



**Office of Children
and Family Services**

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Acting Commissioner

May 21, 2019

Dear Chief Executive Officer,

Thank you for submitting Westchester 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 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.

Westchester 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 Westchester 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 John Johnson at (518) 486-4665/John.Johnson@ocfs.ny.gov or Nadine Kayajian at (518) 474-6603/Nadine.Kayajian@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: WESTCHESTER	
LEAD AGENCY FOR STSJP SUBMISSION: WESTCHESTER DEPARTMENT OF PROBATION	NAME OF CONTACT PERSON: Rocco A. Pozzi
CONTACT PERSON'S PHONE NUMBER: 914-995-3502	CONTACT PERSON'S EMAIL ADDRESS: RAP4@westchestergov.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 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;

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

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 Juvenile Extended Operations	\$ 140,000	\$ 86,800	\$ 53,200
STSJP Program 2 Linkages	\$ 191,339	\$ 118,630.18	\$ 72,708.82
STSJP Program 3 Juvenile Delinquency Adjustment Supervision Probation Officers	\$ 368,563	\$ 228,509.06	\$ 140,053.94
STSJP Program 4 Westchester Alternative to Detention	\$ 140,000	\$ 86,800	\$ 53,200
STSJP Program 5	\$ 80,000	\$ 49,600	\$ 30,400

Westchester Probation Clinical Assessments			
STSJP Program 6 Juvenile Trainings	\$ 25,000	\$ 15,500	\$ 9,500
STSJP Program 7 APDS Technology Solution Suite	\$ 25,000	\$ 15,500	\$ 9,500
STSJP Program 8	\$	\$	\$
STSJP Program 9	\$	\$	\$
STSJP Program 10	\$	\$	\$
STSJP Program 11	\$	\$	\$
STSJP Program 12	\$	\$	\$
TOTAL	\$ 969,902	\$ 601,339.24	\$ 368,562.76
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Interpersonal Violence program	\$ 120,900		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Braveheart Peer Support/Credible Messenger	\$ 55,031		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Westchester Mediation	\$ 20,000		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Total of 6 additional RTA programs in 2 separate attachments- programs 1 and programs 2	\$ 445,340		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
TOTAL	\$ 641,271	\$ 641,271	\$ 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) Westchester County is a very racially, ethnically, economically, and geographically diverse county in the state of New York. Cities, towns and villages within Westchester range from urban areas that border on the Bronx of New York City to rural areas with farms. According to projections from the American Census, the population for Westchester County is 955,962, of which 134,072 or 14% are between the ages of 10-19.

In Westchester, there are 42 local police departments and 48 public school districts. This adds to the stress of coordination of services and implementation of supervision for troubled youth.

The JD/PINS youth who are remanded to detention are from all over Westchester County. However, a majority of them are from the southern urban and sub-urban half of Westchester including but not limited to White Plains, New Rochelle, Mount Vernon, and Yonkers. Some of these communities suffer from truancy, high dropout rates, community disorganization, extensive crime, gangs (particularly in and around schools), and other social ills.

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) As a county, Westchester is predominantly White; however, the JD and PINS youth are predominantly from cities that are more than half minority. According to the NYS DCJS Disproportionality study done on Westchester Probation, Probation does not have the ability to affect DMR until the child gets into our system. Westchester County Department of Probation has built effective firewalls at every step to keep children from entering the juvenile justice system.

These funds are to prevent minority juveniles from penetrating further into the juvenile justice system. The more juveniles we prevent from penetrating the system, the more we have reduced minorities from entering the system. Westchester Probation has significantly conducted the following:

- reduced the number of youth from diversion,
- reduced youth from entering the JD/PINS system,
- reduced the number of youth who go to court,
- reduced the number of youth who have been remanded to detention, and
- reduced the number of youth who have been placed outside the community..

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

(250 words or less) N/A

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) In reference to detention care days, please see Attachment 1. In reference to placements, please see Attachment 2.

Since 2008, Probation has reduced detention care days over the years as well as reduced placements over the same period. Westchester Probation hopes to maintain the low numbers of youth in detention and the low number of children that we placed outside of the community as result of court dispositions.

