



**Office of Children  
and Family Services**

**ANDREW M. CUOMO**  
Governor

**SHEILA J. POOLE**  
Acting Commissioner

January 28, 2019

Dear Chief Executive Officer,

Thank you for submitting New York City's Supervision and Treatment Services for Juveniles Program (STSJP) plan for Program Year (PY) 2018-19. Your plan has been reviewed by the Office of Children and Family Services (OCFS) and I am pleased to inform you that your STSJP plan has been approved.

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

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

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

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

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 John Johnson at (518) 486-4665 or [John.Johnson@ocfs.ny.gov](mailto:John.Johnson@ocfs.ny.gov).

Sincerely,

Joseph Mancini  
Associate Commissioner  
Office of Community Partnerships  
Division of Juvenile Justice and Opportunities for Youth

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**SUPERVISION AND TREATMENT SERVICES FOR JUVENILE PROGRAM (STSJP)  
ANNUAL PLAN  
FOR PROGRAM YEAR OCTOBER 1, 2018 - SEPTEMBER 30, 2019**

**STSJP Plans are due to the Office of Children and Family Services (OCFS) by 10 / 31 / 2018**

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

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

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

**Please direct any STSJP plan questions to:**

**John E. Johnson:** Ph. 518-486-4665

<b>MUNICIPALITY INFORMATION</b>	
NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION: City of New York	
LEAD AGENCY FOR STSJP SUBMISSION: Administration for Children's Services	NAME OF CONTACT PERSON: Peggy Chan (ACS) Michael Forte (DOP)
CONTACT PERSON'S PHONE NUMBER: Peggy Chan 212-676-6763 Michael Forte 212-510-3810	CONTACT PERSON'S EMAIL ADDRESS: <a href="mailto:peggy.chan@acs.nyc.gov">peggy.chan@acs.nyc.gov</a> <a href="mailto:mforte@probation.nyc.gov">mforte@probation.nyc.gov</a>

### Plan Submission instructions

Instructions for submitting an STSJP plan for OCFS review.

- a. Once you have opened this form on your computer, please immediately use the "Save As" function in Microsoft Word to save a copy;
- b. Save your application using the following name "PY 2018 - 2019 STSJP Plan – (Name of municipality)";
- c. Work from the "saved" application document, using it to record all of your municipality's information;
- d. Once you have completed entering the required data, save the document;
- e. Prior to submission, review calculation in section eight for accuracy. Complete the "Approval and Certification" section before submission to OCFS;

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

### SECTION ONE - List of programs to be funded

In this section, list the exact name of each program and Indirect Service that will be funded with STSJP funds, along with the projected amount of Program Expense, State Share and County Share to be used for each. (Program List and Detail Sheet must match)

Program Name	Total Program Expense (100 percent)	State Share (62 percent)	County Share (38 percent)
STSJP Program 1 NYC Youth Wrap	\$ 503027.42	\$ 311,877	\$ 191,150.42
STSJP Program 2 Parent Support / Parent Coach	\$ 1218379.03	\$ 755,395	\$ 462,984.03
STSJP Program 3 Juvenile Mentoring / AIM	\$ 586864.52	\$ 363,856	\$ 223,008.52
STSJP Program 4 Art Therapy	\$ 111783.87	\$ 69,306	\$ 42,477.87
STSJP Program 5 Clinical Advisors	\$ 270143.55	\$ 167,489	\$ 102,654.55
STSJP Program 6 PEAK Centers	\$ 898648.39	\$ 557,162	\$ 341,486.39

