 8 Respite - ATP	\$ 1,330	\$ 2,170	\$ 3,500
STSJP Program 9 Drug Screens - EI	\$ 380	\$ 620	\$ 1,000
STSJP Program 10 Drug Screens - ATD	\$ 380	\$ 620	\$ 1,000
STSJP Program 11 Drug Screens - ATP	\$ 380	\$ 620	\$ 1,000
STSJP Program 12 Aftercare/Reentry	\$ 855	\$ 1,395	\$ 2,250
<b>TOTAL</b>			\$ Con't on attachment

**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: I CAN - EI		STSJP Program 1 Type: Early Intervention	
STSJP Program 1 Operating Agency: I CAN			
Program Mailing Address 310 Main Street			
Address Line 2			
City Utica		State NY	Zip Code 13501
Contact Person for Program Steven Bulger		Email sbulger@kidsoneida.org	
Title Executive Director		Phone (315) 731 - 2603	Ext

**STSJP Program 1 Service Detailed Information**

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 30,000
2. Please indicate the specific zip codes this program will target. All, County, ,
3. How will the program be utilized to serve targeted youth in your municipality? (**100 words or less**) Kids Oneida will provide outpatient diagnostic assessments to at risk youth as needed. Kids Oneida SPIN Services will also be utilized. This program will be utilized to prevent the need for interventions with the court system.
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? 8

**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)**
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)** Unfortunately this service was not utilized as much as it could have been. We had two youths take part in the out-patient diagnostic, which allowed one case to close, but the other still was referred to court and was ultimately placed.
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 30
10. Total number of youth served by this program during the previous STSJP PY: 3
11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 0.00

**STSJP Program 2**

STSJP Program 2 Name: I CAN - ATD		STSJP Program 2 Type: JO/JD-Alternative to Detention	
STSJP Program 2 Operating Agency: I CAN			
Program Mailing Address 310 Main Street			
Address Line 2			
City Utica	State NY	Zip Code 13501	
Contact Person for Program Steven Bulger		Email sbulger@kidsoneida.org	
Title Executive Director		Phone (315) 731 - 2603	Ext

**STSJP Program 2 Service Detailed Information**

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 10,000
2. Please indicate the specific zip codes this program will target. All, County, ,
3. How will the program be utilized to serve targeted youth in your municipality? **(100 words or less)** Kids Oneida will be able to provide outpatient diagnostic assessments and SPIN services to at risk youth in order to reduce the risk of a juvenile not attending court or getting rearrested prior to court.
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? 5
- 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)**
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 funding was not utilized as the JD/JO population going to court was lower then average. Many that went to court were placed prior to any service intervention due to continued behaviors prior to the next court date.
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 0
10. Total number of youth served by this program during the previous STSJP PY: 0
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: I CAN - ATP	STSJP Program 3 Type: Alternative to Placement
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<b>STSJP Program 3 Operating Agency:</b> I CAN		
Program Mailing Address 305 Main Street		
Address Line 2		
City Utica	State NY	Zip Code 13501
Contact Person for Program Steven Bulger	Email sbulger@kidsoneida.org	
Title Executive Director	Phone (315) 731 - 2603	Ext
<b>STSJP Program 3 Service Detailed Information</b>		
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 10,000		
2. Please indicate the specific zip codes this program will target. All, County,		
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Kids Oneida outpatient diagnostic assessments, as needed, and SPIN Services will also be utilized for juveniles post adjudication to prevent future placement.		
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? 8		
<b>If the STSJP Program 3 received STSJP funds in the previous STSJP PY, answer the questions below.</b>		
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input checked="" 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) T		
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 funding line was not utilized during the past grant year.		
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 0		
10. Total number of youth served by this program during the previous STSJP PY: 0		
11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 0		

<b>STSJP Program 4</b>		
STSJP Program 4 Name: Electronic Monitoring -ATD		STSJP Program 4 Type: JO/JD-Alternative to Detention
STSJP Program 4 Operating Agency: Otsego County Probation		
Program Mailing Address 197 Main Street		
Address Line 2		
City Cooperstown	State NY	Zip Code 13326
Contact Person for Program Daniel Naughton	Email naughtond@otsegocounty.com	
Title Director	Phone (607) 547 - 4217	Ext
<b>STSJP Program 4 Service Detailed Information</b>		
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 3,300		
2. Please indicate the specific zip codes this program will target. All, County,		

3. How will the program be utilized to serve targeted youth in your municipality? **(100 words or less)** This will reduce the risk of a juvenile failing to appear for scheduled court, thus reducing the need for detention.

