



**Office of Children  
and Family Services**

**ANDREW M. CUOMO**  
Governor

**SHEILA J. POOLE**  
Commissioner

December 30, 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) 2019-20. Your plan has been reviewed by the Office of Children and Family Services (OCFS), and we are pleased to inform you that your STSJP plan has been **approved**.

**Please note that this approval does not extend to the amount listed for the STSJP RTA programming unless your county has received a NYS Division of Budget approval letter. OCFS will send out a revised STSJP approval letter reflecting the STSJP RTA programming amount approved by NYS DOB as applicable.**

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 non-Raise The Age detention services expenditures up to the capped allocation amount. If your municipality shifts a portion of its detention allocation into its STSJP plan, your municipality will receive 62% State reimbursement if such shifted funds are spent on STSJP eligible expenditures. A municipality may make a detention allocation shift at the time of the STSJP plan submission or up until 6/30/20, unless otherwise approved by the Office of Children and Family Services. If Tompkins 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 the amount that will be shifted and the type of programming or services the re-purposed detention funds will be used for under STSJP. An amended STSJP plan will also need to be submitted.

As a reminder, to access RTA reimbursement for which a municipality may be eligible, the expenditures must be specifically included in a locality's Division of Budget approved comprehensive RTA plan.

All STSJP claims must be submitted electronically via the Juvenile Detention Automated System (JDAS) for the service period of October 1, 2019 to September 30, 2020. Questions on all aspects of the claiming process should be directed to Daniel Hulihan at (518) 473-4511 or at [Daniel.Hulihan@ocfs.ny.gov](mailto:Daniel.Hulihan@ocfs.ny.gov).

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

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

Sincerely,



Nina Aledort, PhD  
Deputy Commissioner

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

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

**STSJP plans are due to the Office of Children and Family Services (OCFS) by 09/10/2019**

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: Tompkins	
LEAD AGENCY FOR STSJP SUBMISSION: Department of Social Services	NAME OF CONTACT PERSON: Todd Husick
CONTACT PERSON'S PHONE NUMBER:	CONTACT PERSON'S EMAIL ADDRESS: todd.husick@dfa.state.ny.us

### 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

<b>SECTION 1</b>		<b>PLAN AMOUNTS</b>	
<b>EXPENSES</b>			
1. Total program expenses			\$ 100,900
2. State reimbursement			\$ 62,558
3. Local share amount			\$ 38,342
<b>Reimbursements for the plan (Enter all amounts that are applicable.)</b>			
4. STSJP allocation amount		\$ 40,843	
5. STSJP local approved plan amount			\$ 40,843
6. Detention approved amount shifted to STSJP			\$ 11,715
7. PY rollover approved amount			\$ 10,000
8. Total approved amounts for state reimbursement			\$ 62,558

<b>SECTION 2</b>		<b>LIST OF STSJP PROGRAMS TO BE FUNDED</b>		
Program Name	Local Share (38 percent)	State Share (62 percent)	Total Program Expenses (100 percent)	
STSJP Program 1 Probation Electronic Monitoring (JD/JO)	\$ 1254	\$ 2046	\$ 3300	

STSJP Program 2 Probation Engagement Support	\$ 1862	\$ 3038	\$ 4900
STSJP Program 3 Probation Supervision	\$ 32680	\$ 53320	\$ 86,000
STSJP Program 4 Probation Electronic Monitoring (PINS)	\$ 2546	\$ 4154	\$ 6700
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>			\$ 100,900

**STSJP PROGRAMMING DETAILS**

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

**STSJP Program 1**

STSJP Program 1 Name: Probation Electronic Monitoring		STSJP Program 1 Type: JO/JD-Alternative to Detention	
STSJP Program 1 Operating Agency: Tompkins County Probation Department			
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		Email jgorovitz@tompkins-co.org	
Title Senior Probation Officer		Phone (607) 274 - 5393	Ext

**STSJP Program 1 Service Detailed Information**

- The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 3300
- Please indicate the specific zip codes this program will target. 14850, 14851, 14886, 14882, 14867, 13053, 13073, 13068,
- 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.
- 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 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) Four youth who were adjudicated a juvenile delinquent and were placed on EM. All 4 youth (100%) avoided 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) NONE

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: 4

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

**STSJP Program 2**

STSJP Program 2 Name: Probation Engagement Supports		STSJP Program 2 Type: Alternative to Placement	
STSJP Program 2 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	Email jgorovitz@tompkins-co.org		
Title Senior Probation Officer	Phone (607) 274 - 5393	Ext	

**STSJP Program 2 Service Detailed Information**

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 4900

2. Please indicate the specific zip codes this program will target. 14850, 14851, 14886, 14882, 14867, 13053, 13073, 13068,

3. 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.