STSJP Program 7 Intensive Community Monitoring (ICM)	\$ 1259990.32	\$ 781,194	\$ 478,796.32
STSJP Program 8 Educational Enhancement	\$ 68001.61	\$ 42,161	\$ 25,840.61
STSJP Program 9 Out of School Time	\$ 353982.26	\$ 219,469	\$ 134,513.26
STSJP Program 10 Customized Assistance	\$ 232882.26	\$ 144,387	\$ 88,495.26
STSJP Program 11 ATP / Related Technical Assistance	\$ 184035.48	\$ 114,102	\$ 69,933.48
STSJP Program 12 Mobile Adolescent Therapy	\$ 186,306.45	\$ 115,510	\$ 70,796.45
<b>TOTAL</b>	<b>\$ 5,874,045.16</b>	<b>\$ 3,641,908</b>	<b>\$ 2,232,137.16</b>
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Customized Assistance Expansion + Mobile Adolescent Therapy Expansion	\$ 425,000		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Individualized Mentoring	\$ 750,000		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Resolve Restorative Justice	\$ 150,000		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
<b>TOTAL</b>	<b>\$ 1,325,000</b>	<b>\$</b>	<b>\$</b>

**SECTION TWO – Overall analysis of communities**

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

**(500 words or less)** The target communities are within the five New York City boroughs. Specifically, we will focus on the 13 community districts within the boroughs (6 in the Bronx, 3 in Brooklyn, 2 in Manhattan, 1 in Queens and 1 in Staten Island) that historically have had the highest numbers of admissions to detention. In CY 2017, these 13 community districts accounted for more than 50 percent of New York City youth placed in detention facilities:

- Brooklyn East New York/Starrett City (11207, 11208, 11239) 131
- Staten Island Saint George/Stapleton (10301, 10304, 10305) 77
- Queens Jamaica/Hollis (11412111423111432, 11433-36) 64
- Brooklyn Brownsville (11212, 11233) 80
- Bronx Mott Haven/Melrose (10454, 10455, 10459) 66
- Bronx Highbridge/Concourse (10451, 10452) 48
- Bronx Williamsbridge/Baychester (11206, 11221, 11237) 86

Brooklyn Bedford Stuyvesant (11205, 11206, 11216, 11221, 1123 3) 48

Bronx Parkchester/Soundview (10462, 10472) 50

Brooklyn East Flatbush (11236, 11203, 11212) 53

Manhattan Central Harlem (10026, 10027, 10030, 10037, 10039) 43

Bronx Fordham/University Heights (10453, 10457, 10458, 10468) 67

Manhattan East Harlem (10029, 10035) 48

Bronx Morrisania/Crotona (10456, 10459, 10460) 60

The target populations are as follows: (1) youth in all stages of delinquency matters, from adjustment to supervision and (2) juvenile offenders. Mid- and high-risk delinquent probationers have higher rates of re-arrest between arrest and final disposition than low-risk probationers. A recent preliminary recidivism analysis shows that the 6-month rearrest rate for moderate-risk youth is around 15 percent, while for low-risk, it is 6 percent.

In 2017, 79% of the juvenile probation population scored moderate risk on the Youth Level of Service risk/needs assessment.

Regarding the Juvenile Delinquents and Juvenile Offenders to be served by these funds, we have identified four areas of need—educational, mental health, multiple simultaneous needs, and family support issues—common to this population of probationers. These are areas that, when gone unaddressed, can put a young person at risk of engaging in behavior that may lead to rearrest or a violation of probation. Additionally, recent data suggests that parent coaching has made an impact on how probation officers engage with youth on probation, where a sample of participants experienced fewer violations involving parental depositions relative to a statistically-match comparison group.

### **SECTION THREE – Overall analysis of disparity**

Please provide information indicating whether the use of detention or residential placement in your service area exhibits disparate outcomes for one racial/ethnic group as compared to outcomes for another racial/ethnic group.

(Please consult with the Detention and Placement data provided by OCFS and the County Profile data provided by DCJS as part of your STSJP plan support documentation).

**(250 words or less)** Historically, the population of New York City youth at various points in the juvenile justice system has been disproportionately non-white. In 2017, for example, 92 percent of juvenile probation intakes whose race was identified were classified as minority status. Minority youth are also overrepresented among those considered for placement. A deeper analysis of a sample of youth who went through the Structured Decision-Making Process (SDM) in 2017 revealed that approximately 95 percent of youth who fell into "placement-bound" boxes on the SDM grid also fell into this category. By encouraging community engagement and addressing four of the needs that lead to rearrests and violations among probationers and juvenile offenders, our services will help stem the tide of disproportionality in New York's juvenile justice system.

