



Office of Children
and Family Services

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Acting Commissioner

July 24, 2019

Dear Chief Executive Officer,

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

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

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

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

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

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

Sincerely,

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

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

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

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

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

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

Please direct any STSJP plan questions to:

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

| MUNICIPALITY INFORMATION | | | |
|---|--|--|--|
| NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION: Clinton County | | | |
| LEAD AGENCY FOR STSJP SUBMISSION: Department of Social Services | | NAME OF CONTACT PERSON: Richard Holcomb | |
| CONTACT PERSON'S PHONE NUMBER: 518-565-3622 | | CONTACT PERSON'S EMAIL ADDRESS: Rich.holcomb@clintoncountygov.com | |

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

| SECTION ONE - List of programs to be funded | | | |
|--|--|-----------------------------|------------------------------|
| In this section, list the exact name of each program and Indirect Service that will be funded with STSJP funds, along with the projected amount of Program Expense, State Share and County Share to be used for each. (Program List and Detail Sheet must match) | | | |
| Program Name | Total Program Expense (100 percent) | State Share (62 percent) | County Share (38 percent) |
| STSJP Program 1 Youth Advocacy Program (YAP) | \$ 40000 | \$ 24800 | \$ 15200 |
| STSJP Program 2 Youth Court | \$ 24516.12 | \$ 15200 | \$ 9316.12 |
| STSJP Program 3 | \$ | \$ | \$ |
| STSJP Program 4 | \$ | \$ | \$ |
| STSJP Program 5 | \$ | \$ | \$ |
| STSJP Program 6 | \$ | \$ | \$ |
| STSJP Program 7 | \$ | \$ | \$ |

| | | | |
|---|--------------------|-----------------|--------------------|
| STSJP Program 8 | \$ | \$ | \$ |
| STSJP Program 9 | \$ | \$ | \$ |
| STSJP Program 10 | \$ | \$ | \$ |
| STSJP Program 11 | \$ | \$ | \$ |
| STSJP Program 12 | \$ | \$ | \$ |
| TOTAL | \$ 64516.12 | \$ 40000 | \$ 24516.12 |
| STSJP RTA Program (for expenditures eligible for 100% state reimbursement) STSJP-RTA Contract Extension w/ YAP | \$ 6000.00 | | |
| STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Youth Court | \$ | | |
| STSJP RTA Program (for expenditures eligible for 100% state reimbursement) | \$ | | |
| STSJP RTA Program (for expenditures eligible for 100% state reimbursement) | \$ | | |
| STSJP RTA Program (for expenditures eligible for 100% state reimbursement) | \$ | | |
| TOTAL | \$ 6000.00 | \$ | \$ |

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) Analyzing data by the zip code alone in Clinton County would be misleading. Any attempt to draw a conclusion based on raw numbers would direct services only to the City of Plattsburg, due to the population density within the city limits. However analyzing data based on referrals as a percentage of the population within a zip code one finds that the county as a whole is fairly proportionate in the number of cases from each local within the county. Therefore, The Clinton County Department of Social Services and our partner agencies will target programming towards all geographic areas within the Clinton County.

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) Clinton County had no youth placed in Detention for CY 2017

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

(250 words or less) N/A

SECTION FOUR – Performance outcomes

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

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) Clinton County Department of Social Services has worked in collaboration with representatives from the probation department, county youth bureau, law enforcement agencies, court systems, community agencies and all area school districts to develop a comprehensive plan for at risk youth. As each youth presents to the legal system a plan of intervention is developed with all appropriate community and governmental agencies as well as with the youth's family support systems. Such plans can include interventions for long term changes such as mental health counseling, school attendance plans, restorative justice activities and any other services that might be deemed necessary and appropriate. Additionally, crisis service plans are developed with interventions by medical and/or mental health providers and possible respite services if required. Agency staff meet regularly with all community partners both as part of comprehensive groups such as the Continuity of Care Committee and the Community Services Board. Clinton County staff also meet individually with community partners both governmental and not for profit organizations. Key stakeholder meets are routinely conducted in an attempt to be proactive to developing trends.