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? 5

**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?  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 did prevent 2 JDs from being placed in detention.

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)** Unfortunately, one juvenile decided to cut off the ankle monitor and runaway for several weeks. He was sent to an inpatient diagnostic instead of a detention center. The goal is to return him to foster care has his parents are not appropriate at this time.

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 45

10. Total number of youth served by this program during the previous STSJP PY: 3

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

<b>STSJP Program 5</b>			
STSJP Program 5 Name: Electronic Monitoring		STSJP Program 5 Type: <b>Alternative to Placement</b>	
STSJP Program 5 Operating Agency: Otsego County Probation Department			
Program Mailing Address 197 Main Street			
Address Line 2			
City Coopetstown		State NY	Zip Code 13326
Contact Person for Program Daniel Naughton		Email naughtond@otsegocounty.com	
Title Director		Phone (607) 547 - 4217	Ext

<b>STSJP Program 5</b>	<b>Service Detailed Information</b>
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 3,300	
2. Please indicate the specific zip codes this program will target. All, County,	
3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b> Respondent's placed on this program were not removed from their parents' custody and placed in a residential or foster care.	
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? 5	
<b>If the STSJP Program 5 received STSJP funds in the previous STSJP PY, answer the questions below.</b>	
6. Did projected performance outcomes meet expected outcomes? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, <b>answer #7</b> ; If No, <b>skip to #8</b> ; If Partially, <b>answer #7 and #8</b> . If Yes, <b>answer #7</b> . If No, <b>skip to #8</b> .	
7. What projected outcomes were met and how were they met? <b>(100 words or less)</b> All youths that were placed on this program have remained in their homes (note that one was already in foster care and EM was utilized to prevent a higher level of care).	
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? <b>(100 words or less)</b>	

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 75

10. Total number of youth served by this program during the previous STSJP PY: 3

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:

Respite - EI

STSJP Program 6 Type:

Early Intervention

STSJP Program 6 Operating Agency:

Otsego County Department of Social Services

Program Mailing Address

197 Main Street

Address Line 2

City

Cooperstown

State

NY

Zip Code

13326

Contact Person for Program

Mary Jane Waters

Email

mary.waters@dfa.state.ny.us

Title

Director

Phone

(607) 547 - 4355

Ext

### STSJP Program 6

### Service Detailed Information

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 3,500

2. Please indicate the specific zip codes this program will target. All, County,

3. How will the program be utilized to serve targeted youth in your municipality? **(100 words or less)** Juveniles at risk of being referred to court due to behaviors in the home including PINS/JD behaviors will be given the opportunity to be stay in a respite home for up to 21 days in order to reduce risks.

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? 4

**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?  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)** This funding was not utilized this grant year. Only one youth was considered, but he refused to accept respite (which is voluntary).

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 0

10. Total number of youth served by this program during the previous STSJP PY: 0

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:

Respite

STSJP Program 7 Type:

JO/JD-Alternative to Detention

STSJP Program 7 Operating Agency:

Otsego County DSS

Program Mailing Address

197 Main Street

Address Line 2

City

Cooperstown

State

NY

Zip Code

13326

Contact Person for Program

Email

Mary Jane Waters		mary.waters@dfa.state.ny.us	
Title Director	Phone (607) 547 - 4355	Ext	
<b>STSJP Program 7 Service Detailed Information</b>			
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 3,500			
2. Please indicate the specific zip codes this program will target. All, County,			
3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b> Respite services will be offered to juveniles who are at risk of detention prior to adjudication due to concerns that the juvenile will not return to court as directed.			
4. Does your municipality plan to replicate the program across multiple locations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
5. What is the projected number of youth who will receive services from this program? 4			
<b>If the STSJP Program 7 received STSJP funds in the previous STSJP PY, answer the questions below.</b>			
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially If Yes, <b>answer #7</b> ; If No, <b>skip to #8</b> ; If Partially, <b>answer #7 and #8</b> .			
7. What projected outcomes were met and how were they met? <b>(100 words or less)</b>			
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? <b>(100 words or less)</b> This funding was not utilized this year. Not many youths eligible for respite through this funding were at risk of detention or home life was not a contributing factor to their behaviors.			
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 0			
10. Total number of youth served by this program during the previous STSJP PY: 0			
11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 0			