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

**(250 words or less)** Our service programs continue to address disproportionality in the juvenile justice system by focusing on youth at risk of remand and violation in the 13 New York City community districts that remand and place the majority of court-involved youth. In addition to the programs outlined above, the DOP's SDM process is expected to reduce disproportionality for all youth, regardless of borough/judge, race, gender, or any other demographic category will face the same dispositional options when they share the same risk/offense severity profile.

### **SECTION FOUR – Performance outcomes**

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

**(250 word or less)** From FY 2014 to 2018, the average daily population in juvenile detention reduced significantly from 234 to 85; a 64 percent reduction. Our goals of substantially reducing the juvenile detention population have been met, year after year, since CY 2010 and we expect further reductions-in proportion to Raise the Age increases-as refinements of community-based options continue.

The number of placements at OCFS and Close-to-Home facilities for New York City youth has dropped dramatically in the last several years—from 1,399 in 2006 to 132 in 2017, a drop of 91 percent (this includes Juvenile Offender placements in secure facilities). Additionally, ATP enrollments have increased since CY 2012.

The reduction in detention admissions has also been dramatic; from 3,126 in FY 2014 to 1,754 in 2018. In FY 2014, there were 195 youth in placement; in FY 2018 that number was reduced 29 percent to 139. We expect to sustain this reduction in out-of-home placements-in proportion to Raise the Age increases-and detention admissions through the effective utilization of this expanded continuum of services.

**SECTION FIVE – Collaboration**

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

**(250 words or less)** The New York City STSJP Plan/Programming is administered jointly between the Department of Probation and Administration for Children’s Services with programmatic services provided by a wide-range of service providers and youth development programs. STSJP programming involves no fewer than 10 community-based organizations that are directly contracted to provide program services and all program services -- which also involve working with courts, schools, mental health resources and other programs are available either at the community or borough level.

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

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

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

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

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

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

**SECTION SEVEN– Plan amounts**

**Expenses**

1. Total Program expenses		\$ 5,874,045.16
2. State reimbursement (Program expenses*.62)		\$ 3,641,908
3. State share amount (Program expenses*.38)		\$ 2,232,137.16

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

4. STSJP allocation	\$ 3,212,908	
5. STSJP approved		\$ 3,212,908
6. JDAI allocation	\$ 0	
7. JDAI approved		\$ 0
8. Detention approved amount shifted to STSJP		\$ 0
9. PY rollover approved		\$ 429,000
10. Total approved amounts for state reimbursement		\$ 3,641,908
11. Total amount of approved STSJP-RTA 100% state reimbursement		\$ 1,325,000

**Program detail inserts**

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

<b>Program one name:</b>	NYC Youth WRAP	<b>Type of program:</b>	Early Intervention
<b>Program operating agency:</b>	New York City Department of Probation		
Program mailing address 33 Beaver Street			
Address line 2			
City New York		State NY	Zip code 10004
Contact person for program Deldreana Peterkin			
Title Director of Workforce Development		Phone number (212) 510-3813	Ext.
Email dpeterkin@probation.nyc.gov			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 503,027			
1. Please indicate the specific zip codes this program will target? Zip Codes Citywide			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The program engages young participants in meaningful service oriented work in order to 1) teach them soft and basic life skills including conflict resolution and financial literacy and 2) allow them to earn money for a job well done and experience the satisfaction that comes from connecting with and giving back to their communities. Community residents, in turn, come to see court-involved young people as potential assets.			
3. Does your municipality plan to replicate program across multiple locations? <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no			
4. What is the projected number of youth who will receive service from this program? (4-character number) 250			
<b>If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.</b>			
5. Did projected performance outcome meet expected outcomes? <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less) Increased community engagement, Reduced recidivism and Enhanced sense of self-worth. Clients reported to their worksites at a specific time and location. Some learned how to travel using public transportation. Many developed better time management skills, learned how to work with others, as a team and how to resolve conflict in a mature and peaceful way. Most importantly, each client had an opportunity to further develop soft skills and was exposed to possible employment/career interests			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) N/A			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 79			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 538			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) N/A			
<b>Program two name:</b>	Parent Support/ Parent Coach Program	<b>Type of program:</b>	ATP
<b>Program operating agency:</b>	Center for Court Innocation, New Center for Interpersonal Development, Community Connection for Youth, Friends of Island Academy, Good Shepherd Services		
Program mailing address c/o- New York City Department of Probation			
Address line 2 33 Beaver Street			
City New York		State NY	Zip code 10004
Contact person for program Audrey Wilson			
Title Senior Director, Juvenile Operations		Phone number (212) 510-3780	Ext.

