



Office of Children
and Family Services

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Commissioner

July 31, 2019

Dear Chief Executive Officer,

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

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

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

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

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

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

Sincerely,

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

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**SUPERVISION AND TREATMENT SERVICES FOR JUVENILE PROGRAM (STSJP)
ANNUAL PLAN**

FOR PROGRAM YEAR OCTOBER 1, 2018 - SEPTEMBER 30, 2019

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

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

Please be sure that the title "Supervision and Treatment Services for Juveniles Plan - 2018 - 2019 Annual plan" and your municipality's name are in the subject field to facilitate the timely review of your STSJP Plan.

Note: Program Year (PY) refers to the performance period for STSJP funded programs.

Please direct any STSJP plan questions to:

John E. Johnson; Ph. 518-486-4665

MUNICIPALITY INFORMATION			
NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION: Tompkins			
LEAD AGENCY FOR STSJP SUBMISSION: Social Services		NAME OF CONTACT PERSON: Todd Husick	
CONTACT PERSON'S PHONE NUMBER: 607-274-5297		CONTACT PERSON'S EMAIL ADDRESS: todd.husick@dfa.state.ny.us	

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

SECTION ONE - List of programs to be funded			
In this section, list the exact name of each program and Indirect Service that will be funded with STSJP funds, along with the projected amount of Program Expense, State Share and County Share to be used for each. (Program List and Detail Sheet must match)			
Program Name	Total Program Expense (100 percent)	State Share (62 percent)	County Share (38 percent)
STSJP Program 1 Probation Electronic Monitoring	\$ 10,000	\$ 6,200	\$ 3,800
STSJP Program 2 Probation Engagement Supports	\$ 2,800	\$ 1,736	\$ 1,064
STSJP Program 3 Probation Supervision	\$ 59,026	\$ 36,596.12	\$ 22,429.88
STSJP Program 4 Youth Advocacy Program	\$ 211,269	\$ 130,986.78	\$ 80,282.22
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	\$ 283,095	\$ 175,518.90	\$ 107,576.10
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Probation Electronic Monitoring	\$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Probation Supervision	\$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Youth Advocacy Program	\$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
TOTAL	\$0	\$0	\$0

SECTION TWO – Overall analysis of communities

Discuss and identify the neighborhoods or communities by zip codes or areas from which the highest number of youth offenders (YO), adolescent offenders (AO), and persons in need of supervision (PINS) enter the juvenile justice system and the factors that may be contributing to this.

(500 words or less) Approximately 45% of detention placements are from the Town of Ithaca. The remainder are from outlying areas of Dryden, Groton, Newfield, Lansing, and McLean.

SECTION THREE – Overall analysis of disparity

Please provide information indicating whether the use of detention or residential placement in your service area exhibits disparate outcomes for one racial/ethnic group as compared to outcomes for another racial/ethnic group. (Please consult with the Detention and Placement data provided by OCFS and the County Profile data provided by DCJS as part of your STSJP plan support documentation).

(250 words or less) OCFS Detention data for 2017 shpws a total of 25 youth were placed in detention, with 40% having a reported race other than white. This percentage is lower than the previous year (57%). Local data for 2018 shows that todate only 15% of youth placed in detention reported race other than white.

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

(250 words or less) Service Engagement Supports: It is anticipated that providing for transportation and communication needs, providing skill-building with problem solving training and practice, and offering incentives will help to offset some of the disadvantages of having low income by which minority youths are often disproportionately impacted. EM: is used as an alternative to placement. Supervision: provides for additional monitoring of and

support for youth, thereby avoiding placements. YAP functions similarly, but affords more opportunities to match the race and/or ethnicity of client and the the service provider's employee.

SECTION FOUR – Performance outcomes

For current program year, provide the projected performance outcomes for all of your proposed services and programs, being sure to include: An estimate of the anticipated reductions in detention utilization and residential placements.

(250 word or less)

- 80% of youth receiving EM will avoid placement in detention
- 75% of youth receiving Service Engagement Supports will avoid placement in detention
- 75% of youth receiving Supervision will avoid placement
- 75% of youth receiving YAP services will avoid placement

SECTION FIVE – Collaboration

As per STSJP legislation, collaboration is required please describe your municipality's activities in developing this year's STSJP plan in collaboration with local agencies responsible for probation, law enforcement, detention, diversion, and social services, as well as, with courts, service provider, schools, and youth development programs.

(250 words or less) We have allocated STSJP funding for services from Probation and YAP for several years. Current funding levels were arrived at collaboratively, in consideration of actual recent service need.

Other partners working collaboratively with these youth include: mental health agencies (Family and Children's Services, Tompkins County Department of Mental Health), Substance Abuse Treatment Providers (Cayuga Addiction Recovery, Alcohol & Drug Council), Ithaca Youth Bureau, YMCA, WIC, and local employers.

