



Office of Children  
and Family Services

ANDREW M. CUOMO  
Governor

SHEILA J. POOLE  
Commissioner

November 14, 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) 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**

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 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 Westchester 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  
Division of Youth Development and Partnerships for Success  
Office of Children and Family Services

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

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

**STSJP plans are due to the Office of Children and Family Services (OCFS) by 08/19/2019**

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

<b>MUNICIPALITY INFORMATION</b>	
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 file name "STSJP 2019-2020 Annual Plan – (Name of County)";
- c. Work from the "saved" application document, using it to record all of your municipality information;
- d. Once you have completed entering the required data, save the document.

Send the completed application to OCFS via the STSJP email address at: [stsjp@ocfs.ny.gov](mailto:stsjp@ocfs.ny.gov)

## PART I – STSJP PROGRAMS

SECTION 1	PLAN AMOUNTS	
<b>EXPENSES</b>		
1. Total program expenses		\$ 969,902
2. State reimbursement		\$ 601,339.24
3. Local share amount		\$ 368,562.76
<b>Reimbursements for the plan (Enter all amounts that are applicable.)</b>		
4. STSJP allocation amount	\$ 227,039	
5. STSJP local approved plan amount		\$ 227,039
6. Detention approved amount shifted to STSJP		\$ 299,300.24
7. PY rollover approved amount		\$ 75,000
8. Total approved amounts for state reimbursement		\$ 601,339.24

SECTION 2	LIST OF STSJP PROGRAMS TO BE FUNDED		
Program Name	Local Share (38 percent)	State Share (62 percent)	Total Program Expenses (100 percent)
STSJP Program 1 Probation Juvenile Extended Operations	\$ 53,200	\$ 86,800	\$ 140,000
STSJP Program 2 Linkages	\$ 72,708.82	\$ 118,630.18	\$ 191,339

STSJP Program 3 Juvenile Delinquency Adjustment Supervision Probation Officers	\$ 140,053.94	\$ 228,509.06	\$ 368,563
STSJP Program 4 Westchester Alternative to Detention	\$ 53,200	\$ 86,800	\$ 140,000
STSJP Program 5 Westchester Probation Clinical Assessments	\$ 30,400	\$ 49,600	\$ 80,000
STSJP Program 6 Juvenile Trainings	\$ 9,500	\$ 15,500	\$ 25,000
STSJP Program 7 APDS Technology Solution Suite	\$ 9,500	\$ 15,500	\$ 25,000
STSJP Program 8	\$	\$	\$
STSJP Program 9	\$	\$	\$
STSJP Program 10	\$	\$	\$
STSJP Program 11	\$	\$	\$
STSJP Program 12	\$	\$	\$
<b>TOTAL</b>			\$ 969,902

**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.**

<b>STSJP Program 1</b>			
STSJP Program 1 Name: PROBATION JUVENILE EXTENDED OPERATIONS		STSJP Program 1 Type: Alternative to Placement	
STSJP Program 1 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		Email MAF1@westchestergov.com	
Title Assistant Commissioner		Phone (914) 995 - 7107	Ext

**STSJP Program 1 Service Detailed Information**

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

2. Please indicate the specific zip codes this program will target. all zip codes in Westchester,

3. 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), & Juvenile Extended Supervision (JES). JA is comprised of Juv. PO's conducting intensive supervision in non-traditional hours the program focus is to serve at high-risk youth at risk of placement or as high-risk juveniles step down from detention. JCS provides targeted

interventions for youth in community who present the highest risk & potential for residential placement during non-traditional hours. JES includes CBI group. JES is performed by assigned Juv. PO's which helps to promote positive adult relationships and fosters resiliency.

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? 400

**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) Youth on formal/diversion probation supervision in Westchester, are eligible for JES. In 2018, 550 youth received some level of supervision and services. We anticipate approximately 550 youth in 2019. Involving youth in JCS as part of the rehabilitation process is a very effective intervention for the youth to learn about making amends. It is used as a form of restorative justice which allows youth to build relationships and form a bond with the community, promoting positive community involvement. Placement numbers are at an all time low.

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) N/A placements at all time low

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 200

10. Total number of youth served by this program during the previous STSJP PY: 300

11. What amount of rollover funds from the previous STSJP PY will be spent on this program? \$20,000

### STSJP Program 2

STSJP Program 2 Name:  
LINKAGES

STSJP Program 2 Type:  
JO/JD-Alternative to Detention

STSJP Program 2 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

Email  
sdoll@wjcs.com

Title  
Program Director

Phone  
(914) 995 - 4687

Ext

### STSJP Program 2

### Service Detailed Information

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 191,339

2. Please indicate the specific zip codes this program will target. ALL ZIP CODES IN WESTCHESTER,

3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Linkages will provide assessment, critical intervention and timely linkage to supportive MH/SA/DD services for youth who have been arrested for an offense. Timely assessment and linkage to services helps provide support to youth and families to encourage positive outcomes. In tandem with the services of Linkages, Probation will be responsible for case planning and case management for JD/PINS/PINS Diversion cases appropriate for adjustment or diversion.