<b>STSJP Program 8</b>			
STSJP Program 8 Name: Respite - ATP		STSJP Program 8 Type: <b>Alternative to Placement</b>	
STSJP Program 8 Operating Agency: Otsego County DSS			
Program Mailing Address 197 Main Street			
Address Line 2			
City Cooperstown		State NY	Zip Code 13326
Contact Person for Program Mary Jane Waters		Email mary.waters@dfa.state.ny.us	
Title Director	Phone (607) 547 - 4355	Ext	

<b>STSJP Program 8 Service Detailed Information</b>			
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 3,500			
2. Please indicate the specific zip codes this program will target. All, County,			
3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b> this program will reduce the risk of juveniles being placed post-adjudication by offering respite services, for juveniles struggling at home rather than seeking placement.			
4. Does your municipality plan to replicate the program across multiple locations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
5. What is the projected number of youth who will receive services from this program? 4			
<b>If the STSJP Program 8 received STSJP funds in the previous STSJP PY, answer the questions below.</b>			

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) This funding was not utilized this year. Of the two youths that would have been candidates, one was already in foster care and the other was placed in foster care pending admission to a substance abuse inpatient.

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 0

10. Total number of youth served by this program during the previous STSJP PY: 0

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

### STSJP Program 9

STSJP Program 9 Name:

Drug Screens - EI

STSJP Program 9 Type:

Early Intervention

STSJP Program 9 Operating Agency:

Otsego County Probation

Program Mailing Address

197 Main Street

Address Line 2

City

Cooperstown

State

NY

Zip Code

13326

Contact Person for Program

Daniel Naughton

Email

naughtond@otsegocounty.com

Title

Director

Phone

(607) 547 - 4217

Ext

### STSJP Program 9

### Service Detailed Information

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 1,000

2. Please indicate the specific zip codes this program will target. All, County,

3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) This program will be used to monitor a juvenile's compliance with diversion, which requires that they refrain from alcohol and drug usage. This will be used in cases where the a contributing factor to the youth's referral to diversion is substance use disorder or alcohol use. It will also be used when a youth discloses substance use or alcohol use as an issue for them. Test results will be shared with substance abuse counselor to aide in treatment.

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? 15

**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?  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) Most juveniles that were monitored for drug use either maintained sobriety and were not sent to court.

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 were a two cases that were sent to court due to continued substance abuse issues and one refused voluntary inpatient treatment.

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 90

10. Total number of youth served by this program during the previous STSJP PY: 35

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

### STSJP Program 10

STSJP Program 10 Name: Drug Screens - ATD		STSJP Program 10 Type: JO/JD-Alternative to Detention	
STSJP Program 10 Operating Agency: Otsego County Probation			
Program Mailing Address 197 Main Street			
Address Line 2			
City Cooperstown		State NY	Zip Code 13326
Contact Person for Program Daniel Naughton		Email naughtond@otsegocounty.com	
Title Director		Phone (607) 547 - 4217	Ext

<b>STSJP Program 10</b>	<b>Service Detailed Information</b>
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- The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 1,000
  - Please indicate the specific zip codes this program will target. All, County, ,
  - How will the program be utilized to serve targeted youth in your municipality? **(100 words or less)** Drug screens will be used for juveniles, in which substance abuse was a contributing factor in their crime, prior to adjudication due to potential use of alcohol and/or drug use, which could lead to missing court or committing another crime, which would place them at risk of detention.
  - 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? 8
- If the STSJP Program 10 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)** there were four juveniles screened through this funding line. None of them required further intervention nor was there any recidivism.
  - 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.) 180
  - Total number of youth served by this program during the previous STSJP PY: 4
  - What amount of rollover funds from the previous STSJP PY will be spent on this program? 0