**SECTION SIX – Cooperative applications submitted jointly by two or more counties
(Complete this section only if this is a joint application)**

Two or more eligible local jurisdictions (counties) may join together to establish, operate, and maintain supervision and treatment services for juveniles' programs and may make and perform agreements in connection therewith. Counties submitting such applications must provide the following information:

Describe the provisions for the proportionate cost to be borne by each county:

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

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

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

SECTION SEVEN– Plan amounts

Expenses		
1. Total Program expenses		\$ 283,095
2. State reimbursement (Program expenses*.62)		\$ 175,518.90
3. State share amount (Program expenses*.38)		\$ 107,576.10
Add in Reimbursements for the plan (fill out all that are applicable)		
4. STSJP allocation	\$ 40,843	
5. STSJP approved		\$ 40,843
6. JDAI allocation	\$	
7. JDAI approved		\$
8. Detention approved amount shifted to STSJP		\$ 134,675.90
9. PY rollover approved		\$
10. Total approved amounts for state reimbursement		\$ 175,518.90
11. Total amount of approved STSJP-RTA 100% state reimbursement		\$

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

Program one name:	Probation Electronic Monitoring	Type of program:	ATD
Program operating agency:	Tompkins County Probation Department		
Program mailing address 320 West Martin Luther King, Jr Street			
Address line 2			
City Ithaca		State NY	Zip code 14850
Contact person for program Jan Gorovitz			
Title Senior Probation Officer		Phone number (607) 274-5393	Ext.
Email jgorovitz@tomkins-co.org			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 6200			
1. Please indicate the specific zip codes this program will target? Zip Codes 14850, 14851, 14886, 14882, 14867, 13053, 13073, 13068			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) EM will prevent and/or reduce detention because in some cases it will be as an alternative to detention.			
3. Does your municipality plan to replicate program across multiple locations? <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no			
4. What is the projected number of youth who will receive service from this program? (4-character number) 15			
If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.			
5. Did projected performance outcome meet expected outcomes? <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less) YES: 14 out of 16 (87%) youth who were released from the program during the contract period avoided placement in detention.			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) NONE			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 47			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 23			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0			
Program two name:	Probation Engagement Supports	Type of program:	ATP
Program operating agency:	Tompkins County Probation		
Program mailing address 320 West Martin Luther King Street			
Address line 2			
City Ithaca		State NY	Zip code 14850
Contact person for program Jan Gorovitz			
Title Sr. Probation Officer		Phone number (607) 274-5393	Ext.
Email jgorovitz@tomkins-co.org			

Program service detailed information	
The amount of STSJP funds that your jurisdiction will devote to the services from this program?	\$ 1736
1. Please indicate the specific zip codes this program will target?	Zip Codes 14850, 14851, 14886, 14882, 14867, 13053, 13073, 13068
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) these funds enable POs to utilize cellphones for contacts with parents of youth on supervisions. This enables them to remind parents of upcoming appointments and arrange transportation etc. Hence, this improves attendance to appointments and reduces risk of their engaging in behaviors that would lead to placement.	
3. Does your municipality plan to replicate program across multiple locations? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no)	
4. What is the projected number of youth who will receive service from this program? (4-character number) 15	
If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.	
5. Did projected performance outcome meet expected outcomes? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.	
6. What projected outcomes were met and how were they met? (100 word or less) YES, support funds helped to improve communication with parents of youth under supervision	
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) NONE	
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 48	
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 18	
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0	

Program three name:	Probation Supervision	Type of program:	ATP
Program operating agency:	Tompkins County Probation		
Program mailing address 320 West Martin Luther King Street			
Address line 2			
City Ithaca	State NY	Zip code 14850	
Contact person for program Jan Gorovitz			
Title Sr. Probation Officer	Phone number (607) 274-5393	Ext.	
Email jgorovitz@tompkins-co.org			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program?	\$ 36,596		
1. Please indicate the specific zip codes this program will target?	Zip Codes 14850, 14851, 14886, 14882, 14867, 13053, 13073, 13068		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Probation Supervision reduces placement by increasing the level of monitoring and support they receive, thereby enabling them to address issues that enable them to deter placement.			
3. Does your municipality plan to replicate program across multiple locations? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 50			
If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less) YES: 32 of 40 (80%) of the youth under probation supervision released from the program during the contract period avoided placement.			