4. Does your municipality plan to replicate the program across multiple locations?  Yes  No

5. What is the projected number of youth who will receive services from this program? 100

**If the STSJP Program 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? <b>(100 words or less)</b> 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.
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> Yes- adjustment rates exceed State standards.
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 120
10. Total number of youth served by this program during the previous STSJP PY: 99
11. What amount of rollover funds from the previous STSJP PY will be spent on this program? \$55,000

**STSJP Program 3**

STSJP Program 3 Name: Juvenile Delinquency Adjustment Supervision Probation Officers		STSJP Program 3 Type: <b>Early Intervention</b>	
STSJP Program 3 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		Email MAF1@westchestergov.com	
Title Assistant Commissioner		Phone (914) 995 - 7107	Ext

**STSJP Program 3 Service Detailed Information**

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 368,563
2. Please indicate the specific zip codes this program will target. all zip codes in Westchester,
3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b> This program is comprised of Probation Officers conducting adjustment supervision to diminish court involvement and therefore detention and placement. Probation Officers are responsible for the case planning and case management for JD cases appropriate for adjustment. The goal is to afford all appropriate eligible cases an opportunity at Adjustment Services and to avoid youth penetrating the criminal justice system -court, remand, placement. (This program serves as our county match.)
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? 250
<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> Probation Officers make every effort to engage families in the adjustment process and provide adjustment supervision and referrals as well as outreach to the victims. The program exceeds the State standards for positive outcomes diverting youth from entering the Court system and no resulting adjudication
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> N/A
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 60-120

10. Total number of youth served by this program during the previous STSJP PY: 224
11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 0

**STSJP Program 4**

STSJP Program 4 Name: Westchester Alternative to Detention		STSJP Program 4 Type: JO/JD-Alternative to Detention	
STSJP Program 4 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		Email ddekranis@childrensvillage.org	
Title Director		Phone (914) 693 - 0600	Ext

**STSJP Program 4 Service Detailed Information**

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 140,000
2. Please indicate the specific zip codes this program will target. all zip codes in Westchester,
3. How will the program be utilized to serve targeted youth in your municipality? **(100 words or less)** Westchester ATD Program works with Probation and in concert with community stakeholders. Children's Village will provide a special Case Worker to work in assisting the Probation Officer's efforts to insure compliance and community safety to those youth at serious risk for remand to detention, who present the highest risk and potential for residential placement or as high-risk juveniles step down from detention during the pending of the case. This includes intensive/increased community, home, school contacts.
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 4 received STSJP funds in the previous STSJP PY, answer the questions below.**
6. Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, **answer #7**; If No, **skip to #8**; If Partially, **answer #7 and #8**.
7. What projected outcomes were met and how were they met? **(100 words or less)** In 2018, 28 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, remained in detention or be sent to placement. Placements numbers for Westchester reached a new low in 2018.
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)** n/a- We would like a higher number of youth involved in the program as the ATD program is very unscsuccessful. Moving forward, before remand is requested on a violation of probation this program will be explored as an alterantive to detention( safety considerations are given precedence)
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 80
10. Total number of youth served by this program during the previous STSJP PY: 28
11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 0

**STSJP Program 5**

STSJP Program 5 Name: Westchester Probation Clinical Assessments		STSJP Program 5 Type: Indirect Services Provider	
STSJP Program 5 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	Email MAF1@westchestergov.com	
Title Assistant Commissioner	Phone (914) 995 - 7107	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? \$ 80,000		
2. Please indicate the specific zip codes this program will target. all zip codes in Westchester,		
3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b> Under the Family Court Act, Judges can order clinical assessments of youth in remand status 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 themselves, provides an assessment of the situational factors that may have contributed to the act or acts and recommendation whether the juvenile can be maintained safely in the community.		
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? 75		
<b>If the STSJP Program 5 received STSJP funds in the previous STSJP PY, answer the questions below.</b>		
6. Did projected performance outcomes meet expected outcomes? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, <b>answer #7</b> ; If No, <b>skip to #8</b> ; If Partially, <b>answer #7 and #8</b> . If Yes, <b>answer #7</b> . If No, <b>skip to #8</b> .		
7. What projected outcomes were met and how were they met? <b>(100 words or less)</b> Clinical assessments help the judge determine the most appropriate, least restrictive disposition for juveniles which hopefully leads to positive outcomes for the juveniles in the short and long term. Placement numbers in 2018 reached a new low in Westchester.		
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> N/A		
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) N/A		
10. Total number of youth served by this program during the previous STSJP PY: 30		
11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 0		

<b>STSJP Program 6</b>		
STSJP Program 6 Name: Juvenile Trainings	STSJP Program 6 Type: Indirect Services Provider	
STSJP Program 6 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	Email MAF1@westchestergov.com	
Title Assistant Commissioner	Phone (914) 995 - 7107	Ext
<b>STSJP Program 6 Service Detailed Information</b>		
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 25,000		

2. Please indicate the specific zip codes this program will target. ALL ZIP CODES IN WESTCHESTER,

3. How will the program be utilized to serve targeted youth in your municipality? **(100 words or less)** Funds allow juvenile & youth prob. offic. and juvenile prob. admin.staff to attend trainings and conferces the Dept. is not usually able to afford on issues and trends concerning youth: trauma, resiliency, mental health, substance abuse, truancy, gangs, etc. Training enhances service delivery by Prob. to the youth/ family and Court, allowing Officers confidence and knowledge to deal with the most complicated situations, while honing their expertise. This promotes better outcomes for youth and their family. Funds may also be used for OT costs to attend training during non traditional hours. Detention, CA, and inhouse stakeholders may atten

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? N/A

**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)** Funding covers expenses for trainings that Family Court Officers/Adminstration/CA/Detention/inhouse serv. prov. 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 complex 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. Probation Officers working in the Family Court units attended over 50 trainings.