Over the past six years, our department averages in 11% residential placement rate for juveniles supervised by Westchester Probation. Or, more importantly, 88% juveniles remained in the community while maintaining public safety.

According to the OCFS Westchester data provided, total detention admissions declined across all categories from 2012 to 2016 (with one exception: there was an increase under racial breakdown "other" from 3 to 6). Continuous admission stays declined 40%. Furthermore, secure detention has been an integral part of the juvenile justice continuum in Westchester County that has reduced placements by over 40%. Detention is and has been used appropriately as evidenced by the 82% rate of Westchester juveniles returned to the community.

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) Program 1: This program consists solely of Probation Officers.

Program 2: Probation contracts with WJCS to conduct DAS for our JD & PINS populations.

Program 3: Three Probation Officers represent the match to the overall STSJP program.

Program 4: Probation contracts with our non-secure detention provider, Children's Village.

Program 5: Westchester Probation contracts with our detention provider, Children's Village, to conduct court ordered clinical assessments on juveniles.

Program 6: All staff working with juveniles will be afforded the opportunity to attend trainings, conferences, etc related to juvenile justice and/or juveniles needs. Staff includes Probation, staff from detention facilities and staff from juvenile social service agencies that we partner with.

Program 7: Probation contracts with Children's Village to provide detention services. They provide tablets for juveniles to use as part of the educational and recreational programming.

Westchester Probation is the lead agency for the Mid-Hudson Regional Youth Justice Team and Commissioner Pozzi is the chair of the Westchester Criminal Justice Advisory Board.

These two groups do not include the staffings at non-secure detention with DSS and DCMH.

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

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

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

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

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

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

SECTION SEVEN– Plan amounts

Expenses

1. Total Program expenses		\$ 969,902
2. State reimbursement (Program expenses*.62)		\$ 601,339.24
3. State share amount (Program expenses*.38)		\$ 368,562.76
Add in Reimbursements for the plan (fill out all that are applicable)		
4. STSJP allocation	\$ 227,039	
5. STSJP approved		\$ 227,039
6. JDAI allocation	\$	
7. JDAI approved		\$
8. Detention approved amount shifted to STSJP		\$ 304,714.24
9. PY rollover approved		\$ 69,586
10. Total approved amounts for state reimbursement		\$ 601,339.24
11. Total amount of approved STSJP-RTA 100% state reimbursement		\$ 641,271

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 JUVENILE EXTENDED OPERATIONS	Type of program:	ATP
Program operating agency:	Westchester Probation		
Program mailing address 111 Dr. Martin Luther King Jr. Blvd.			
Address line 2			
City White Plains		State NY	Zip code 10601
Contact person for program Mary Frascello			
Title Assistant Commissioner		Phone number (914) 995-7107	Ext.
Email MAF1@westchestergov.com			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 140,000			
1. Please indicate the specific zip codes this program will target? Zip Codes all zip codes in Westchester			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) This program has three components: Juvenile Accountability (JA), Juvenile Community Service (JCS), and Juvenile Extended Supervision (JES). JA comprises of Probation Officers conducting intensive supervision in non-traditional hours for those at serious risk for remand to detention or as high-risk juveniles step down from detention. JCS is to provide targeted interventions for youth in the community who present the highest risk and potential for residential placement during non-traditional hours			
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) 400			
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) All juveniles on probation supervision in Westchester, are eligible for JA. In 2017, this number 400. We anticipate 400 for 2018. Involving youth in JCS is an integral part of the rehabilitation process and a very effective intervention which allows for the youth to learn about making amends. It is used as a form of restorative justice which allows for the youth to build relationships and form a tie/bond with the community by promoting positive community involvement.			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) N/A			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 365			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 300			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) \$3,000			
Program two name:	LINKAGES	Type of program:	ATD
Program operating agency:	Westchester Probation subcontracts with Westchester Jewish Community Services (WJCS)		
Program mailing address 845 North Broadway			
Address line 2			

