



**Office of Children
and Family Services**

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Commissioner

February 12, 2020

Dear Chief Executive Officer,

Thank you for submitting Clinton County's Supervision and Treatment Services for Juveniles Program (STSJP) plan for Program Year (PY) 2019-20. Your plan has been reviewed by the Office of Children and Family Services (OCFS), and we are pleased to inform you that your STSJP plan has been approved.

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

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 non-Raise The Age detention services expenditures up to the capped allocation amount. If your municipality shifts a portion of its detention allocation into its STSJP plan, your municipality will receive 62% State reimbursement if such shifted funds are spent on STSJP eligible expenditures. A municipality may make a detention allocation shift at the time of the STSJP plan submission or up until 6/30/20, unless otherwise approved by the Office of Children and Family Services. If Clinton County plans to shift its detention allocation for STSJP eligible expenses, please submit a request on official letterhead to Lynn Tubbs and email it to stsjp@ocfs.ny.gov outlining the amount that will be shifted and the type of programming or services the re-purposed detention funds will be used for under STSJP. An amended STSJP plan will also need to be submitted.

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

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

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

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

Sincerely,



Nina Aledort, PhD
Deputy Commissioner

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

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

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

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

Please be sure that the title "STSJP 2019-2020 Annual Plan-Municipality Name" are in the **Subject Field** to facilitate the timely review of your STSJP plan.

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

Please direct any STSJP plan questions to:

- Geneva Hilliard: 518-486-1819
- Lynn Tubbs: 518-473-9116

| MUNICIPALITY INFORMATION | |
|---|---|
| NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION: Clinton County | |
| LEAD AGENCY FOR STSJP SUBMISSION: Clinton County DSS | 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 |
|---|
| Instructions for submitting an STSJP plan for OCFS review: <ol style="list-style-type: none"> a. Once you have opened this form on your computer, please immediately use the "Save As" function in Microsoft Word to save a copy; b. Save your application using the file name "STSJP 2019-2020 Annual Plan – (Name of County)"; c. Work from the "saved" application document, using it to record all of your municipality information; d. Once you have completed entering the required data, save the document. <p>Send the completed application to OCFS via the STSJP email address at: stsjp@ocfs.ny.gov</p> |

PART I – STSJP PROGRAMS

| SECTION 1 | PLAN AMOUNTS |
|---|--------------|
| EXPENSES | |
| 1. Total program expenses | \$ 92517.00 |
| 2. State reimbursement | \$ 57360.54 |
| 3. Local share amount | \$ 35156.46 |
| Reimbursements for the plan (Enter all amounts that are applicable.) | |
| 4. STSJP allocation amount | \$ 40000.00 |
| 5. STSJP local approved plan amount | \$ 40000.00 |
| 6. Detention approved amount shifted to STSJP | \$ 0 |
| 7. PY rollover approved amount | \$ 17360.54 |
| 8. Total approved amounts for state reimbursement | \$ 57360.54 |

| SECTION 2 | LIST OF STSJP PROGRAMS TO BE FUNDED | | |
|--|-------------------------------------|-----------------------------|---|
| Program Name | Local Share (38 percent) | State Share (62 percent) | Total Program Expenses (100 percent) |
| STSJP Program 1 Youth Advocacy Program (YAP) | \$ 25840.00 | \$ 42160.00 | \$ 68000.00 |
| STSJP Program 2 Youth Court | \$ 9316.46 | \$ 15200.54 | \$ 24517.00 |

| | | | |
|------------------|----|----|-------------|
| 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 | | | \$ 92517.00 |

STSJP PROGRAMMING DETAILS

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

STSJP Program 1

| | | | |
|---|--|--|-------------------|
| STSJP Program 1 Name: Youth Advocacy Program (YAP) | | STSJP Program 1 Type: Alternative to Placement | |
| STSJP Program 1 Operating Agency: Youth Advocacy Program (YAP) | | | |
| Program Mailing Address 43 Clinton Street | | | |
| Address Line 2 | | | |
| City Plattsburgh | | State NY | Zip Code 12901 |
| Contact Person for Program Casey Young | | Email Kyoung@yapinc.org | |
| Title Director | | Phone (518) 561 - 4829 | Ext |