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)** N/A

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

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

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

<b>STSJP Program 7</b>		
STSJP Program 7 Name: APDS Technology Solution Suite		STSJP Program 7 Type: <b>Indirect Services Provider</b>
STSJP Program 7 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	Email MAF1@westchestergov.com	
Title Assistant Commissioner	Phone (914) 995 - 7107	Ext

<b>STSJP Program 7</b>	<b>Service Detailed Information</b>
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 25,000	
2. Please indicate the specific zip codes this program will target. all zip codes in Westchester,	
3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b> 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 positive behavior. These youth return to the community more connected and prepared.	

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? 150

**If the STSJP Program 7 received STSJP funds in the previous STSJP PY, answer the questions below.**

6. Did projected performance outcomes meet expected outcomes?  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) Projected outcomes met included increased literacy rates, reduction of incidents in detention 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. There has been a 60% reduction in incidents. The tablets have further been utilized to familiarize youth with their rights while in detention.

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

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

10. Total number of youth served by this program during the previous STSJP PY: 150

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

**STSJP Program 8**

STSJP Program 8 Name: N/A		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?  Yes  No

5. What is the projected number of youth who will receive services from this program?

**If the STSJP Program 8 received STSJP funds in the previous STSJP PY, answer the questions below.**

6. Did projected performance outcomes meet expected outcomes?  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 9**

STSJP Program 9 Name:	STSJP Program 9 Type:
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STSJP Program 9 Operating Agency:		
Program Mailing Address		
Address Line 2		
City	State	Zip Code
Contact Person for Program	Email	
Title	Phone ( ) -	Ext

**STSJP Program 9 Service Detailed Information**

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

**If the STSJP Program 9 received STSJP funds in the previous STSJP PY, answer the questions below.**

- Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.
- What projected outcomes were met and how were they met? (100 words or less)
- What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
- What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
- Total number of youth served by this program during the previous STSJP PY:
- What amount of rollover funds from the previous STSJP PY will be spent on this program?

**STSJP Program 10**

STSJP Program 10 Name:	STSJP Program 10 Type:
STSJP Program 10 Operating Agency:	
Program Mailing Address	
Address Line 2	
City	State Zip Code
Contact Person for Program	Email
Title	Phone ( ) - Ext

**STSJP Program 10 Service Detailed Information**

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

**If the STSJP Program 10 received STSJP funds in the previous STSJP PY, answer the questions below.**

- Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.

- 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?	

**PART II – STSJP-RTA PROGRAMS**

<b>SECTION 1</b>	<b>STSJP RTA PLAN AMOUNTS</b>
<b>Expenses</b>	
1. RTA-approved plan amount	\$ 873,666
2. Total program expenses	\$ 873,666

<b>SECTION 2</b>	<b>LIST OF STSJP-RTA PROGRAMS TO BE FUNDED</b>
<b>Program Name</b>	<b>Total Program Expenses</b>
STSJP-RTA Program 1 RTA Interpersonal Violence program	\$ 120,900
STSJP-RTA Program 2 RTA Bravehearts Peer Support/Credible Messenger	\$ 88,731
STSJP-RTA Program 3 RTA Westchester Mediation	\$ 35,000
STSJP-RTA Program 4 RTA Westchester Juvenile Accountability	\$ 100,00
STSJP-RTA Program 5 RTA Westchetser Juvenile Community Service	\$ 80,000
STSJP-RTA Program 6 RTA Electronic Home Monitoring	\$ 20,740
<b>TOTAL</b>	\$ 3 additional programs on the attachment STSJP 2019-2020 Annual Plan -Westchester continued programs

**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: RTA Interpersonal Violence program		Program 1 Type: <b>Alternative to Placement</b>	
Program 1 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		Email MAF1@westchestergov.com	
Title Assistant Commissioner		Phone (914) 995 - 7107	Ext

**STSJP-RTA Program 1****Service Detailed Information**

- The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 120,900
  - Please indicate the specific zip codes this program will target. all zip codes in westchester,
  - 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 Post Adjudicated 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, intimate partner, community violence. URI is offering batterer's a true Cognitive Behavioral Therapy (CBT) Program, something that has been sorely lacking in New York State.
  - 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? 96
- If the STSJP-RTA Program 1 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.**
- Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.
  - What projected outcomes were met and how were they met? (**100 word or less**)
  - What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (**100 words or less**)
  - What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
  - Total number of youth served by this program during the previous STSJP-RTA PY:
  - What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program?