Email <a href="mailto:awilson@probation.nyc.gov">awilson@probation.nyc.gov</a>
<b>Program service detailed information</b>
The amount of STSJF funds that your jurisdiction will devote to the services from this program? \$ 1,218,378
1. Please indicate the specific zip codes this program will target? Zip Codes Citywide
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Parent Coaches reduce the chance of out of home placement by offering parents support and assistance in navigating systems. With support parents are engaged and more equipped to deal with the challenges and needs of their child, increasing compliance with court mandates and reducing the chance of rearrest. The Department of Probation has recognized that parents of youth on probation often struggle with the management and coordination of the obligations with which the youth need to comply.
3. Does your municipality plan to replicate program across multiple locations? ( <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no)
4. What is the projected number of youth who will receive service from this program? (4-character number) 150
<b>If the program received STSJF funds in the previous program year 2017 - 2018, answer the questions below.</b>
5. Did projected performance outcome meet expected outcomes? ( <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.
6. What projected outcomes were met and how were they met? (100 word or less) Our goal is to provide this service to all parents who struggle and need assistance with youth going through the juvenile justice system and needed assistance in navigating through the juvenile justice process of Family Court. This Fiscal Year we have met our goal by serving 499 family in the probation community.
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) N/A
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 53
9. Total amount of youth were served by this program during the previous STSJF PY? (4 Characters) 406
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) N/A

<b>Program three name:</b>	Juvenile Mentoring/AIM	<b>Type of program:</b>	ATP
<b>Program operating agency:</b>	New York City Department of Probation		
Program mailing address 33 Beaver Street			
Address line 2			
City New York		State NY	Zip code 10004
Contact person for program Audrey Wilson			
Title Senior Director, Juvenile Operations		Phone number (212) 510-3780	Ext.
Email <a href="mailto:awilson@probation.nyc.gov">awilson@probation.nyc.gov</a>			
<b>Program service detailed information</b>			
The amount of STSJF funds that your jurisdiction will devote to the services from this program? \$ 586,865			
1. Please indicate the specific zip codes this program will target? Zip Codes Citywide			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) AIM is a non-conventional mentoring program that that pairs youth with Credible Messengers whom are trusted members of the community that they are able to form transformational relationships with. These Credible Messengers are available to them 24 hours a day/7 days per week. Interaction with these positive and meaningful adults who serve as role models, reduces the potential for them to engage in criminogenic activities and associate with delinquent friends.			
3. Does your municipality plan to replicate program across multiple locations? ( <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no)			

4. What is the projected number of youth who will receive service from this program? (4-character number) 100
<b>If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.</b>
5. Did projected performance outcome meet expected outcomes? ( <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.
6. What projected outcomes were met and how were they met? (100 word or less) 86% of program completers were reconnected to their family support system or develop a viable one. 80% of program completer identified a positive social support system outside of the family unit. We are in the process of calculating the arrest rate however we anticipate that the providers will meet the respective targets.
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) N/A
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 217
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 42
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) N/A