City White Plains	State NY	Zip code 10603
Contact person for program Suzanne Doll		
Title Program Director	Phone number (914) 995-4687	Ext.
Email sdoll@wjcs.com		
Program service detailed information		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 191,339		
1. Please indicate the specific zip codes this program will target? Zip Codes all zip codes in Westchester		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) all zip codes in Westchester		
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) 100		
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) Linkages conducts clinical assessments to identify those family issues which may inhibit successful adjustment of juvenile delinquency cases. With some exceptions, during intake of cases involving those charged as JD's, Westchester Probation engages in an "adjustment process" by working with the victim, alleged delinquent, and his or her family for a period of 60-120 days in an attempt to "settle" the case without formal court intervention.		
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) N/A		
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 120		
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 100		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) \$3,000		

Program three name:	Juvenile Delinquency Adjustment Supervision Probation Officers	Type of program:	ATD
Program operating agency:	Westchester Department of Probation		
Program mailing address 111 Dr. Martin Luther King Jr. Blvd.			
Address line 2			
City White Plains	State NY	Zip code 10601	
Contact person for program Mary Frascello			
Title Assistant Commissioner	Phone number (914) 995-7107	Ext.	
Email MAF1@westchestergov.com			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 368,563			
1. Please indicate the specific zip codes this program will target? Zip Codes all zip codes in Westchester			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) This program comprises of Probation Officers conducting adjustment supervision to diminish court involvement and therefore detention and placement. Probation will be responsible for case planning and case management for JD cases appropriate for adjustment. (This program serves as our county match.)			
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) 250			

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) Probation Officers will make every effort to engage families in the adjustment process and provide adjustment supervision and referrals as well as outreach to the victims.

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

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

9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 260

10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0

Program four name:	Westchester Alternative to Detention	Type of program:	ATD
Program operating agency:	Westchester Probation subcontracts with Children's Village (CV)		
Program mailing address One Echo Hills			
Address line 2			
City Dobbs Ferry	State NY	Zip code 10522	
Contact person for program Dean Dekranis			
Title Director	Phone number (914) 693-0600	Ext.	
Email ddekranis@childrensvillage.org			

Program service detailed information

The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 140,000

1. Please indicate the specific zip codes this program will target? Zip Codes all zip codes in Westchester

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) all zip codes in Westchester

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) 60

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) In 2017, 41 youth were admitted to the ATD program; all were supervised and monitored in the community. Without this work, these youth would have been sent to detention or would have remained 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) N/A

8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 80

9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 41

10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0

Program five name:	Westchester Probation Clinical Assessments	Type of program:	ATP
Program operating agency:	Westchester Probation subcontracts with Children's Village (CV).		

Program mailing address 111 Dr. Martin Luther King Jr. Blvd.		
Address line 2		
City White Plains	State NY	Zip code 10601
Contact person for program Mary Frascello		
Title Assistant Commissioner	Phone number (914) 995-7107	Ext.
Email MAF1@westchestergov.com		
Program service detailed information		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 80,000		
1. Please indicate the specific zip codes this program will target? Zip Codes all zip codes in Westchester		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Under the Family Court Act, judges can order clinical assessments to help them determine disposition regarding a juvenile's case. Westchester Probation Clinical Assessments are utilized to determine the risk presented by the juvenile to others or himself and an assessment of the situational factors that may have contributed to the act or acts and whether the juvenile can be maintained safely in the community.		
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) 100		
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) Clinical assessments help the judge to make the appropriate disposition for juveniles which hopefully leads to positive outcomes for the juveniles in the short and long term.		
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) N/A		
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) N/A		
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 60		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0		

Program six name:	Juvenile Trainings	Type of program:	Early Intervention
Program operating agency:	Westchester Probation		
Program mailing address 111 Dr. Martin Luther King Jr. Blvd.			
Address line 2			
City White Plains	State NY	Zip code 10601	
Contact person for program Mary Frascello			
Title Assistant Commissioner	Phone number (914) 995-7107	Ext.	
Email MAF1@westchestergov.com			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 25,000			
1. Please indicate the specific zip codes this program will target? Zip Codes all zip codes in Westchester			

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Funds will allow juvenile & youth probation officers and staff to attend trainings and conferences the department is not usually able to afford on issues and trends concerning youth: trauma, mental health, substance abuse, truancy, gangs, vaping, etc. Trainings enhance service delivery by Probation, Cty Attorney, Detention staff, etc. Probation comes in contact with over 2,000 juveniles annually. Funds may also be used for overtime costs to attend trainings during non traditional hours.