**STSJP-RTA Program 2**

Program 2 Name: RTA Bravehearts Peer Support/Credible Messenger		Program 2 Type: <b>JO/JD-Alternative to Detention</b>	
Program 2 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	Email MAF1@westchestergov.com	
Title Assistant Commissioner	Phone (914) 995 - 7107	Ext
<b>STSJP-RTA Program 2 Service Detailed Information</b>		
1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 88,731		
2. Please indicate the specific zip codes this program will target. all zip codes in Westchester,		
3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b> 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" RTA 16 and 17 year olds just during the pendency of their care or post adjudication, under professional supervision, work directly in a mentoring, system navigation and service connection capacity with youth currently impacted by the juvenile justice system.		
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? 48		
<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? <b>(100 word or less)</b>		
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? <b>(100 words or less)</b>		
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)		
10. Total number of youth served by this program during the previous STSJP-RTA PY:		
11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program?		

<b>STSJP-RTA Program 3</b>		
Program 3 Name: RTA Westchester Mediation	Program 3 Type: <b>JO/JD-Alternative to Detention</b>	
Program 3 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	Email MAF1@westchestergov.com	
Title Assistant Commissioner	Phone (914) 995 - 7107	Ext
<b>STSJP-RTA Program 3 Service Detailed Information</b>		
1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 35,000		
2. Please indicate the specific zip codes this program will target. ALL ZIP CODES IN WESTCHESTER,		
3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b> WRMC proposes to provide services in areas of mediation, restorative justice & conflict coaching for RTA 16/17 year olds during pendency of care or post adjudication, youth & fam. who are involved in the CJS as well as youth who will be/ have		

been released from detention. WRMC's Restorative Justice Program has facilitated cases referred from Probat, Schools, Fam. Crt, PDs. They wish to include fam. group mediation, parent/teen mediation, attendance mediation, conflict coaching & weapons conferencing to reduce community/conflicts/ tension to alleviate need for remand/placement. 107 units/2 hr sessions= 35 youth/3sessions of 2 hrs

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? 35

**If the STSJ-RTA Program 3 received STSJ-RTA funds in the previous STSJ-RTA PY, answer the questions below.**

6. Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.

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

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

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

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

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

**STSJ-RTA Program 4**

Program 4 Name: Westchester Probation Juvenile Accountability (JA)		Program 4 Type: Alternative to Placement	
Program 4 Operating Agency: Westchester County Probation Department			
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		Email MAF1@westchestergov.com	
Title Assistant Commissioner		Phone (914) 995 - 7107	Ext

**STSJ-RTA Program 4 Service Detailed Information**

1. The amount of STSJ-RTA funds that your jurisdiction will devote to the services from this program? \$ 100,000

2. Please indicate the specific zip codes this program will target. all zipcodes in Westchester,

3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) JA enables POs to conduct intensive community supervision/homevisits/group work during nontraditional work hours for those youth at serious risk of remand/placement or as a step down from remand to community. POs meet during nontraditional hours with the youth and their families to reinforce positive community support systems and engagement while dissuading negative peer associations and behaviors for youth at risk of placement and recidivism

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? 400

**If the STSJ-RTA Program 4 received STSJ-RTA funds in the previous STSJ-RTA PY, answer the questions below.**

6. Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.

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

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

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

**STSJP-RTA Program 5**

Program 5 Name: Westchester County Juvenile Community Service (JCS)		Program 5 Type: JO/JD-Alternative to Detention	
Program 5 Operating Agency: Westchester County Probation Department			
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		Email MAF1@westchestergov.com	
Title Assistant Commissioner		Phone (914) 995 - 7107	Ext

**STSJP-RTA Program 5 Service Detailed Information**

1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 80,000
2. Please indicate the specific zip codes this program will target. ALL ZIP CODES IN WESTCHESTER,
3. How will the program be utilized to serve targeted youth in your municipality? (**100 words or less**) JCS helps youth to develop an increased sense of social responsibility. 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. During the course of the Probation involvement we seek to make a meaningful impact upon the youth we supervise, through many different types of group interventions helping the RTA youth to develop ties to the community.
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? 400
- If the STSJP-RTA Program 5 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.**
6. Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, answer #7; if No, skip to #8; If Partially, answer #7 and #8.
7. What projected outcomes were met and how were they met? (**100 word or less**)
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (**100 words or less**)
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
10. Total number of youth served by this program during the previous STSJP-RTA PY:
11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program?

**STSJP-RTA Program 6**

Program 6 Name: RTA Electronic Home Monitoring		Program 6 Type: JO/JD-Alternative to Detention	
Program 6 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	Email MAF1@westchestergov.com	
Title Assistant Commissioner	Phone (914) 995 - 7107	Ext

**STSJP-RTA Program 6 Service Detailed Information**

1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 20,740

2. Please indicate the specific zip codes this program will target. ALL ZIP CODES IN WESTCHESTER,

3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) EHM can provide full-time accurate tracking in locations where GPS is not available, such as indoors or in urban canyons This program can be utilized as an ATP/ATD on targeted youth who are at high risk for remand to detention, as a step down from detention or in lieu of a disposition of placement. Youth are anticipated to to utilize EHM between 2weeks-2 months depending on risk/needs level and youth's compliace with other stsjp programming as a step down.