STSJP Program 1 Service Detailed Information

- The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 68000.00
- Please indicate the specific zip codes this program will target.
12901,12903,12910,12911,12912,12918,12919,12921,
12919,12933,12934,12935,12958,12959,12962,12978,
12979,12981,12992,12993,
- 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 out of home. 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 placement YAP services will also be aimed at preventing actions that would resulted in the youth being violated by the courts.
- Does your municipality plan to replicate the program across multiple locations? Yes No

5. What is the projected number of youth who will receive services from this program? 20
If the STSJP Program 1 received STSJP funds in the previous STSJP PY, answer the questions below.

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

7. What projected outcomes were met and how were they met? (100 words or less) None of the youth served by the YAP program committed any actions that resulted in their needing to be placed out of home, nor were any of the youth violated by the courts for failure to comply with court ordered mandates.

8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) Due to the state funding date changes this program and the county did not enter into an agreement until almost the end of the program cycle. Therefore, only 5 children were served during the program period.

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 47.75

10. Total number of youth served by this program during the previous STSJP PY: 5

11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 17360.54

| | | |
|--|---|-------------------|
| STSJP Program 2 | | |
| STSJP Program 2 Name: Youth Court | STSJP Program 2 Type: Early Intervention | |
| STSJP Program 2 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 Terra Sisco | Email Terra.sysco@clintoncountygov.com | |
| Title Supervisor of County Youth Programs | Phone (518) 565 - 4754 | Ext |

| | |
|--|-------------------------------------|
| STSJP Program 2 | Service Detailed Information |
| 1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 24517 | |
| 2. Please indicate the specific zip codes this program will target. 12901,12903,12910,12911,12912,12918,12919,12921, 12919,12933,12934,12935,12958,12959,12962,12978, 12979,12981,12992,12993, | |
| 3. 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 are being diverted from further juivinal justice intervention.system. Utilizing peer interventions and prosocial activites individuals will be prevented from becoming further involvement in the juivinal justice system. | |
| 4. Does your municipality plan to replicate the program across multiple locations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5. What is the projected number of youth who will receive services from this program? 20 If the STSJP Program 2 received STSJP funds in the previous STSJP PY, answer the questions below. | |
| 6. Did projected performance outcomes meet expected outcomes? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 . | |
| 7. What projected outcomes were met and how were they met? (100 words or less) This program served two youth beyond the projected number of twenty youth. Each of the youth were adjudicated through the youth court process and were assigned pro-social activities such as community service, written letter of appology and at times assigned | |

restitution. During the program year only one youth enrolled in the program had any additional interactions with the legal system.

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

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 40

10. Total number of youth served by this program during the previous STSJP PY: 22

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

STSJP Program 3

| | | | |
|-----------------------------------|----------------|-----------------------|----------|
| STSJP Program 3 Name: | | STSJP Program 3 Type: | |
| STSJP Program 3 Operating Agency: | | | |
| Program Mailing Address | | | |
| Address Line 2 | | | |
| City | | State | Zip Code |
| Contact Person for Program | | Email | |
| Title | Phone () - | | Ext |

STSJP Program 3 Service Detailed Information

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

STSJP Program 4

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

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

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

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

STSJP Program 6

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

STSJP Program 6 Service Detailed Information

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

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

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

STSJP Program 7

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

STSJP Program 7 Service Detailed Information

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

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

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

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

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

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

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

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

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

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

| | | |
|-----------------------------------|-----------------------|----------|
| STSJP Program 9 | | |
| STSJP Program 9 Name: | STSJP Program 9 Type: | |
| STSJP Program 9 Operating Agency: | | |
| Program Mailing Address | | |
| Address Line 2 | | |
| City | State | Zip Code |
| Contact Person for Program | Email | |

| | | |
|-------|----------------|-----|
| Title | Phone () - | Ext |
|-------|----------------|-----|

STSJP Program 9 Service Detailed Information

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

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

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

STSJP Program 10

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

STSJP Program 10 Service Detailed Information

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

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

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

STSJP Program 11

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

STSJP Program 11 Service Detailed Information

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

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

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

STSJP Program 12

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

STSJP Program 12 Service Detailed Information

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

If the STSJP Program 12 received STSJP funds in the previous STSJP PY, answer the questions below.