<b>STSJP Program 11</b>
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STSJP Program 11 Name: Drug Screens - ATP		STSJP Program 11 Type: Alternative to Placement	
STSJP Program 11 Operating Agency: Otsego County Probation			
Program Mailing Address 197 Main Street			
Address Line 2			
City Cooperstown		State NY	Zip Code 13326
Contact Person for Program Daniel Naughton		Email naughtond@otsegocounty.com	
Title Director		Phone (607) 547 - 4217	Ext

<b>STSJP Program 11</b>	<b>Service Detailed Information</b>
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1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 1,000
2. Please indicate the specific zip codes this program will target. All, County,
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) This program will help hold juveniles accountable for their substance abuse and will detect increased use to reduce the need for placement. This will be used for juveniles that committed a crime and substance abuse was a contributing factor.
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? 6
<b>If the STSJP Program 11 received STSJP funds in the previous STSJP PY, answer the questions below.</b>
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) For this grant year, 8 juveniles were screened under this funding line. One was already in foster care with DSS, but has not required a higher level of care. One was placed in foster care due to continued substance abuse and failure to follow curfew. That individual is in foster care pending an inpatient placement. ONE other is in substance abuse rehabilitation and doing well. They others are not to the level of needing further intervention.
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.) 160
10. Total number of youth served by this program during the previous STSJP PY: 8
11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 0

**STSJP Program 12**

STSJP Program 12 Name: Placement Aftercare services		STSJP Program 12 Type: Indirect Services Provider	
STSJP Program 12 Operating Agency: Otsego County DSS			
Program Mailing Address 197 Main Street			
Address Line 2			
City Cooperstown		State NY	Zip Code 13326
Contact Person for Program Mary Jane Waters		Email mary.waters@dfa.state.ny.us	
Title Director		Phone (607) 547 - 4355	Ext

**STSJP Program 12 Service Detailed Information**

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 2,000
2. Please indicate the specific zip codes this program will target. All, County,
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) This funding will be utilized to support a juveniles return to the community from placement. Services can include YMCA memberships, bus passes to ensure they can make scheduled appointments, incentives for improving behaviors (ie gift cards, Itunes cards, ect). This is a new program this grant year.
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? 8
<b>If the STSJP Program 12 received STSJP funds in the previous STSJP PY, answer the questions below.</b>
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**

<b>Expenses</b>	
1. RTA-approved plan amount	\$ 29,000.00
2. Total program expenses	\$ 29,000.00

**SECTION 2 LIST OF STSJP-RTA PROGRAMS TO BE FUNDED**

Program Name	Total Program Expenses
STSJP-RTA Program 1 Ican (formerly Kids Oneida) SPIN	\$ 7,500.00
STSJP-RTA Program 2 ICAN (Formerly Kids Oneida) SPINS - EI	\$ 7,500.00
STSJP-RTA Program 3 Respite	\$ 8,000.00
STSJP-RTA Program 4 Thinking For A Change	\$ 3,000.00
STSJP-RTA Program 5 Thinking For A Change	\$ 3,000.00
STSJP-RTA Program 6	\$
<b>TOTAL</b>	\$ 29,000.00

**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: I CAN SPIN services		Program 1 Type: <b>Alternative to Placement</b>	
Program 1 Operating Agency: I CAN			
Program Mailing Address 310 Main Street			
Address Line 2			
City Utica		State NY	Zip Code 13501
Contact Person for Program Steven Bulger		Email sbulger@kidsoneida.org	
Title Executive Director		Phone (315) 731 - 2603	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? \$ 7,500.00
2. Please indicate the specific zip codes this program will target. All, County, ,
3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b> This program will be used for all 16 and 17 year olds arrested under the Raise The Age Legislation to prevent to prevent placement for all Respondent's in 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? 4
<b>If the STSJP-RTA Program 1 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.</b>
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially If Yes, <b>answer #7</b> ; If No, <b>skip to #8</b> ; If Partially, <b>answer #7 and #8</b> .
7. What projected outcomes were met and how were they met? <b>(100 word or less)</b>
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? <b>(100 words or less)</b> The Otsego County Raise The Age Plan has not been accepted at this time. We only recently submitted our plan.
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 2**

Program 2 Name: ICAN - EI		Program 2 Type: <b>Early Intervention</b>	
Program 2 Operating Agency: ICAN			
Program Mailing Address 310 Main Street			
Address Line 2			
City Utica		State NY	Zip Code 13501