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) N/A

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) Funding covers expenses for trainings that Family Court staff who work in all aspects of the juvenile justice continuum can participate in. Frequently, training budgets have been drastically reduced and do not allow opportunities for staff to enhance their knowledge. When the staff is trained in these issues pertaining to the risks and needs of juveniles, they are better equipped at addressing their needs, enhancing their supervision and increasing their positive development.

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

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

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

10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) \$4,000

Program seven name:	APDS Technology Solution Suite	Type of program:	ATP
Program operating agency:	Westchester Probation		
Program mailing address 111 Dr. Martin Luther King Jr. Blvd.			
Address line 2			
City White Plains		State NY	Zip code 10601
Contact person for program Mary Frascello			
Title Assistant Commissioner		Phone number (914) 995-7107	Ext
Email MAF1@westchestergov.com			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 25,000			
1. Please indicate the specific zip codes this program will target? Zip Codes all zip codes in Westchester			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Juveniles in secure detention have the ability to use "ruggedized" Android-based tablets on private networks to support online education, job training, rehabilitation services, healthcare, mental health, internal & familial communications, entertainment, and more. Additionally, the tablet based prorgams are also used as part of behavior modification; more entertainment time is granted to those who have increased their behavior. These youth return to the community more connected and prepared.			
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) 150			
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) Projected outcomes met included increased literacy rates, reduction of incidents and more access to educational material. Educational/vocational material was made available through APEX tutorials and additional applications. Educational staff assigned additional coursework to youth in a digital format that was familiar to them. In comparison to the previous year, we had a 60% reduction in incidents. The tablets have further been utilized to familiarize youth with their rights while 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) N/A
- 8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 45
- 9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 60
- 10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0

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

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

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

STSJP/RTA Program name:	RTA Interpersonal Violence program	Type of program:	STSJP-RTA
Program operating agency:	Urban Resource Institute (URI) as contracted by Westchester Probation		
Program mailing address 111 Dr. Martin Luther King Jr. Blvd.			
Address line 2			
City White Plains		State NY	Zip code 10601
Contact person for program Mary Frascello			
Title Assistant Commissioner		Phone number (914) 995-7107	Ext.
Email MAF1@westchestergov.com			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 120,900			
1. Please indicate the specific zip codes this program will target? Zip Codes all zip codes in Westchester			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) URI proposes to implement the Abusive Partner Intervention Program (APIP) in Westchester for RTA JDs/AOs by integrating a trauma-informed (TI) approach from the NYS recommended Duluth Model into the evidence-based Moral Reconciliation Therapy (MRT) program. This content will allow URI to address those who have been involved in family or intimate partner violence. URI is offering batterer's a true Cognitive Behavioral Therapy (CBT) Program, something that has been sorely lacking in New York State.			
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)			
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.			
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9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)			

STSJP/RTA Program name:	RTA Bravehearts Peer Support/Credible Messenger	Type of program:	New Program STSJP-RTA
Program operating agency:	Bravehearts MOVE New York & The Children's Village		
Program mailing address 111 Dr. Martin Luther King Jr. Blvd.			
Address line 2			
City White Plains		State NY	Zip code 10601
Contact person for program Mary Frascello			
Title Assistant Commissioner		Phone number (914) 995-7107	Ext.

Email MAF1@westchestergov.com
Program service detailed information
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ \$55,031
1. Please indicate the specific zip codes this program will target? Zip Codes all zip codes in Westchester
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Bravehearts MOVE New York, in partnership with The Children’s Village develops and operates peer led programming, “motivational meetings” and policy improvement initiatives, all while utilizing a Peer to Peer model in which young professionals with former “lived experience” in the foster care and juvenile justice system, under professional supervision, work directly in a mentoring, system navigation and service connection capacity with youth currently impacted by the juvenile justice system.
3. Does your municipality plan to replicate program across multiple locations? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no)
4. What is the projected number of youth who will receive service from this program? (4-character number) 40
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)
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9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