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? 55

**If the STSJP-RTA Program 6 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.**

6. Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.

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

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

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

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

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

**PART III – STSJP-RTA PROGRAM ANALYSIS**

**SECTION 1 Overall Analysis**

**A. Overall Analysis of Communities**

Discuss and identify the neighborhoods or communities by zip codes or areas from which the highest number of Youthful Offenders (YO), Adolescent Offenders (AO), Juvenile Delinquents (JD) and Persons in Need of Supervision (PINS) enter the youth justice system, and the factors that may be contributing. (500 words or less) see attachment. This section would not expand to type less than 500 words in.

**B. Overall Analysis of Disparity**

Please provide information indicating whether there is evidence of racial/ethnic disparity in your local system's use of detention or residential placement. (250 words or less) see attachment. This section would not expand to type less than in.

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

**SECTION 2 PERFORMANCE OUTCOMES**

For current program year, provide the projected performance outcomes for all of your proposed services and programs. Be sure to include an estimate of the anticipated reductions in detention utilization and residential placements. (250 words or less) Probation will evaluate performance outcomes considering the cooperation and collaboration of service agencies to help support probation in seeking "least restrictive" outcomes and alternatives for our youth while balancing youth and community safety. In Westchester over 80% of youth remanded to detention return home allowing the family/youth a "cooling off" period, reducing the need for placement and affording Probation and partner agencies an opportunity to develop and initiate a plan. Probation anticipates residential placement numbers

Woodfield Detention as a sentencing option for AO youth being sentenced to one year or less-. As a result, detention care days may increase- however Probation anticipates these youth will be better served programmatically and socially in Woodfield than being sentenced to a State Juvenile Facility.

### SECTION 3 COLLABORATION SECTION

As per STSJP legislation, collaboration is required. Please describe your municipality's activities in developing this year's STSJP plan in collaboration with local agencies responsible for probation, law enforcement, detention, diversion, social services, courts, services providers, schools, and youth development programs. **(250 words or less)** this section would not expand to include 250 words or less- please see attachment

### SECTION 4 COOPERATIVE APPLICATIONS SUBMITTED JOINTLY BY TWO OR MORE COUNTIES (Complete this section only if this is a joint application.)

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

1. Describe the provisions for the proportionate cost to be borne by each county: **(250 words or less)** N/A
2. Describe how personnel will be compensated across and between counties in the cooperative: N/A
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: N/A

## PART IV – PLAN APPROVAL

### SECTION 1 APPROVAL OF THE CHIEF EXECUTIVE OFFICER

As STSJP Lead for Westchester municipality, I certify that the CEO George Latimer has reviewed and approved the 2020 STSJP plan.

Date: 8/ / 19 / 19 User ID: RAP4@westchestergov.com

Print name: Rocco A. Pozzi

### SECTION 2 APPROVAL OF THE OCFS PROGRAM LEAD

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

Date: / / User ID:

Print name:

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

STSJP plans are due to the Office of Children and Family Services (OCFS) by 8/19/19

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: Westchester	
LEAD AGENCY FOR STSJP SUBMISSION: Westchester County 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 file name "STSJP 2019-2020 Annual Plan – (Name of County)";
- c. Work from the "saved" application document, using it to record all of your municipality information;
- d. Once you have completed entering the required data, save the document.

Send the completed application to OCFS via the STSJP email address at: [stsjp@ocfs.ny.gov](mailto:stsjp@ocfs.ny.gov)

### PART I – STSJP PROGRAMS

SECTION 1	PLAN AMOUNTS	
<b>EXPENSES</b>		
1. Total program expenses		\$ 969,902
2. State reimbursement		\$ 601,339.24
3. Local share amount		\$ 368,562.76
<b>Reimbursements for the plan (Enter all amounts that are applicable.)</b>		
4. STSJP allocation amount	\$ 227,039	
5. STSJP local approved plan amount		\$ 227,039
6. Detention approved amount shifted to STSJP		\$ 299,300.24
7. PY rollover approved amount		\$ 75,000
8. Total approved amounts for state reimbursement		\$ 601,339.24

SECTION 2	LIST OF STSJP PROGRAMS TO BE FUNDED		
Program Name	Local Share (38 percent)	State Share (62 percent)	Total Program Expenses (100 percent)
STSJP Program 1 all STSJP programming listed on 1st document titled STSJP 2019-2020 Annual Plan-Westchester	\$	\$	\$

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

**STSJP PROGRAMMING DETAILS**

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

**STSJP Program 1**

STSJP Program 1 Name:		STSJP Program 1 Type:	
STSJP Program 1 Operating Agency:			
Program Mailing Address			
Address Line 2			
City		State	Zip Code
Contact Person for Program		Email	
Title	Phone ( ) -		Ext

**STSJP Program 1 Service Detailed Information**

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

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

- Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.
- What projected outcomes were met and how were they met? (100 words or less)
- 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 2</b>	
STSJP Program 2 Name:	STSJP Program 2 Type:
STSJP Program 2 Operating Agency:	
Program Mailing Address	
Address Line 2	
City	State      Zip Code
Contact Person for Program	Email
Title	Phone (    )      Ext

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

6. Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.