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

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

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

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

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

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

PART II – STSJP-RTA PROGRAMS

SECTION 1 STSJP RTA PLAN AMOUNTS

Expenses

| | |
|-----------------------------|----------|
| 1. RTA-approved plan amount | \$ 64710 |
| 2. Total program expenses | \$ 64710 |

SECTION 2 LIST OF STSJP-RTA PROGRAMS TO BE FUNDED

| Program Name | Total Program Expenses |
|---|------------------------|
| STSJP-RTA Program 1 Youth Advocacy Program (YAP) | \$ 40000 |
| STSJP-RTA Program 2 Youth Court | \$ 24710 |
| STSJP-RTA Program 3 | \$ |
| STSJP-RTA Program 4 | \$ |
| STSJP-RTA Program 5 | \$ |
| STSJP-RTA Program 6 | \$ |
| TOTAL | \$ 64710 |

STSJP-RTA PROGRAMMING DETAILS

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

STSJP-RTA Program 1

| | | | |
|---|--|--|-------------------|
| Program 1 Name: Youth Advocacy Program | | Program 1 Type: Alternative to Placement | |
| Program 1 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 Kasey Young | | Email Kyoung@yapinc.org | |
| Title Program Director | | Phone (518) 561 - 4829 | Ext |

STSJP-RTA Program 1 Service Detailed Information

| |
|--|
| 1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 40,000 |
| 2. Please indicate the specific zip codes this program will target. 12901,12903,12910,12911,12912,12918,12919,12921, 12919,12933,12934,12935,12958,12959,12962,12978, 12979,12981,12992,12993, |
| 3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Youth referred to the YAP program, who meet the criteria for RTA, will be individuals who are already involved in the criminal justice system and are at risk of being placed out of home. 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 placement YAP services will also be aimed at preventing actions that would result in the youth being violated by the courts. |
| 4. Does your municipality plan to replicate the program across multiple locations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. What is the projected number of youth who will receive services from this program? 20 |
| If the STSJP-RTA Program 1 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below. |
| 6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8. |
| 7. What projected outcomes were met and how were they met? (100 word or less) |
| 8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) No individuals were served under STSJP-RTA funding during this period. |
| 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 0 |
| 10. Total number of youth served by this program during the previous STSJP-RTA PY: 0 |
| 11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program? 0 |

STSJP-RTA Program 2

| | | | |
|--------------------------------|--|--|--|
| Program 2 Name: Youth Court | | Program 2 Type: Early Intervention | |
| Program 2 Operating Agency: | | | |

| | | |
|---|---|--------------------|
| Clinton County Youth Bureau | | |
| Program Mailing Address 135 Margaret Street Second Floor | | |
| Address Line 2 | | |
| City Plattsburgh | State NY | Zip Code 129001 |
| Contact Person for Program Tarra Sisco | Email Terra.sysco@clintoncountygov.com | |
| Title Supervisor of County Youth Programs | Phone (518) 565 - 4754 | Ext |

STSJP-RTA Program 2 Service Detailed Information

| |
|--|
| 1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 24710 |
| 2. Please indicate the specific zip codes this program will target. 12901,12903,12910,12911,12912,12918,12919,12921, 12919,12933,12934,12935,12958,12959,12962,12978, 12979,12981,12992,12993, |
| 3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Youth referred to the Youth Court, who meet the criteria for RTA, will be individuals who are being diverted from further juivinal justice intervention.system. Utilizing peer interventions and prosocial activites individuals will be prevented from becoming further involvement in the juivinal justice system. |
| 4. Does your municipality plan to replicate the program across multiple locations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. What is the projected number of youth who will receive services from this program? 15 |
| If the STSJP-RTA Program 2 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below. |
| 6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8. |
| 7. What projected outcomes were met and how were they met? (100 word or less) |
| 8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) No individuals were served under STSJP-RTA funding during this period. |
| 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 0 |
| 10. Total number of youth served by this program during the previous STSJP-RTA PY: 0 |
| 11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program? 0 |