<b>Program four name:</b>	Art Therapy	<b>Type of program:</b>	Early Intervention
<b>Program operating agency:</b>	City University of NY/ Research Foundation of CUNY, The Animation Project, Artistic Noise		
Program mailing address c/o- New York City Department of Probation			
Address line 2 33 Beaver Street			
City New York		State NY	Zip code 10004
Contact person for program Audrey Wilson			
Title Senior Director, Juvenile Operations		Phone number (212) 510-3780	Ext.
Email awilson@probation.nyc.gov			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 111,784			
1. Please indicate the specific zip codes this program will target? Zip Codes Citywide			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Art Therapy will offer elements of digital and studio arts programs, and include a therapeutic component to youth under the supervision of the DOP. The services will be offered in groups that will help youth express emotions, thoughts and experiences through the visual arts. Individual Art Therapy and Family Therapy, as well as job skills training, will also be offered to select participnats.			
3. Does your municipality plan to replicate program across multiple locations? ( <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 200			
<b>If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.</b>			
5. Did projected performance outcome meet expected outcomes? ( <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less) Participants were engaged in the projects and the group over a period of time. Many of the participants created powerful artwork that was then exhibited and some sold at exhibits. Some participants successfully completed the Art Therapy portion of our program and transitioned into internships/paid position. Many of the participants who completed Probation remain active in the program.			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) N/A			

8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 57
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 71
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) N/A

<b>Program five name:</b>	Clinical Advisor	<b>Type of program:</b>	ATP
<b>Program operating agency:</b>	New York City Department of Probation		
Program mailing address 33 Beaver Street			
Address line 2			
City New York		State NY	Zip code 10004
Contact person for program Audrey Wilson			
Title Senior Director, Juvenile Operations		Phone number (212) 510-3780	Ext.
Email awilson@probation.nyc.gov			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 270,144			
1. Please indicate the specific zip codes this program will target? Zip Codes Citywide			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) A significant number of Violations of Probation petitions are filed on the basis of "beyond parental control." Much of what gives rise to these petitions results from poorly addressing the behavioral health of the youth in question, resulting in detention and out of home placement. Often, these youth present moderate to low risk/severity profiles and could be served in the community with services.			
3. Does your municipality plan to replicate program across multiple locations? ( <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 125			
<b>If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.</b>			
5. Did projected performance outcome meet expected outcomes? ( <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less) Yes. Performance outcomes have been met and exceeded the projected number of clients (125) for the year. In this year 251 clients and their families utilized the Clinical Advisors ATP program compared to last year number of 208. The outcomes met were the following services and referrals made through the Clinical Advisors unit: Individual and Family counseling; parent-child conflict resolution; grief counseling, trauma counseling, and substance abuse treatment ( alcohol, marijuana, K-2).			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) N/A			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 95			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 251			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) N/A			

<b>Program six name:</b>	PEAK/PEAK Centers	<b>Type of program:</b>	Early Intervention
<b>Program operating agency:</b>	Center for Alternative Sentencing and Employment (CASES), Jamaica Center for Arts and Learning (JCAL)		
Program mailing address c/o - New York City Department of Probation			

Address line 2 33 Beaver Street		
City New York	State NY	Zip code 10004
Contact person for program Audrey Wilson		
Title Senior Director, Juvenile Operations	Phone number (212) 510-3780	Ext.
Email awilson@probation.nyc.gov		
<b>Program service detailed information</b>		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 898,649		
1. Please indicate the specific zip codes this program will target? Zip Codes 10453-10474 AND 11201-11237		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) PEAK Centers seek to use a young person's involvement in the justice system as an opportunity for intervention that prevents further delinquency while promoting positive, sustainable youth development. Seek to avoid recidivism by supporting positive outcomes to help our youth and families thrive. PEAK Centers will provide a safe secure afterschool environment that will promote education skill building, employability, life skills, positive self-expression, improved family relationships		
3. Does your municipality plan to replicate program across multiple locations? ( <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no)		
4. What is the projected number of youth who will receive service from this program? (4-character number) 60		
<b>If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.</b>		
5. Did projected performance outcome meet expected outcomes? ( <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.		
6. What projected outcomes were met and how were they met? (100 word or less) Attendance in program (8:00 am- 8:00 pm) shall be 60 percent or higher. Barriers to attendance were articulated as length of program day, which was a 12 hour day inclusive of school hours and in many instances extensive cross-county commutes. PEAK will now serve youth specific to their borough of residence and program will target after-school hours. It will also allow for on-going family participation in support of serving youth and family needs as identified during intake assessment.		
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) N/A		
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 138		
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 66		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) N/A		