7. What projected outcomes were met and how were they met? (100 words or less)

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

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 4**

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

**STSJP Program 4 Service Detailed Information**

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

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

3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)

4. Does your municipality plan to replicate the program across multiple locations?  Yes  No

5. What is the projected number of youth who will receive services from this program?

**If the STSJP Program 4 received STSJP funds in the previous STSJP PY, answer the questions below.**

6. Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.

7. What projected outcomes were met and how were they met? (100 words or less)

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

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

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

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

**STSJP Program 5**

STSJP Program 5 Name:		STSJP Program 5 Type:	
STSJP Program 5 Operating Agency:			
Program Mailing Address			
Address Line 2			

City		State	Zip Code
Contact Person for Program		Email	
Title	Phone ( ) -		Ext

**STSJP Program 5 Service Detailed Information**

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

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

- Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.  
If Yes, answer #7. If No, skip to #8.
- What projected outcomes were met and how were they met? (100 words or less)
- What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
- What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
- Total number of youth served by this program during the previous STSJP PY:
- What amount of rollover funds from the previous STSJP PY will be spent on this program?

**STSJP Program 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**

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

**If the STSJP Program 6 received STSJP funds in the previous STSJP PY, answer the questions below.**

- Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.
- What projected outcomes were met and how were they met? (100 words or less)
- What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)

- 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?  Yes  No
- 5. What is the projected number of youth who will receive services from this program?
- If the STSJP Program 7 received STSJP funds in the previous STSJP PY, answer the questions below.**
- 6. Did projected performance outcomes meet expected outcomes?  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 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

**STSJP Program 9 Service Detailed Information**

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

**STSJP Program 10**

STSJP Program 10 Name:		STSJP Program 10 Type:	
STSJP Program 10 Operating Agency:			
Program Mailing Address			

Address Line 2		
City	State	Zip Code
Contact Person for Program	Email	
Title	Phone ( )	Ext

**STSJP Program 10 Service Detailed Information**

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

**If the STSJP Program 10 received STSJP funds in the previous STSJP PY, answer the questions below.**

- Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, **answer #7**; If No, **skip to #8**; If Partially, **answer #7 and #8**.
- What projected outcomes were met and how were they met? (100 words or less)
- What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
- What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
- Total number of youth served by this program during the previous STSJP PY:
- What amount of rollover funds from the previous STSJP PY will be spent on this program?

**STSJP Program 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**

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

**If the STSJP Program 11 received STSJP funds in the previous STSJP PY, answer the questions below.**

- Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, **answer #7**; If No, **skip to #8**; If Partially, **answer #7 and #8**.
- What projected outcomes were met and how were they met? (100 words or less)
- What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)

- 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 12</b>		
STSJP Program 12 Name:		STSJP Program 12 Type:
STSJP Program 12 Operating Agency:		
Program Mailing Address		
Address Line 2		
City	State	Zip Code
Contact Person for Program	Email	
Title	Phone ( ) -	Ext

**STSJP Program 12 Service Detailed Information**

- 1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$
- 2. Please indicate the specific zip codes this program will target.
- 3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
- 4. Does your municipality plan to replicate the program across multiple locations?  Yes  No
- 5. What is the projected number of youth who will receive services from this program?
- If the STSJP Program 12 received STSJP funds in the previous STSJP PY, answer the questions below.**
- 6. Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.
- 7. What projected outcomes were met and how were they met? (100 words or less)
- 8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
- 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
- 10. Total number of youth served by this program during the previous STSJP PY:
- 11. What amount of rollover funds from the previous STSJP PY will be spent on this program?

**PART II – STSJP-RTA PROGRAMS**

**SECTION 1 STSJP RTA PLAN AMOUNTS**

<b>Expenses</b>	
1. RTA-approved plan amount	\$ 873,666
2. Total program expenses	\$ 873,666

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

Program Name	Total Program Expenses
STSJP-RTA Program 1	
STSJP RTA Program 7 RTA ATD Westchester Supervision & Mentoring Program (WSMP)	\$ 140,000
STSJP-RTA Program 2	
STSJP RTA Program 8 RTA WJCS Linkages	\$ 181,333
STSJP-RTA Program 3	
STSJP RTA Program 9 RTA WJCS Juvenile Starting Over Program	\$ 106,962
STSJP-RTA Program 4	
Total of first 6 STSJP RTA programs which are listed on the first document titled STSJP 2019-2020 Annual Plan-Westchester	\$ 445,371