STSJP-RTA Program 3

| | | |
|-----------------------------|-----------------|----------|
| Program 3 Name: | Program 3 Type: | |
| Program 3 Operating Agency: | | |
| Program Mailing Address | | |
| Address Line 2 | | |
| City | State | Zip Code |
| Contact Person for Program | Email | |
| Title | Phone () - | Ext |

STSJP-RTA Program 3 Service Detailed Information

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

STSJP-RTA Program 4

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

STSJP-RTA Program 4 Service Detailed Information

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

STSJP-RTA Program 5

| | |
|-----------------|-----------------|
| Program 5 Name: | Program 5 Type: |
|-----------------|-----------------|

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

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

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

| | | | |
|---|--|-------------------------------------|--|
| STSJP-RTA Program 6 | | Service Detailed Information | |
| 1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ | | | |
| 2. Please indicate the specific zip codes this program will target. | | | |
| 3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) | | | |
| 4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 5. What is the projected number of youth who will receive services from this program? | | | |

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

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

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

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

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

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

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

PART III – STSJP-RTA PROGRAM ANALYSIS

SECTION 1 Overall Analysis

A. Overall Analysis of Communities

Discuss and identify the neighborhoods or communities by zip codes or areas from which the highest number of Youthful Offenders (YO), Adolescent Offenders (AO), Juvenile Delinquents (JD) and Persons in Need of Supervision (PINS) enter the youth justice system, and the factors that may be contributing. In that Clinton County is a mid-size rural county the general population serviced by the STSJP funds come from all communities within the county. It is the intent to continue to utilize the YAP and Youth Court programs to serve all of the communities within our county again this FY.

B. Overall Analysis of Disparity

Please provide information indicating whether there is evidence of racial/ethnic disparity in your local system's use of detention or residential placement. There is no disparity among racial/ethnic groups in our area.

If such disparity exists, describe how this STSJP plan addresses the issues of disparity. N/A

SECTION 2 PERFORMANCE OUTCOMES

For current program year, provide the projected performance outcomes for all of your proposed services and programs. Be sure to include an estimate of the anticipated reductions in detention utilization and residential placements. (250 words or less) Using a combination of Alternative to Placements programming and Early Intervention programming Clinton County anticipates being able to prevent the placement of Youth who are served thru the STSJP and STSJP-RTA funds. Both programs have proven to be effective in the past with preventing at risk juveniles from requiring placements and it is anticipated that utilization of both proactive and community based interventions will allow the targeted population to remain in the community without need for higher levels of intervention.

SECTION 3 COLLABORATION SECTION

As per STSJP legislation, collaboration is required. Please describe your municipality's activities in developing this year's STSJP plan in collaboration with local agencies responsible for probation, law enforcement, detention, diversion, social services, courts, services providers, schools, and youth development programs. The programs proposed for used in the STSJP and STSJP-RTA process have a strong history of collaboration across programs in our community. The plan was developed with input from law enforcement, probation, schools and the courts systems within the County.

SECTION 4 COOPERATIVE APPLICATIONS SUBMITTED JOINTLY BY TWO OR MORE COUNTIES

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

Two or more eligible local jurisdictions (counties) may join together to establish, operate and maintain Supervision and treatment services for juvenile programs, and may enter into agreements in connection therewith.

Counties submitting such applications must provide the following information:

1. Describe the provisions for the proportionate cost to be borne by each county:
2. Describe how personnel will be compensated across and between counties in the cooperative:

3. If a single fiscal officer will be the custodian of the funds made available for STSJP, please provide the officer's name and contact information:

PART IV – PLAN APPROVAL

SECTION 1 APPROVAL OF THE CHIEF EXECUTIVE OFFICER

As STSJP Lead for Clinton County municipality, I certify that the CEO Mark Henry has reviewed and approved the 2020 STSJP plan.

Date: 02 / 04 / 2020 User ID: 09a509

Print name: Richard Holcomb

SECTION 2 APPROVAL OF THE OCFS PROGRAM LEAD

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

Date: 2 / 12 / 20 User ID: JT0911

Print name: Lynn Tubbs