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? 60

**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) YES, support funds helped to improve communication with parents of youth under supervision

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) NONE

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

10. Total number of youth served by this program during the previous STSJP PY: 59

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

<b>STSJP Program 3</b>		
STSJP Program 3 Name: Probation Supervision		STSJP Program 3 Type: <b>Alternative to Placement</b>
STSJP Program 3 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	Email jgorovitz@tompkins-co.org	
Title Senior Probation Officer	Phone (607) 274 - 5393	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? \$ 86,000		
2. Please indicate the specific zip codes this program will target. 14850, 14851, 14886, 14882, 14867, 13053, 13073, 13068,		
3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b> 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.		
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? 60		
<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 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> .		
7. What projected outcomes were met and how were they met? <b>(100 words or less)</b> A total of 31 youth have since been discharged from supervision, 29 of these 31 avoided further placement (93.5%) and only 2 of the cases (6.5%) resulted in new placement at case closure. All youth served are post-adjudicated.		
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> NONE		
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 365		
10. Total number of youth served by this program during the previous STSJP PY: 59		
11. What amount of rollover funds from the previous STSJP PY will be spent on this program? \$10,000		

<b>STSJP Program 4</b>		
STSJP Program 4 Name: Probation Electronic Monitoring PINS		STSJP Program 4 Type: <b>Alternative to Placement</b>
STSJP Program 4 Operating Agency: Tompkins County Probation		
Program Mailing Address		
Address Line 2		
City	State NY	Zip Code 14850
Contact Person for Program Jan Gorovitz	Email jgorovitz@tompkins-co.org	
Title	Phone	Ext

Senior Probation Officer	(607) 274 - 5393
<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? \$ 6700	
2. Please indicate the specific zip codes this program will target. 14850, 14851, 14886, 14882, 14867, 13053, 13073, 13068,	
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) EM has previously been successfully used with PINS youth to prevent detention placements. We will nor use EM as an Alternative to 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? 15	
<b>If the STSJP Program 4 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 EM numbers for youth adjudicated as a PINS, we had 13 youth released from the program who were placed on EM, 12 of these youth (92%) avoided detention., 1 youth (8%) was remanded to 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) NONE	
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 60	
10. Total number of youth served by this program during the previous STSJP PY: 13	
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:	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

<b>STSJP Program 5 Service Detailed Information</b>	
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$	
2. Please indicate the specific zip codes this program will target.	
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)	
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program?	
<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 type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8. If Yes, answer #7. If No, skip to #8.	
7. What projected outcomes were met and how were they met? (100 words or less)	

- 8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? **(100 words or less)**
- 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
- 10. Total number of youth served by this program during the previous STSJP PY:
- 11. What amount of rollover funds from the previous STSJP PY will be spent on this program?

**STSJP Program 6**

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

**STSJP Program 6 Service Detailed Information**

- 1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$
- 2. Please indicate the specific zip codes this program will target.
- 3. How will the program be utilized to serve targeted youth in your municipality? **(100 words or less)**
- 4. Does your municipality plan to replicate the program across multiple locations?  Yes  No
- 5. What is the projected number of youth who will receive services from this program?
- If the STSJP Program 6 received STSJP funds in the previous STSJP PY, answer the questions below.**
- 6. Did projected performance outcomes meet expected outcomes?  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 7**

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

**STSJP Program 7 Service Detailed Information**

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$
2. Please indicate the specific zip codes this program will target.
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. What is the projected number of youth who will receive services from this program?
<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 type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.
7. What projected outcomes were met and how were they met? (100 words or less)
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
10. Total number of youth served by this program during the previous STSJP PY:
11. What amount of rollover funds from the previous STSJP PY will be spent on this program?

**STSJP Program 8**

STSJP Program 8 Name:		STSJP Program 8 Type:	
STSJP Program 8 Operating Agency:			
Program Mailing Address			
Address Line 2			
City	State	Zip Code	
Contact Person for Program	Email		
Title	Phone ( ) -	Ext	

**STSJP Program 8 Service Detailed Information**

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$
2. Please indicate the specific zip codes this program will target.
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. What is the projected number of youth who will receive services from this program?
<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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.
7. What projected outcomes were met and how were they met? (100 words or less)
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
10. Total number of youth served by this program during the previous STSJP PY:
11. What amount of rollover funds from the previous STSJP PY will be spent on this program?