<b>Program seven name:</b>	Intensive Community Monitoring (ICM)	<b>Type of program:</b>	ATD
<b>Program operating agency:</b>	New York City Department of Probation		
Program mailing address 33 Beaver Street			
Address line 2			
City New York	State NY	Zip code 10004	
Contact person for program Audrey Wilson			
Title Senior Director, Juvenile Operations	Phone number (212) 510-3780	Ext	
Email awilson@probation.nyc.gov			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 1,259,991			
1. Please indicate the specific zip codes this program will target? Zip Codes Citywide			

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) ICM provides intensive monitoring services to youth with a pending delinquency case. ICM is tier III of the ATD continuum serving the highest risk youth who would otherwise be placed in detention during the pendency of the family court case. ICM programming also serves youth released from detention, or youth who were unresponsive to lower level programming, and are paroled by the court to the Department of Probation.

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

4. What is the projected number of youth who will receive service from this program? (4-character number) 225

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

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

6. What projected outcomes were met and how were they met? (100 word or less) ICM participants were able to remain in the community with a less that 22% rearrest rate.

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

8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 131

9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 75

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

<b>Program eight name:</b>	Educational Enhancement	<b>Type of program:</b>	Early Intervention
<b>Program operating agency:</b>	New York City Department of Probation: City University of NY/ Research Foundation of CUNY		
Program mailing address c/o- New York City Department of Probation			
Address line 2 33 Beaver Street			
City New York		State NY	Zip code 10004
Contact person for program Audrey Wilson			
Title Senior Director, Juvenile Operations		Phone number (212) 510-3780	Ext.
Email awilson@probation.nyc.gov			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 68,002			
1. Please indicate the specific zip codes this program will target? Zip Codes Citywide			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Educational improvement services provides direct educational assistance to youth on probation supervision. The services allow for youth to meet one on one or in a group for assistance on class projects, homework help, test prep, college readiness . Youth who have been disengaged from school may also meet receive educational assistance pending transfers, re-enrollment and suspension periods.			
3. Does your municipality plan to replicate program across multiple locations? ( <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 100			
<b>If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.</b>			
5. Did projected performance outcome meet expected outcomes? ( <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less) Anecdotally, youth who participated in services reported better grades, improved behavior and better grades on test. Youth have also begin to entertain the idea of attending college.			

7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) N/A
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 99
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 57
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) N/A

<b>Program nine name:</b>	Out of School Time	<b>Type of program:</b>	ATP
<b>Program operating agency:</b>	New York City Department of Probation		
Program mailing address 33 Beaver Street			
Address line 2			
City New York		State NY	Zip code 10004
Contact person for program Audrey Wilson			
Title Senior Director, Juvenile Operations		Phone number (212) 510-3780	Ext.
Email awilson@probation.nyc.gov			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 353,982			
1. Please indicate the specific zip codes this program will target? Zip Codes Citywide			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Out of School Time programming provides youth with structured activities during school breaks and after school hours reducing instances of boredom and opportunities to be drawn to antisocial peers and illegal activities, resulting in rearrests. There are compelling views regarding the efficacy of structured and consistent activities during out of school time in deterring anti-social or delinquent behavior, and the productive use of leisure time has become a standard criminogenic factors.			
3. Does your municipality plan to replicate program across multiple locations? ( <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 75			
<b>If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.</b>			
5. Did projected performance outcome meet expected outcomes? ( <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less) Anecdotally, youth that participated in our 6 week "CARES" Out of School Time program were engaged in the program, showed improved school in the following school year and were more open to engage in in after school/recreational programming. During this period of CARES programming there was only one youth arrested.			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) N/A			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 46			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 85			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) N/A			