Contact Person for Program Steven Bulger	Email sbulger@kidsoneida.org	
Title Executive Director	Phone (315) 731 - 2603	Ext
<b>STSJP-RTA Program 2 Service Detailed Information</b>		
1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 7,500.00		
2. Please indicate the specific zip codes this program will target. All, County, ,		
3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b> This program will be used for all 16 and 17 year olds arrested under the Raise The Age Legislation for either a misdemeanor and placed on diversion, or those charged with felonies, removed to family court and directed by family court to diversion services. This program will reduce the need for court intervention.		
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? 8		
<b>If the STSJP-RTA Program 2 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.</b>		
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input checked="" 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? <b>(100 word or less)</b>		
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? <b>(100 words or less)</b> The Otsego County Raise The Age Plan has just been approved.		
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?		

<b>STSJP-RTA Program 3</b>		
Program 3 Name: Respite Services	Program 3 Type: JO/JD-Alternative to Detention	
Program 3 Operating Agency: Otsego County DSS		
Program Mailing Address 197 Main Street		
Address Line 2		
City Cooperstown	State NY	Zip Code 13326
Contact Person for Program Mary Jane Waters	Email mary.waters@dfa.state.ny.us	
Title Director	Phone (607) 547 - 4355	Ext

<b>STSJP-RTA Program 3 Service Detailed Information</b>		
1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 8,000.00		
2. Please indicate the specific zip codes this program will target. All, County, ,		
3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b> This program will be used to prevent a Respondent from going into placement if the Court determines that removal from home is appropriate.		
4. Does your municipality plan to replicate the program across multiple locations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. What is the projected number of youth who will receive services from this program? 5		

**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?  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) The Otsego County Raise The Age Plan has not been accepted at this time. We only recently submitted our plan.

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: Thinking For A Change		Program 4 Type: Early Intervention	
Program 4 Operating Agency: Otsego County Behavioral Health Services			
Program Mailing Address 242 Main Street			
Address Line 2			
City Oneonta		State NY	Zip Code 13820
Contact Person for Program Susan Matt		Email matts@otsegocounty.com	
Title Director		Phone (607) 432 - 2343	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? \$ 3,000

2. Please indicate the specific zip codes this program will target. All, County,

3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) his program will utilized to help engage RTA youths on diversion on how their decisions led them to the justice system and how to make improvements to avoid the need for court interventions.

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? 6

**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?  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?

**STSJP-RTA Program 5**

Program 5 Name: Thinking For A Change		Program 5 Type: Alternative to Placement	
Program 5 Operating Agency:			

<b>Otsego County Behavioral Health Services</b>		
Program Mailing Address 242 Main Street		
Address Line 2		
City Oneonta	State NY	Zip Code 13820
Contact Person for Program Susan Matt	Email matts@otsegocounty.com	
Title Director	Phone (607) 433 - 4343	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? \$ 3,000
- Please indicate the specific zip codes this program will target. All County,
- How will the program be utilized to serve targeted youth in your municipality? **(100 words or less)** This program will utilized to help engage RTA youths in family court on how their decisions led them to the justice system and how to make improvements to avoid placement and futher court interventions.
- 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? 6

**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
- What is the projected number of youth who will receive services from this program?

**If the STSJ-RTA Program 6 received STSJ-RTA funds in the previous STSJ-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 STSJ-RTA PY:

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

## **PART III – STSJ-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. Most youths will be from the City of Oneonta (Oneonta High School) and the Unatego School District (Unadilla and Otego). These represent the highest population in the county, which accounts for why there are more charges from that area.

#### **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. Otsego County is approximately 92% white. The lack of diversity makes gathering information regarding racial/ethnic disparity difficult. There does not appear to be a disparity. Oneonta has approximately 13,000 residents, which makes up a large portion of the county population (60,000) and is the most diverse area in the county. It is also the largest school system. Unatego is the second largest school system. Yet, even in those districts, there is no evidence of racial or ethnic disparity. There is also no evidence of socio-economic disparity as, outside of Cooperstown, Otsego County is a poorer county with high levels of poverty. If such disparity exists, describe how this STSJ plan addresses the issues of disparity.