**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 | | \$ 64516.12 |
| 2. State reimbursement (Program expenses*.62) | | \$ 40000 |
| 3. State share amount (Program expenses*.38) | | \$ 24516.12 |

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

| | | |
|---|----------|------------|
| 4. STSJP allocation | \$ 40000 | |
| 5. STSJP approved | | \$ 40000 |
| 6. JDAI allocation | \$ | |
| 7. JDAI approved | | \$ |
| 8. Detention approved amount shifted to STSJP | | \$ |
| 9. PY rollover approved | | \$ |
| 10. Total approved amounts for state reimbursement | | \$ 40000 |
| 11. Total amount of approved STSJP-RTA 100% state reimbursement | | \$ 6000.00 |

Program detail inserts

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

| | | | |
|--|-----------------------------|--|--------------------|
| Program one name: | Youth Advocacy Program | Type of program: | ATD |
| Program operating agency: | Youth Advocacy Program | | |
| Program mailing address 43 Clinton Street | | | |
| Address line 2 | | | |
| City Plattsburgh | | State NY | Zip code 12901 |
| Contact person for program Casey Young | | | |
| Title Director | | Phone number (518) 561-4829 | Ext. |
| Email Kyoung@yapinc.org | | | |
| Program service detailed information | | | |
| The amount of STSJP funds that your jurisdiction will devote to the services from this program? | | | \$ 40000 |
| 1. Please indicate the specific zip codes this program will target? | | Zip Codes 12901,12903,12910,12911,12912,12918,12919,12921, 12919,12933,12934,12935,12958,12959,12962,12978, 12979,12981,12992,12993 | |
| 2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Youth referred to the YAP program will be individuals who are already involved in the criminal justice system and are at risk of being placed in detention. YAP will work collaboratively with the youth, family and community partner agencies such as schools, mental health providers any other appropriate provider agency. In addition to avoiding detention placement YAP services will also be aimed at preventing actions that would resulted in the youth being violated by the courts. | | | |
| 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) 20 | | | |
| If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below. | | | |
| 5. Did projected performance outcome meet expected outcomes? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7. | | | |
| 6. What projected outcomes were met and how were they met? (100 word or less) None of the youth served by the YAP program committed any actions that resulted in their needing to be placed in a detention facility, nor were any of the youth violated by the courts for failure to comply with court ordered mandates. | | | |
| 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) 32 | | | |
| 9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 17 | | | |
| 10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) \$0 | | | |
| Program two name: | Youth Court | Type of program: | Early Intervention |
| Program operating agency: | Clinton County Youth Bureau | | |
| Program mailing address 135 Margaret Street, Second Floor | | | |

| | | |
|---|--|----------------|
| Address line 2 | | |
| City Plattsburgh | State NY | Zip code 12901 |
| Contact person for program Kim Crockett | | |
| Title Grade B Supervisor | Phone number (518) 565-4706 | Ext. |
| Email Kim.crockett@clintoncountygov.com | | |
| Program service detailed information | | |
| The amount of STSJP funds that your jurisdiction will devote to the services from this program? | | \$ 24517 |
| 1. Please indicate the specific zip codes this program will target? | Zip Codes 12901,12903,12910,12911,12912,12918,12919,12921, 12919,12933,12934,12935,12958,12959,12962,12978, 12979,12981,12992,12993 | |
| 2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Youth referred to the Youth Court will be individuals who have not yet entered the criminal justice system but who demonstrate behaviors that indicate they are at risk of becoming involved in the courts system. Utilizing peer interventions and prosocial activities individuals will be prevented from becoming involved in the judicial system. | | |
| 3. Does your municipality plan to replicate program across multiple locations? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no) | | |
| 4. What is the projected number of youth who will receive service from this program? (4-character number) 20 | | |
| If the program received STSJP funds in the previous program year 2018 - 2019, answer the questions below. | | |
| 5. Did projected performance outcome meet expected outcomes? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7. | | |
| 6. What projected outcomes were met and how were they met? (100 word or less) None of the youth assigned to the Youth Court Program have engaged in behavior that brought them back into contact with the legal or judicial systems. During the course of the contract year youth engaged in the following prosocial behaviors: 133 Hours of Community Service 19 Jury Duties 9 Apology Letters 7 Educational Classes 2 Essay Assignments | | |
| 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) 60 | | |
| 9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 17 | | |
| 10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) \$0 | | |

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

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

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

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

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|----------------------------------|--|-------------------------|--|
| Program five name: | | Type of program: | |
| Program operating agency: | | | |
| Program mailing address | | | |
| Address line 2 | | | |

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

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

| | | | |
|---|------------------|-------------------------|--|
| Program seven name: | | Type of program: | |
| Program operating agency: | | | |
| Program mailing address | | | |
| Address line 2 | | | |
| City | State | Zip code | |
| Contact person for program | | | |
| Title | Phone number () | Ext | |
| Email | | | |
| Program service detailed information | | | |
| The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ | | | |
| 1. Please indicate the specific zip codes this program will target? Zip Codes | | | |
| 2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) | | | |
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| 8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) | | | |
| 9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) | | | |
| 10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) | | | |