<b>Program ten name:</b>	Customized Assistance	<b>Type of program:</b>	ATP
<b>Program operating agency:</b>	New York City Department of Probation: City University of NY/ Research Foundation of CUNY		
Program mailing address			

c/o- New York City Department of Probation		
Address line 2 33 Beaver Street		
City New York	State NY	Zip code 10004
Contact person for program Audrey Wilson		
Title Senior Director, Juvenile Operations	Phone number (212) 510-3780	Ext.
Email awilson@probation.nyc.gov		
<b>Program service detailed information</b>		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 232,883		
1. Please indicate the specific zip codes this program will target? Zip Codes Citywide		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The Customized Assistance/wraparound approach is not a program. Instead, it comprises individualized services, flexible programming/funding, and a "never give up" philosophy in order to address the varied and often significant needs of low-to-moderate risk youth that often result in detention and out of home placement. To this end, DOP has established a Customized Assistance Unit, staffed by licensed social workers, to whom Probation Officers can make service requests/referrals.		
3. Does your municipality plan to replicate program across multiple locations? ( <input type="checkbox"/> yes or <input type="checkbox"/> no)		
4. What is the projected number of youth who will receive service from this program? (4-character number) 400		
<b>If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.</b>		
5. Did projected performance outcome meet expected outcomes? ( <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.		
6. What projected outcomes were met and how were they met? (100 word or less) Anecdotally, the Customized Assistance unit has impacted the number of technical violations filed by linking youth and family to services, utilizing a restorative approach to remedying family conflict and facilitating parent engagement groups providing parents with information and strategies to support their children.		
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) N/A		
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 109		
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 372		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) N/A		

<b>Program eleven name:</b>	ATP/ Related Technical Assistance	<b>Type of program:</b>	ATP
<b>Program operating agency:</b>	New York City Department of Probation: City University of NY/ Research Foundation of CUNY		
Program mailing address c/o- New York City Department of Probation			
Address line 2 33 Beaver Street			
City New York	State NY	Zip code 10004	
Contact person for program Audrey Wilson			
Title Senior Director, Juvenile Operations	Phone number (212) 510-3780	Ext.	
Email awilson@probation.nyc.gov			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 184,035			

1. Please indicate the specific zip codes this program will target? Zip Codes Citywide
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Essential to achieving success with our highest risk youth is the dedicated staff that at work with them. Ensuring that they are sufficiently trained and supported will lead to better outcomes with our most challenging youth. Probation staff who work with youth assigned to ATP programs which address the needs of youth who are at risk of out-of-home placement should they be rearrested or otherwise violate the terms of their continued community supervision.
3. Does your municipality plan to replicate program across multiple locations? ( <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no)
4. What is the projected number of youth who will receive service from this program? (4-character number)
<b>If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.</b>
5. Did projected performance outcome meet expected outcomes? ( <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.
6. What projected outcomes were met and how were they met? (100 word or less)
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) Staff received enhanced training and skills appropriate for dealing with ATP population.
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) N/A
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 34
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) N/A

<b>Program twelve name:</b>	Mobile Adolescent Therapy	<b>Type of program:</b>	ATP
<b>Program operating agency:</b>	New York City Department of Probation: Center for Alternative Sentencing and Employment Services(CASES)		
Program mailing address c/o- New York City Department of Probation			
Address line 2 33 Beaver Street			
City New York		State NY	Zip code 10004
Contact person for program Audrey Wilson			
Title Senior Director, Juvenile Operations		Phone number (212) 510-3780	Ext.
Email awilson@probation.nyc.gov			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 186,306			
1. Please indicate the specific zip codes this program will target? Zip Codes Citywide			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) MAT works with families for 4 months, specifically to help young people avoid drug use, identify and address any mental health concerns, improve family functioning, engage in positive social activities including work, and address any beliefs and behaviors that increase the likelihood of the young person violating probation requirements or re-offending.			
3. Does your municipality plan to replicate program across multiple locations? ( <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 36			
<b>If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.</b>			
5. Did projected performance outcome meet expected outcomes? ( <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less) Yes. Youth receiving MAT services avoided placement, avoided substance use and educational improvement at a rate of 80% in 2017.			