### **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) Otsego County has only utilized Non-secure detention twice this STSJ grant year. This county has not placed any youths in secure detention. Two youths were placed in residential settings due to increased behaviors and risks. The 2019/2020 STSJ plan will enable our detention and placement rates to remain low. It is expected that prior to any placements, all services available will be utilized prior to any placements being requested.

### **SECTION 3 COLLABORATION SECTION**

As per STSJ legislation, collaboration is required. Please describe your municipality's activities in developing this year's STSJ plan in collaboration with local agencies responsible for probation, law enforcement, detention, diversion, social services, courts, services providers, schools, and youth development programs. This STSJ annual plan was created through meetings between the Otsego County Probation Department, Otsego County DSS, and the Otsego County Behavioral health Services.

### **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 Otsego County municipality, I certify that the CEO David Bliss has reviewed and approved the 2019 STSJP plan.

Date: 09 / 20 / 2019 User ID: naughtond

Print name: Daniel Naughton

**SECTION 2 APPROVAL OF THE OCFS PROGRAM LEAD**

As OCFS STSJP reviewer. I certify that I approve of this STSJP plan for \_\_\_\_\_ municipality, for 20 \_\_\_\_\_.

Date: 3/20/19 User ID: AW6660

Print name: Jan Hulihan

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       /      /      

Plans should be submitted to: [stsjp@ocfs.ny.gov](mailto: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](tel:518-486-1819)
- [Lynn Tubbs: 518-473-9116](tel:518-473-9116)

<b>MUNICIPALITY INFORMATION</b>	
NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION: Otsego County	
LEAD AGENCY FOR STSJP SUBMISSION: Probation	NAME OF CONTACT PERSON: Daniel Naughton
CONTACT PERSON'S PHONE NUMBER: (607) 547-4217	CONTACT PERSON'S EMAIL ADDRESS: naughtond@otsegocounty.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](mailto:stsjp@ocfs.ny.gov)

## PART I – STSJP PROGRAMS

### SECTION 1

### PLAN AMOUNTS

#### EXPENSES

1. Total program expenses	\$
2. State reimbursement	\$
3. Local share amount	\$

#### Reimbursements for the plan (Enter all amounts that are applicable.)

4. STSJP allocation amount	\$
5. STSJP local approved plan amount	\$
6. Detention approved amount shifted to STSJP	\$
7. PY rollover approved amount	\$
8. Total approved amounts for state reimbursement	\$

### 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 I CAN - Preventive	\$ 1,520	\$ 2,480	\$ 4,000
STSJP Program 2 Behavioral Modification Preventive	\$ 988	\$ 1,612	\$ 2,600
STSJP Program 3 Behavioral Modification EI	\$ 492.17	\$ 802.99	\$ 1,295.16

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	\$	\$	\$
<b>TOTAL</b>			\$

**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: I CANa - Preventive Services		STSJP Program 1 Type: <b>Prevention</b>	
STSJP Program 1 Operating Agency: I CAN			
Program Mailing Address 310 Main Street			
Address Line 2			
City Utica		State NY	Zip Code 13501
Contact Person for Program Steven Bulger		Email sbulger@kidsoneida.org	
Title Executive Director		Phone (315) 731 - 2603	Ext

**STSJP Program 1 Service Detailed Information**

- The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 4,000
  - Please indicate the specific zip codes this program will target. All, County,
  - How will the program be utilized to serve targeted youth in your municipality? **(100 words or less)** ids Oneida will provide outpatient diagnostic assessments to youth that are at risk of being referred to PINS diversion or who appear to be showing potential criminogenic behaviors. Kids Oneida SPIN Serviceas will also be utilized. This program will be utilized to prevent the need for PINS or JD interventions. This is a new program.
  - 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? 5
- If the STSJP Program 1 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)**

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 2**

STSJP Program 2 Name: Behavior Modification - Preventive		STSJP Program 2 Type: Prevention	
STSJP Program 2 Operating Agency: Otsego County DSS			
Program Mailing Address 197 Main Street			
Address Line 2			
City Cooperstown		State NY	Zip Code 13326
Contact Person for Program Mary Jane Waters		Email mary.waters@dfa.state.ny.us	
Title Director		Phone (607) 547 - 4355	Ext