STSJP/RTA Program name:	RTA Westchester Mediation	Type of program:	STSJP-RTA
Program operating agency:	Westchester and Rockland Mediation Centers of CLUSTER Community Services Inc. (WRMC)		
Program mailing address 111 Dr. Martin Luther King Jr. Blvd.			
Address line 2			
City White Plains		State NY	Zip code 10601
Contact person for program Mary Frascello			
Title Assistant Commissioner		Phone number (914) 995-7107	Ext.
Email MAF1@westchestergov.com			

Program service detailed information
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 20,000
1. Please indicate the specific zip codes this program will target? Zip Codes all zip codes in Westchester
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) WRMC proposes to provide services in the areas of mediation, restorative justice and conflict coaching for youth and families who are involved in the criminal justice system as well as to youth who will be/ have been released from detention. WRMC's Restorative Justice Program has facilitated cases referred from Probation, Schools, Family Court, Police Departments. They wish to include family group mediation, parent/teen mediation, attendance mediation, conflict coaching and weapons conferencing.
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) 40
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)

SECTION EIGHT – Plan Approval

Approval of the Chief Executive Officer

As STSJP Lead for Westchester municipality, I certify that the CEO
 George Latimer has reviewed and approved the 2018 - 2019 STSJP plan.

Date: 10 / 12 / 2018 STSJP Lead User ID RAP4

STSJP Lead printed name: Rocco A. Pozzi

Approval of the OCFS STSJP Program Lead

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

Date: 5/12/19 User ID: WKY352 Printed name John Johnson

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: WESTCHESTER			
LEAD AGENCY FOR STSJP SUBMISSION: WESTCHESTER DEPARTMENT OF PROBATION		NAME OF CONTACT PERSON: Rocco A. Pozzi	
CONTACT PERSON'S PHONE NUMBER: 914-995-3502		CONTACT PERSON'S EMAIL ADDRESS: RAP4@westchestergov.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 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;

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

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	\$	\$	\$
STSJP Program 2	\$	\$	\$
STSJP Program 3	\$	\$	\$
STSJP Program 4	\$	\$	\$
STSJP Program 5	\$	\$	\$
STSJP Program 6	\$	\$	\$
STSJP Program 7	\$	\$	\$

STSJP Program 8	\$	\$	\$
STSJP Program 9	\$	\$	\$
STSJP Program 10	\$	\$	\$
STSJP Program 11	\$	\$	\$
STSJP Program 12	\$	\$	\$
TOTAL	\$	\$	\$
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) ATD Westchester Supervision and Mentoring Program	\$ 140,000		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) WJCS Linkages Program	\$ 85,000		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Electronic Home Monitoring	\$ 12,580		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
TOTAL	\$ 237,580	\$	\$

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)

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)

If such disparity exists, describe how the service/program addresses issues described above.
(250 words or less)

SECTION FOUR – Performance outcomes

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

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)

**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		\$
2. State reimbursement (Program expenses*.62)		\$
3. State share amount (Program expenses*.38)		\$

Add in Reimbursements for the plan (fill out all that are applicable)

4. STSJP allocation	\$	
5. STSJP approved		\$
6. JDAI allocation	\$	
7. JDAI approved		\$
8. Detention approved amount shifted to STSJP		\$
9. PY rollover approved		\$
10. Total approved amounts for state reimbursement		\$
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:			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)			
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Program two 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			
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Program mailing address			

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Program four name:		Type of program:	
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Program mailing address			
Address line 2			
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Email			
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Program five name:		Type of program:	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
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Email			
Program service detailed information			
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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			
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Program seven name:		Type of program:	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ()	Ext	
Email			
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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				
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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? \$			
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Program eleven name:	Type of program:	
Program operating agency:		
Program mailing address		
Address line 2		
City		State
City		Zip code
Contact person for program		
Title		Phone number ()
Title		Ext.
Email		
Program service detailed information		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$		
1. Please indicate the specific zip codes this program will target? Zip Codes		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)		
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10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)		