STSJP-RTA Program 5	\$
STSJP-RTA Program 6	\$
<b>TOTAL</b>	\$

**STSJP-RTA PROGRAMMING DETAILS**

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

**STSJP-RTA Program 1**

Program 1 Name: STSJP RTA Program 7 RTA ATD Westchester Supervision& Mentoring Program (WSMP)		Program 1 Type: <b>JO/JD-Alternative to Detention</b>	
Program 1 Operating Agency: Westchester Probation subcontracts with Children's Village			
Program Mailing Address One Echo Hills			
Address Line 2			
City Dobbs Ferry	State NY	Zip Code 10522	
Contact Person for Program Dean DeKranis		Email ddekranis@childrensvillage.org	
Title Director	Phone (914) 231 - 1450	Ext	

**STSJP-RTA Program 1 Service Detailed Information**

- The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 140,000
- Please indicate the specific zip codes this program will target. all zipcodes in Westchester,
- 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 remand/detention/AO facilities 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. Youth participates in programming approximately 4 months.
- Does your municipality plan to replicate the program across multiple locations?  Yes  No
- What is the projected number of youth who will receive services from this program?

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

- Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, answer #7; if No, skip to #8; if Partially, answer #7 and #8.
- What projected outcomes were met and how were they met? (**100 word or less**)
- What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (**100 words or less**)
- What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
- Total number of youth served by this program during the previous STSJP-RTA PY:
- What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program?

**STSJP-RTA Program 2**

Program 2 Name: STSJP RTA Program 8 RTA WJCS Linkages		Program 2 Type: <b>JO/JD-Alternative to Detention</b>	
Program 2 Operating Agency: Westchester Probation subcontracts with Westchester Jewish Community Services (WJCS)			
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	Email MAF1@westchestergov.com	
Title Assistant Commissioner	Phone (914) 995 - 7107	Ext
<b>STSJP-RTA Program 2 Service Detailed Information</b>		
1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 181,333		
2. Please indicate the specific zip codes this program will target. all zipcodes in Westchester,		
3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b> The Linkages Program will complete comprehensive psychosocial, mental health assessments for RTA youth and the Adolescent Offender Court involved youth. Family dynamics, parental capacity and community needs are also considered as they impact the youth. In addition to assessment completion, youth are referred to appropriate services including mental health counseling, substance abuse treatment, employment resources and educational advocacy. This Licensed Clinical Social Worker also helps inform and educate the team on mental health issues including trauma, resiliency and the need for specialized trauma treatment.		
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 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? <b>(100 word or less)</b>		
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? <b>(100 words or less)</b>		
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)		
10. Total number of youth served by this program during the previous STSJP-RTA PY:		
11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program?		

<b>STSJP-RTA Program 3</b>		
Program 3 Name: STSJP RTA Program 9 WJCS Starting Over Program	Program 3 Type: <b>Alternative to Placement</b>	
Program 3 Operating Agency: Westchester Probation subcontracts to Westchester Jewish Community Service		
Program Mailing Address 141 North Central Ave.		
Address Line 2		
City Hartsdale	State NY	Zip Code 10530
Contact Person for Program Dr. Katherine Hickman	Email khickman@wjcs.com	
Title Clinical Director	Phone (914) 949 - 6761	Ext
<b>STSJP-RTA Program 3 Service Detailed Information</b>		
1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 106,962		

2. Please indicate the specific zip codes this program will target. all zipcodes in Westchester,

3. How will the program be utilized to serve targeted youth in your municipality? **(100 words or less)** This is current contract expansion to conduct clinical risk assessments and provide treatment for our RTA sexually offending and fire setting youth. The program provides risk assessments and clinical evaluations as well as treatment to youth engaging in sexually offending and fire-setting behaviors. The youth will be in the program for 12 months and can be extended for an additional 12 months pending further evaluation. The program may serve 47 youth in 2019-20. youth are referred by probation. Cost per youth is about \$2,285.33. 2019-20 \$106,962

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? 47

**If the STSJP-RTA Program 3 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.**

6. Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.

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

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

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: N/A STSJP RTA Programs 1-6 are on the first document titled STSJP 2019-2020 Annual Plan-Westchester		Program 4 Type:	
Program 4 Operating Agency:			
Program Mailing Address			
Address Line 2			
City		State	Zip Code
Contact Person for Program		Email	
Title	Phone ( ) -	Ext	

**STSJP-RTA Program 4 Service Detailed Information**

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

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

3. How will the program be utilized to serve targeted youth in your municipality? **(100 words or less)**

4. Does your municipality plan to replicate the program across multiple locations?  Yes  No

5. What is the projected number of youth who will receive services from this program?

**If the STSJP-RTA Program 4 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.**

6. Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.

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

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

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

**STSJP-RTA Program 5**

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

**STSJP-RTA Program 5 Service Detailed Information**

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

**STSJP-RTA Program 6**

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

**STSJP-RTA Program 6 Service Detailed Information**

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

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

3. How will the program be utilized to serve targeted youth in your municipality? **(100 words or less)**

4. Does your municipality plan to replicate the program across multiple locations?  Yes  No

5. What is the projected number of youth who will receive services from this program?

**If the STSJP-RTA Program 6 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.**

6. Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.