**STSJP Program 2 Service Detailed Information**

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 2,600
2. Please indicate the specific zip codes this program will target. All, County,
3. How will the program be utilized to serve targeted youth in your municipality? **(100 words or less)** This is a new program for the 2019-2020 grant year. DSS will utilize this money to work with youths at risk of being referred to PINS diversion or who are showing criminogenic behaviors. DSS will use incentives (ie. gift cards, iTune cards, YMCA memberships, sports equipment) for youths showing improving behaviors. For families that struggle to get the youth to the necessary meetings that will aid in reduction of the behaviors, DSS can supply gas cards or bus passes.
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? 10
- 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)**
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 3**

STSJP Program 3 Name: Behavioral Modifications - EI		STSJP Program 3 Type: Early Intervention	
STSJP Program 3 Operating Agency: Otsego County Probation			
Program Mailing Address 197 Main Street			
Address Line 2			
City		State	Zip Code

Cooperstown	NY	13326
Contact Person for Program Daniel Naughton	Email naughtond@otsegocounty.com	
Title Director	Phone (607) 547 - 4217	Ext

**STSJP Program 3 Service Detailed Information**

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 1,295.16

2. Please indicate the specific zip codes this program will target. All, County,

3. How will the program be utilized to serve targeted youth in your municipality? **(100 words or less)** This program will be used to provide incentives (ie: gift cards, Itunes cards, YMCA memberships, ect) to juveniles that show a continued improvement in the behaviors that brought them to the PINS/JD system, which will prevent further contact with the juvenile justice system. It will also provide for gas cards and bus passes to families that struggle to make necessary appointments due to financial hardships.

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? 10

**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)** Unfortunately, this funding stream was not utilized in 2018-2019 grant year. Having said that, only four PINS diversion cases were sent to court due to the Respondent's continued behaviors.

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 0

10. Total number of youth served by this program during the previous STSJP PY: 0

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:	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?  Yes  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?  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 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?  Yes  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?  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)
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		



**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**

- 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 8 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?

**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**

- 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 9 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 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?  Yes  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?  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 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
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**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?  Yes  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?  Yes  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?  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?

**PART II – STSJP-RTA PROGRAMS**

**SECTION 1 STSJP RTA PLAN AMOUNTS**

**Expenses**

1. RTA-approved plan amount	\$
2. Total program expenses	\$

**SECTION 2 LIST OF STSJP-RTA PROGRAMS TO BE FUNDED**

<b>Program Name</b>	<b>Total Program Expenses</b>
STSJP-RTA Program 1	\$
STSJP-RTA Program 2	\$
STSJP-RTA Program 3	\$
STSJP-RTA Program 4	\$
STSJP-RTA Program 5	\$
STSJP-RTA Program 6	\$
<b>TOTAL</b>	\$

**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:		Program 1 Type: <b>Early Intervention</b>	
Program 1 Operating Agency:			
Program Mailing Address			
Address Line 2			
City	State	Zip Code	
Contact Person for Program		Email	
Title	Phone ( ) -	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? \$
- 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 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)
- 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 2**

Program 2 Name:		Program 2 Type: <b>Early Intervention</b>	
Program 2 Operating Agency:			
Program Mailing Address			
Address Line 2			
City	State	Zip Code	
Contact Person for Program		Email	
Title	Phone ( ) -	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? \$
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?
<b>If the STSJP-RTA Program 2 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.</b>
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 3**

Program 3 Name:		Program 3 Type: <b>Early Intervention</b>	
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?
<b>If the STSJP-RTA Program 3 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.</b>
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:
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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**

- 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 4 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 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.**

- 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?

**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?  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.

**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.

If such disparity exists, describe how this STSJP plan addresses the issues of disparity.

**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)**

**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.

**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 \_\_\_\_\_ municipality, I certify that the CEO \_\_\_\_\_ has reviewed and approved the 20 \_\_\_\_\_ STSJP plan.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ User ID: \_\_\_\_\_

Print name: \_\_\_\_\_

**SECTION 2 APPROVAL OF THE OCFS PROGRAM LEAD**

As OCFS STSJP reviewer, I certify that I approve of this STSJP plan for \_\_\_\_\_ municipality, for 20 \_\_\_\_\_.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ User ID: \_\_\_\_\_

Print name: \_\_\_\_\_