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

STSJP/RTA Program name:	RTA ATD Westchester Supervision & Mentoring Program (WSMP)	Type of program:	STSJP-RTA
Program operating agency:	Westchester Probation		
Program mailing address 111 Dr. Martin Luther King Jr. Blvd.			
Address line 2			
City White Plains	State NY	Zip code 10601	
Contact person for program Mary Frascello			
Title Assistant Commissioner	Phone number (914) 995-7107	Ext.	
Email MAF1@westchestergov.com			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 140,0000			
1. Please indicate the specific zip codes this program will target? Zip Codes all zip codes in Westchester			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) WSMP is designed to provide 16 and 17 RTA youth with an alternative option to incarceration through enhanced monitoring and community support. The primary objectives are to ensure that youth show up to their court appointments, comply with their Probation conditions and reduce the risk of violation or re-offense. The philosophy is that detention and			

placement can be prevented by surrounding youth with positive role models to keep them focused and proactively guide them to make healthy decisions.

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) 80

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)

STSJP/RTA Program name:	RTA WJCS Linkages	Type of program:	Revised STSJP-RTA
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Program operating agency:	Westchester Probation subcontracts with Westchester Jewish Community Services (WJCS)
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Program mailing address
111 Dr. Martin Luther King Jr. Blvd.

Address line 2

City White Plains

State NY

Zip code 10601

Contact person for program Mary Frascello

Title Assistant Commissioner

Phone number (914) 995-7107

Ext.

Email MAF1@westchestergov.com

Program service detailed information

The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 85,000

1. Please indicate the specific zip codes this program will target? Zip Codes all zip codes in Westchester

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The Linkages Program will complete comprehensive, psychosocial, mental health assessments for RTA youth and the Adolescent Offender Court. In addition to assessment completion, ADP participants were referred to mental health counseling and substance abuse treatment and were also linked with employment resources and educational advocacy. This Social Worker also helps inform and educate the team on mental health issues including trauma and need for specialized trauma treatment.

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) 75

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)

STSJP/RTA Program name:	RTA Electronic Home Monitoring	Type of program:	STSJP-RTA
Program operating agency:	Westchester Probation		
Program mailing address 111 Dr. Martin Luther King Jr. Blvd.			
Address line 2			
City White Plains	State NY	Zip code 10601	
Contact person for program Mary Frascello			
Title Assistant Commissioner	Phone number (914) 995-7107	Ext.	
Email MAF1@westchestergov.com			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 12,580			
1. Please indicate the specific zip codes this program will target? Zip Codes all zip codes in Westchester			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The chosen EHM provides full-time, tracking in locations where GPS is not available, such as indoors or in urban canyons. This fully automated feature is always on, constantly providing accurate indoor tracking. This program can be utilized as an Alternative to Detention on high risk cases in Family Court or the Youth Part.			
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) 30			
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)			
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9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)			

SECTION EIGHT – Plan Approval	
Approval of the Chief Executive Officer	
As STSJP Lead for	municipality, I certify that the CEO
	has reviewed and approved the 20 - 20 STSJP plan.
Date: / /	STSJP Lead User ID
STSJP Lead printed name:	
Approval of the OCFS STSJP Program Lead	
As OCFS STSJP reviewer. I certify that I approve of this STSJP plan for	Westchester County
municipality, for 2018 - 2019.	
Date: 5/20/19	User ID: CK4352 Printed name: John Johnson

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: WESTCHESTER			
LEAD AGENCY FOR STSJP SUBMISSION: WESTCHESTER DEPARTMENT OF PROBATION		NAME OF CONTACT PERSON: Rocco A. Pozzi	
CONTACT PERSON'S PHONE NUMBER: 914-995-3502		CONTACT PERSON'S EMAIL ADDRESS: RAP4@westchestergov.com	

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	\$	\$	\$
STSJP Program 2	\$	\$	\$
STSJP Program 3	\$	\$	\$
STSJP Program 4	\$	\$	\$
STSJP Program 5	\$	\$	\$
STSJP Program 6	\$	\$	\$
STSJP Program 7	\$	\$	\$

STSJP Program 8	\$	\$	\$
STSJP Program 9	\$	\$	\$
STSJP Program 10	\$	\$	\$
STSJP Program 11	\$	\$	\$
STSJP Program 12	\$	\$	\$
TOTAL	\$	\$	\$
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Juvenile Accountability	\$ 69,600		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Juvenile Community Service	\$ 69,600		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) WJCS Starting Over Program	\$ 68,560		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
TOTAL	\$ 207,760	\$	\$