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

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

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

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

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

**PART III – STSJP-RTA PROGRAM ANALYSIS**

**SECTION 1 Overall Analysis**

**A. Overall Analysis of Communities**

Discuss and identify the neighborhoods or communities by zip codes or areas from which the highest number of Youthful Offenders (YO), Adolescent Offenders (AO), Juvenile Delinquents (JD) and Persons in Need of Supervision (PINS) enter the youth justice system, and the factors that may be contributing. **(500 words or less)** responses on 1st document titled STSJP 2019-2020 Annual Plan-Westchester

**B. Overall Analysis of Disparity**

Please provide information indicating whether there is evidence of racial/ethnic disparity in your local system's use of detention or residential placement. **(250 words or less)**  
 If such disparity exists, describe how this STSJP plan addresses the issues of disparity. **(250 words or less)** responses on 1st document titled STSJP 2019-2020 Annual Plan-Westchester

**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)** responses on 1st document titled STSJP 2019-2020 Annual Plan-Westchester

**SECTION 3 COLLABORATION SECTION**

As per STSJP legislation, collaboration is required. Please describe your municipality's activities in developing this year's STSJP plan in collaboration with local agencies responsible for probation, law enforcement, detention, diversion, social services, courts, services providers, schools, and youth development programs. **(250 words or less)** responses on 1st document titled STSJP 2019-2020 Annual Plan-Westchester

**SECTION 4 COOPERATIVE APPLICATIONS SUBMITTED JOINTLY BY TWO OR MORE COUNTIES**

**(Complete this section only if this is a joint application.)**

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

1. Describe the provisions for the proportionate cost to be borne by each county: **(250 words or less)** N/A
2. Describe how personnel will be compensated across and between counties in the cooperative: N/A
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: N/A

**PART IV – PLAN APPROVAL**

**SECTION 1 APPROVAL OF THE CHIEF EXECUTIVE OFFICER**

As STSJP Lead for Westchester municipality, I certify that the CEO George Latimer has reviewed and approved the 2020 STSJP plan.

Date: 8 / 19 / 19 User ID: RAP4@westchestergov.com

Print name: Rocco Pozzi

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

As OCFS STSJP reviewer, I certify that I approve of this STSJP plan for Westchester municipality, for 2019-20

Date: 11 / 14 / 19 User ID: JM9737

Print name: Karen Sessions

## Part III STSJP RTA Program Analysis

### Section 1 Overall Analysis

#### A. Overall Analysis of Communities

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 AO/JO/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. These communities suffer from truancy, high dropout rates, community disorganization, extensive crime, gangs (particularly in and around schools), and other social ills including generational familial dysfunction.

#### B. Overall Analysis of Disparity

As a county, Westchester is predominantly White; however, the JD, JO AO, 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 utilizing diversion and pre-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.

Since 2008, Probation has continued to reduce placements. 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. In 2018, Westchester placements rates reached a new low.

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 2 Performance Outcomes:

Probation will evaluate performance outcomes considering the cooperation and collaboration of service agencies to help support probation in seeking "least restrictive" outcomes and alternatives for our youth while balancing youth and community safety.

#### Section 3:

Westchester Probation partners with the Local Department of Social Services and Local Department of Community Mental Health embracing a no wrong door approach to help youth and families access services in Westchester. Westchester will follow this model with our RTA youth as well. CSU is offered to all families who become involved with our system. As necessary and as allowed by parent/guardian, the CSU team confers at detention staffing in plan development. Westchester Probation is the lead agency for the Mid-Hudson Regional Youth Justice Team currently working in collaboration with DCMH and DSS on a Trauma and Resiliency pilot project. Additionally, Westchester Probation and the LDSS and DCMH Cross Systems team are working with the Westchester Family Court on the Westchester Gender Responsive Initiative and Partnership (GRIP) Court.

Program 1: Westchester will contract with URI to facilitate an intensive interpersonal violence program working with probation involved juveniles who use violence as a response or who have been victims of physical violence and trauma.

Program 2: Probation will contract with Bravehearts – to provide community peer advocacy and support to youth in our system.

Program 3: Probation will contract with Westchester Putnam Medication Services (Cluster) in further efforts to prevent probation involved youth from further penetrating the criminal justice system, prevent remand, placement and recidivism,

Program 4: This program is facilitated by Probation Officers however works closely with our community partners including the schools, local youth bureaus, service provider.

Program 5: This program is facilitated by Probation Officers but is based upon restorative justice values seeking positive youth development by making positive community contributions.

Program 6: Probation will contract with an Electronic Home Monitoring company in efforts to keep high risk youth out of detention or as a step down from detention to the community. This will enable the

Judges, County Attorneys, District Attorneys to work closely with Probation and afford high risk youth the opportunity for community supervision.

Program 7. Probation will contract with Children's Village, our Detention provider, to facilitate an ATD program designed to mentor and support our most high risk youth in the community.

Program 8: Probation will contract with WJCS Linkages to provide mental health assessments and further evaluation of the caregiver's capacity and familial functioning. This will allow development of an encompassing plan to support youth and family in the community.

Program 9. Probation will contract with WJCS Juvenile Starting Over Program, a not for profit mental health agency, for clinical assessments of juvenile probation involved fire starters and youth displaying problematic sexualized behavior.