7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) N/A
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 120
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 34
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) N/A

<b>STSJP/RTA Program name:</b>	Customized Assitance/Mobile Adolescent Therapy Expansion for RTA Population	<b>Type of program:</b>	ATP
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<b>Program operating agency:</b>	New York City Department of Probation: City University of NY/Research Foundation/Center for Alternative Sentencing and Employment Services (CASES)
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Program mailing address  
c/o-New York City Department of Probation

Address line 2  
33 Beaver Street

City New York	State NY	Zip code 10004
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Contact person for program Audrey Wilson

Title Senior Director, Juvenile Operations	Phone number (212) 510-3780	Ext.
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Email awilson@probation.nyc.gov

**Program service detailed information**

The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 425,000

1. Please indicate the specific zip codes this program will target? Zip Codes Citywide

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Expand Customized Assitance and Mobile Adolesent Therapy

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

4. What is the projected number of youth who will receive service from this program? (4-character number) 150

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

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

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

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

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

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

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

<b>STSJP/RTA Program name:</b>	Individualized Mentoring	<b>Type of program:</b>	ATP
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<b>Program operating agency:</b>	New York City Department of Probation: Community Parnter(s) To Be Determined
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Program mailing address  
c/o-New York City Department of Probation

Address line 2  
33-Beaver Street

City New York	State NY	Zip code 10004
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Contact person for program Audrey Wilson

Title Senior Director, Juvenile Operations	Phone number (212) 510-3780	Ext.
Email awilson@probation.nyc.gov		
<b>Program service detailed information</b>		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 750,000		
1. Please indicate the specific zip codes this program will target? Zip Codes Citywide		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Provide individualized mentoring opportunities to at-risk/justice involved youth.		
3. Does your municipality plan to replicate program across multiple locations? ( <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no)		
4. What is the projected number of youth who will receive service from this program? (4-character number) 150		
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>		
5. Did projected performance outcome meet expected outcomes? ( <input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.		
6. What projected outcomes were met and how were they met? (100 word or less)		
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)		
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)		
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)		

<b>STSJP/RTA Program name:</b>	Resolve Restorative Community Justice Program	<b>Type of program:</b>	ATP
<b>Program operating agency:</b>	New York City Department of Probation: Community Partner TBD		
Program mailing address c/o - 33 Beaver Street			
Address line 2			
City New York		State NY	Zip code 10004
Contact person for program Audrey Wilson			
Title Senior Director, Juvenile Operations	Phone number (212) 510-3780	Ext.	
Email awilson@probation.nyc.gov			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 150,000			
1. Please indicate the specific zip codes this program will target? Zip Codes Citywide			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Designed to provide enhanced services for arrested youth and complainants, the potential for the parties to reach some resolution as well as a shared understanding of the crime and its impact, the program will make available a range of restorative conferencing, victim meetings, impact statements and support services.			
3. Does your municipality plan to replicate program across multiple locations? ( <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 150			
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>			
5. Did projected performance outcome meet expected outcomes? ( <input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less)			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)			

- 9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)
- 10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

<b>SECTION EIGHT – Plan Approval</b>	
<b>Approval of the Chief Executive Officer</b>	
As STSJP Lead for the City of New York	municipality, I certify that the CEO
Administration for Children's Services	has reviewed and approved the 2018 - 2019 STSJP plan.
Date: 12 / 27 / 2018	STSJP Lead User ID
STSJP Lead printed name: Sara Hemmeter	
<b>Approval of the OCFS STSJP Program Lead</b>	
As OCFS STSJP reviewer. I certify that I approve of this STSJP plan for	
municipality, for 20 - 20 .	
Date: 1/25/2019	User ID: KK4352      Printed name: John Johnson