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)

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)

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

(250 words or less)

SECTION FOUR – Performance outcomes

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

(250 word or less)

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)

**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		\$
2. State reimbursement (Program expenses*.62)		\$
3. State share amount (Program expenses*.38)		\$

Add in Reimbursements for the plan (fill out all that are applicable)

4. STSJP allocation	\$	
5. STSJP approved		\$
6. JDAI allocation	\$	
7. JDAI approved		\$
8. Detention approved amount shifted to STSJP		\$
9. PY rollover approved		\$
10. Total approved amounts for state reimbursement		\$
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:		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)			
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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 two 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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Program three 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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Program four name:			Type of program:					
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Program mailing address								
Address line 2								
City			State			Zip code		
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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)			
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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? \$			
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Program seven name:		Type of program:	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
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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)			

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

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

STSJP/RTA Program name:	RTA Juvenile Accountability	Type of program:	STSJP-RTA
Program operating agency:	Westchester Probation		
Program mailing address 111 Dr. Martin Luther King Jr. Blvd.			
Address line 2			
City White Plains	State NY	Zip code 10601	
Contact person for program Mary Frascello			
Title Assistant Commissioner	Phone number (914) 995-7107		Ext.
Email MAF1@westchestergov.com			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ \$69,600			
1. Please indicate the specific zip codes this program will target? Zip Codes all zip codes in Westchester			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Community visits/home visits/night watch to help promote accountability and keep youth out of detention while acting as a deterrent for re-offending behaviors. This program is to include Probation Officer facilitated services and programming which will help to promoting mentorship by Probation Officers and COG programming.			
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) 200

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)

STSJP/RTA Program name:	RTA Juvenile Community Service	Type of program:	New Program STSJP-RTA
Program operating agency:	Westchester Probation		
Program mailing address 111 Dr. Martin Luther King Jr. Blvd.			
Address line 2			
City White Plains	State NY	Zip code 10601	
Contact person for program Mary Frascello			
Title Assistant Commissioner	Phone number (914) 995-7107	Ext.	
Email MAF1@westchestergov.com			

Program service detailed information

The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ \$69,600

1. Please indicate the specific zip codes this program will target? Zip Codes all zip codes in Westchester

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The community service program helps youth to develop an increased sense of social responsibility. Additionally when performed under appropriate supervision, community service teaches youth about consequences, commitment, and reconciliation. Community service is used within our restorative justice process, to help youth understand the importance of making amends and effectuating positive change for the future.

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) 200

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)

STSJP/RTA Program name:	RTA WJCS Juvenile Starting Over Program	Type of program:	STSJP-RTA
Program operating agency:	Westchester Probation subcontracts with Westchester Jewish Community Services (WJCS)		
Program mailing address			

845 North Broadway		
Address line 2		
City White Plains	State NY	Zip code 10603
Contact person for program Kathryn Hickman, Ph.D.		
Title Coordinator - Juvenile Starting Over Program	Phone number (914) 761-0600	Ext. 470
Email khickman@wjcs.com		
Program service detailed information		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 68,560		
1. Please indicate the specific zip codes this program will target? Zip Codes all zip codes in Westchester		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Juvenile Starting Over Program will implement the U. of Oklahoma's EBP practice for juvenile sex offenders. The model, Problem Sexual Behavior – Cognitive Behavioral Therapy for Adolescents has two concurrent groups: one for adolescents and one for their caregivers/parents. This model mandates that caregivers/parents attend. The goals of treatment are to promote pro-social behavior, encourage developmentally appropriate behavior, strengthen family support and communication and prevent relapse.		
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) 40		
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)		

SECTION EIGHT – Plan Approval**Approval of the Chief Executive Officer**

As STSJP Lead for _____ municipality, I certify that the CEO _____ has reviewed and approved the 20 - 20 STSJP plan.

Date: / / STSJP Lead User ID

STSJP Lead printed name:

Approval of the OCFS STSJP Program Lead

As OCFS STSJP reviewer. I certify that I approve of this STSJP plan for *Westchester County* municipality, for 20/8 - 20/9.

Date: *5/20/19* User ID: *KK4352* Printed name *John Johnson*