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

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

| | | | |
|---|------------------|-------------------------|--|
| Program nine name: | | Type of program: | |
| Program operating agency: | | | |
| Program mailing address | | | |
| Address line 2 | | | |
| City | State | Zip code | |
| Contact person for program | | | |
| Title | Phone number () | Ext. | |
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| 3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input type="checkbox"/> no) | | | |
| 4. What is the projected number of youth who will receive service from this program? (4-character number) | | | |
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| 8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) | | | |
| 9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) | | | |
| 10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) | | | |

| | | | |
|--|------------------|-------------------------|--|
| Program ten name: | | Type of program: | |
| Program operating agency: | | | |
| Program mailing address | | | |
| Address line 2 | | | |
| City | State | Zip code | |
| Contact person for program | | | |
| Title | Phone number () | Ext. | |
| Email | | | |
| Program service detailed information | | | |
| The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ | | | |
| 1. Please indicate the specific zip codes this program will target? Zip Codes | | | |

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

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

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

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

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| STSJP/RTA | Youth Advocacy Program | Type of program: | STSJP-RTA |
| Program name: | Youth Advocacy Program | | |
| Program operating agency: | Youth Advocacy Program | | |
| Program mailing address | | | |
| 43 Clinton Street | | | |
| Address line 2 | | | |
| City Plattsburgh | | State NY | Zip code 12901 |
| Contact person for program Casey Young | | | |
| Title Program Director | | Phone number (518) 4829 | Ext. |
| Email Kyoung@yapinc.org | | | |
| Program service detailed information | | | |
| The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 6,000 | | | |
| 1. Please indicate the specific zip codes this program will target? Zip Codes | | | |
| 12901,12903,12910,12911,12912,12918,12919,12921,12919,12933,12934,12935,12958,12959,12962,12978,12979,12981,12992,12993 | | | |
| 2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Youth referred to the YAP program will be individuals who are already involved in the criminal justice system and are at risk of being placed in detention. YAP will work collaboratively with the youth, family and community partner agencies such as schools, mental health providers any other appropriate provider agency. In addition to avoiding detention placement YAP services will also be aimed at preventing actions that would resulted in the youth being violated by the courts. | | | |
| 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) 20 | | | |
| If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below. | | | |
| 5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7. | | | |

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

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| STSJP/RTA Program name: | Youth Courth | Type of program: | New Program STSJP-RTA |
| Program operating agency: | Clinton County Youth Bureau | | |
| Program mailing address 135 Margaret Street, Second Floor | | | |
| Address line 2 | | | |
| City Plattsburgh | | State NY | Zip code 12901 |
| Contact person for program Kim Crockett | | | |
| Title Grade B Supervisor | | Phone number (518) 565-4706 | Ext. |
| Email | | | |
| Program service detailed information | | | |
| The amount of STSJP funds that your jurisdiction will devote to the services from this program? | | | \$ 0 |
| 1. Please indicate the specific zip codes this program will target? | | Zip Codes 12901,12903,12910,12911,12912,12918,12919,12921, 12919,12933,12934,12935,12958,12959,12962,12978, 12979,12981,12992,12993 | |
| 2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) | | | |
| 3. Does your municipality plan to replicate program across multiple locations? (<input 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) 20 | | | |
| If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below. | | | |
| 5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7. | | | |
| 6. What projected outcomes were met and how were they met? (100 word or less) | | | |
| 7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) | | | |
| 8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) | | | |
| 9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) | | | |
| 10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) | | | |

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|----------------------------------|--|-------------------------|----------|
| STSJP/RTA Program name: | | Type of program: | |
| Program operating agency: | | | |
| Program mailing address | | | |
| Address line 2 | | | |
| City | | State | Zip code |
| Contact person for program | | | |
| Title | | Phone number () | Ext. |

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

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| SECTION EIGHT – Plan Approval |
| Approval of the Chief Executive Officer |
| As STSJP Lead for Clinton County Department of Social Services municipality, I certify that the CEO |
| Harry McMannus has reviewed and approved the 2018 - 2019 STSJP plan. |
| Date: 10 / 10 / 2018 STSJP Lead User ID 09a509 |
| STSJP Lead printed name: Richard Holcomb |
| Approval of the OCFS STSJP Program Lead |
| As OCFS STSJP reviewer. I certify that I approve of this STSJP plan for <u>Clinton</u> |
| municipality, for 20 <u>18</u> - 20 <u>19</u> . |
| Date: <u>7/24/19</u> User ID: <u>JT0911</u> Printed name <u>Lynn Tubbs</u> |