**STSJP Program 9**

STSJP Program 9 Name:	STSJP Program 9 Type:
STSJP Program 9 Operating Agency:	

Program Mailing Address		
Address Line 2		
City	State	Zip Code
Contact Person for Program	Email	
Title	Phone ( ) -	Ext
<b>STSJP Program 9 Service Detailed Information</b>		
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$		
2. Please indicate the specific zip codes this program will target.		
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)		
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. What is the projected number of youth who will receive services from this program?		
<b>If the STSJP Program 9 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?		

<b>STSJP Program 10</b>		
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
<b>STSJP Program 10 Service Detailed Information</b>		
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$		
2. Please indicate the specific zip codes this program will target.		
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)		
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. What is the projected number of youth who will receive services from this program?		
<b>If the STSJP Program 10 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?

**STSJP Program 11**

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

**STSJP Program 11 Service Detailed Information**

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$
  2. Please indicate the specific zip codes this program will target.
  3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
  4. Does your municipality plan to replicate the program across multiple locations?  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

<b>STSJP Program 12</b>	<b>Service Detailed Information</b>
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$	
2. Please indicate the specific zip codes this program will target.	
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)	
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program?	
<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?	

<b>PART II – STSJP-RTA PROGRAMS</b>	
<b>SECTION 1</b>	<b>STSJP RTA PLAN AMOUNTS</b>
<b>Expenses</b>	
1. RTA-approved plan amount	\$
2. Total program expenses	\$
<b>SECTION 2</b>	<b>LIST OF STSJP-RTA PROGRAMS TO BE FUNDED</b>
Program Name	Total Program Expenses
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>	<b>\$</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:	
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**

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? 6
<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.
7. What projected outcomes were met and how were they met? (100 word or less)
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
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:		Program 2 Type:	
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:	
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 checked="" 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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<b>Program 4 Operating Agency:</b>		
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**

<b>Program 5 Name:</b>	<b>Program 5 Type:</b>	
<b>Program 5 Operating Agency:</b>		
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 STSJ-P-RTA Program 5 received STSJ-P-RTA funds in the previous STSJ-P-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-P-RTA PY:

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

**STSJ-P-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

**STSJ-P-RTA Program 6 Service Detailed Information**

1. The amount of STSJ-P-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 STSJ-P-RTA Program 6 received STSJ-P-RTA funds in the previous STSJ-P-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-P-RTA PY:

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

**PART III – STSJ-P-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. The largest numbers of youth are

from the City and Town of Ithaca. The remainder are from outlying rural areas of Dryden, Groton, Newfield, Lansing, and McLean This is largely due to distribution of overall population in the county..

**B. Overall Analysis of Disparity**

Please provide information indicating whether there is evidence of racial/ethnic disparity in your local system's use of detention or residential placement. TOMPKINS COUNTY has continued to make improvements in racial/ethnic disparities within our local system. OCFS Detention data for 2018 shows a total of 17 youth were placed in detention, with 36% having a reported race other than white. This percentage is significantly lower than five years ago (85%) and slightly lower than last year (40%).

If such disparity exists, describe how this STSJP plan addresses the issues of disparity. 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 detention. Supervision: provides for additional monitoring of and support for youth, thereby avoiding placements. Also this fall, Tompkins County will be sending a team of persons to a special training at Georgetown University for addressing racial disparity in the juvenile and adult justice systems. Information gained there will be implemented to further racial disparities.

**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)

- 80% of JD/JO youth receiving EM will avoid placement in detention
- 75% of youth receiving Service Engagement Supports will avoid placement
- 75% of youth receiving Supervision will avoid placement
- 75% of PINS youth receiving EMservices will avoid placement

**SECTION 3 COLLABORATION SECTION**

As per STSJP legislation, collaboration is required. Please describe your municipality's activities in developing this year's STSJP plan in collaboration with local agencies responsible for probation, law enforcement, detention, diversion, social services, courts, services providers, schools, and youth development programs. We have allocated STSJP funding for services from Probation 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 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 Tompkins County municipality, I certify that the CEO Jason Molino has reviewed and approved the 2019 STSJP plan.

Date: 09 / 09 / 2019 User ID: 50a843

Print name:

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

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

Date: 10 / 29 / 2019 User ID: KK4352

Print name: John Johnson