7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) NONE
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 290
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 75
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0

Program four name:	YAP Wrap-Around Case Management	Type of program:	ATP
Program operating agency:	Youth Advocacy Program		
Program mailing address 102 Cherry Street			
Address line 2			
City Ithaca		State NY	Zip code 14850
Contact person for program Jerame Hawkins			
Title Director		Phone number (607) 277-5254	Ext.
Email jhawkins@yapinc.org			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 130,987			
1. Please indicate the specific zip codes this program will target? Zip Codes 14850, 14851, 14886, 14882, 14867, 13053, 13073, 13068			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) YAP works with the highest risk youth in the community, including JDs and JOs. YAP provides intensive case management and mentoring work with youth. YAP has been highly effective in preventing placement.			
3. Does your municipality plan to replicate program across multiple locations? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 15			
If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less) YES: 13 of 15 (87%) of the youth under probation supervision released from the program during the contract period avoided new placement.			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) NONE			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 158			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 30			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0			

Program five name:		Type of program:	
Program operating agency:			
Program mailing address			
Address line 2			
City		State	Zip code

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

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

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

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

8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

Program nine name:	Type of program:	
Program operating agency:		
Program mailing address		
Address line 2		
City	State	Zip code
Contact person for program		
Title	Phone number ()	Ext.
Email		

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

Program ten name:	Type of program:	
Program operating agency:		
Program mailing address		
Address line 2		
City	State	Zip code
Contact person for program		
Title	Phone number ()	Ext.
Email		

Program service detailed information		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$		
1. Please indicate the specific zip codes this program will target? Zip Codes		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)		
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input type="checkbox"/> no)		

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

If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.

5. Did projected performance outcome meet expected outcomes? (yes or no) If yes, answer # 6, If no, skip to #7.

6. What projected outcomes were met and how were they met? (100 word or less)

7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)

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

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

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

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

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

STSJP/RTA	Probation Electronic Monitoring	Type of program:	STSJP-RTA
Program name:			
Program operating agency:	Tompkins County Probation Department		
Program mailing address			
320 West Martin Luther King, Jr Street			
Address line 2			
City Ithaca		State NY	Zip code 14850
Contact person for program Jan Gorovitz			
Title Sr. Probation Officer		Phone number (607) 274-5393	Ext.
Email jgorovitz@tompkins-co.org			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 0			
1. Please indicate the specific zip codes this program will target? Zip Codes 14850, 14851, 14886, 14882, 14867, 13053, 13073, 13068			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) EM will prevent and/or reduce detention because in some cases it will be as an alternative to detention.			
3. Does your municipality plan to replicate program across multiple locations? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 6			
If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less)			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)			

STSJP/RTA Program name:	Probation Supervision	Type of program:	New Program STSJP-RTA
Program operating agency:	Tompkins County Probation		
Program mailing address 320 West Martin Luther King, Jr Street			
Address line 2			
City Ithaca		State NY	Zip code 14850
Contact person for program Jan Garovitz			
Title Sr. Probation Officer		Phone number (607) 274-5393	Ext.
Email jgorovitz@tomkins-co.org			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$0			
1. Please indicate the specific zip codes this program will target? Zip Codes 14850, 14851, 14886, 14882, 14867, 13053, 13073, 13068			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Probation Supervision reduces placement by increasing the level of monitoring and support they receive, thereby enabling them to address issues that enable them to deter placement.			
3. Does your municipality plan to replicate program across multiple locations? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 6			
If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less) .			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)			

STSJP/RTA Program name:	YAP Wrap-Around Case Management	Type of program:	STSJP-RTA
Program operating agency:	Youth Advocacy Program		
Program mailing address 102 Cherry Street			
Address line 2			
City Ithaca		State NY	Zip code 14850
Contact person for program Jerame Hawkins			
Title Director		Phone number (607) 277	Ext. 5254
Email hawkins@yapinc.org			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$0			
1. Please indicate the specific zip codes this program will target? Zip Codes 14850, 14851, 14886, 14882, 14867, 13053, 13073, 13068			

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) YAP works with the highest risk youth in the community, including JDs, JOs, and youth who are in residential. YAP provides intensive case management and mentoring work with youth. YAP has been highly effective in preventing placement.

3. Does your municipality plan to replicate program across multiple locations? (yes or no)

4. What is the projected number of youth who will receive service from this program? (4-character number) 6

If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.

5. Did projected performance outcome meet expected outcomes? (yes or no) If yes, answer # 6, If no, skip to #7.

6. What projected outcomes were met and how were they met? (100 word or less)

7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)

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

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

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

SECTION EIGHT – Plan Approval

Approval of the Chief Executive Officer

As STSJP Lead for Tompkins municipality, I certify that the CEO
 Jason Molino has reviewed and approved the 2018 - 2019 STSJP plan.
 Date: 10 / 12 / 2018 STSJP Lead User ID 50a843

STSJP Lead printed name: Todd Husick

Approval of the OCFS STSJP Program Lead

As OCFS STSJP reviewer. I certify that I approve of this STSJP plan for Tompkins
 municipality, for 2018 - 2019

Date: 7/31/19 User ID: J10911 Printed name Lynn Tubbs