



Office of Children  
and Family Services

ANDREW M. CUOMO  
Governor

SHEILA J. POOLE  
Commissioner

October 28, 2019

Dear Chief Executive Officer,

Thank you for submitting Essex 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**.

Essex 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 Essex 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](mailto:stsjp@ocfs.ny.gov) outlining the amount that will be shifted and the type of programming or services the re-purposed detention funds will be used for under STSJP. An amended STSJP plan will also need to be submitted.

As a reminder, to access RTA reimbursement 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 Lynn Tubbs at (518) 473-9116/[Lynn.Tubbs@ocfs.ny.gov](mailto:Lynn.Tubbs@ocfs.ny.gov) or Geneva Hilliard at (518) 486-1819/[Geneva.Hilliard@ocfs.ny.gov](mailto: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 / 31 / 18

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

MUNICIPALITY INFORMATION	
NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION: Essex County	
LEAD AGENCY FOR STSJP SUBMISSION: Essex County Probation Department	NAME OF CONTACT PERSON: Julian T. Beatty, Probation Officer
CONTACT PERSON'S PHONE NUMBER: 518-873-3658	CONTACT PERSON'S EMAIL ADDRESS: <a href="mailto:jbeatty@co.essex.ny.us">jbeatty@co.essex.ny.us</a>

Plan Submission Instructions
<p>Instructions for submitting an STSJP plan for OCFS review:</p> <ol style="list-style-type: none"> <li>Once you have opened this form on your computer, please immediately use the "Save As" function in Microsoft Word to save a copy;</li> <li>Save your application using the following name "PY 2018 - 2019 STSJP Plan - (Name of municipality)";</li> <li>Work from the "saved" application document, using it to record all of your municipality's information;</li> <li>Once you have completed entering the required data, save the document;</li> <li>Prior to submission, review calculation in section eight for accuracy. Complete the "Approval and Certification" section before submission to OCFS;</li> </ol> <p>Send the completed application to OCFS via the STSJP email address at: <a href="mailto:stsjp@ocfs.ny.gov">stsjp@ocfs.ny.gov</a></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 Essex County Probation Department-ATP	\$ 32,257.50	\$ 19,999.65	\$ 12,257.85
STSJP Program 2 Essex County Probation Department-Early intervention	\$ 32,257.50	\$ 19,999.65	\$ 12,257.85
STSJP Program 3	\$	\$	\$
STSJP Program 4	\$	\$	\$
STSJP Program 5	\$	\$	\$
STSJP Program 6	\$	\$	\$

STSJP Program 7	\$	\$	\$
STSJP Program 8	\$	\$	\$
STSJP Program 9	\$	\$	\$
STSJP Program 10	\$	\$	\$
STSJP Program 11	\$	\$	\$
STSJP Program 12	\$	\$	\$
<b>TOTAL</b>	<b>\$ 64,515.00</b>	<b>\$ 39,999.30</b>	<b>\$ 24,515.70</b>
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Early Intervention	\$ 12,000.00		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) ATP	\$ 2,500.00		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) ATD	\$1,000.00		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
<b>TOTAL</b>	<b>\$15,500.00</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) Essex County is the 2nd largest County by geographic size in NYS. It is very rural with no population center. Youth at risk of detention or residential placement may originate from any of the 18 towns or 13 school districts within the County. Historical data does not indicate that there is any particular town or school district from which a significant # of youth requiring detention or residential placement hail from. Without a population center like most counties experience, Essex County must be prepared to make resources and services available to youth from border to border. 2012-2017 data does note that the majority of the youth in residential placement were from the larger school districts serving Essex County youth, one of which has youth who reside in 5 separate zip code communities.

**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) There are no disparities or disproportionalities in our system. The most recent youths listed on OCFS detention data attributable to Essex County were not Essex County, NY youths and I believe the data has been corrected or is in the process of being corrected.

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

**SECTION FOUR - Performance outcomes**

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

(250 word or less) There will be no detention of any youth at low risk for failing to appear in Court or youth who do not pose a safety risk to the community. There will be no residential placements for youth scoring low to moderate risk as measured by YASI.

**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) Collaborative partners include Essex County DSS, Essex County Mental Health, a designated school partner, Youth Advocate Program, child/adolescent inpatient psychiatric personnel, Health Homes/HCBS Waiver program, various police agencies, and a parent representative. The Probation Dept's enhanced supervision as well as frequent provider contacts, team meetings, sanctions, drug testing, group facilitation, and evidenced based practices are devised to provide a child and family team approach with better communication between all partners working with the youth. Probation Officers meeting with the youth and family at home as well as the youth and officials at school can also enhance relationships between youth and authority figures and provide the supervising Probation Officer with greater information regarding the youth, his/her particular needs and problems and allow for greater problem solving with all involved. Ongoing collaboration exists on a weekly basis between agency partners relative to medium and high risk youth.

**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		\$ 64,515.00
2. State reimbursement (Program expenses* 62)		\$ 39,999.30
3. State share amount (Program expenses* 38)		\$ 24,515.70
<b>Add in Reimbursements for the plan (fill out all that are applicable)</b>		
4. STSJP allocation	\$ 40,000.00	
5. STSJP approved		\$ 39,999.30
6. JDAI allocation	\$	
7. JDAI approved		\$

8. Detention approved amount shifted to STSJP		\$
9. PY rollover approved		\$
10. Total approved amounts for state reimbursement		\$39,999.30
11. Total amount of approved STSJP-RTA 100% state reimbursement		\$15,500.00

**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.

<b>Program one name:</b>	Essex County Probation Department	<b>Type of program:</b>	ATP
<b>Program operating agency:</b>	Essex County Probation Department		
Program mailing address PO Box 217, 7551 Court Street			
Address line 2			
City Elizabethtown	State NY	Zip code 12932	
Contact person for program Juliann T. Beatty			
Title Probation Officer	Phone number (518) 873-3658	Ext.	
Email jbeatty@co.essex.ny.us			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 32,257.50			
1. Please indicate the specific zip codes this program will target? Zip Codes All zip codes in Essex County			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) "Enhanced supervision" of juveniles will reduce reliance on residential placements. PO's meet weekly with youth at school or at home, face to face contacts with school officials and parents, youth will have a Child/Family team (parents, PO, providers) and team meetings; EM & drug testing if applicable, referral for services as identified by YASI, as well as youth parents, and school, more family focused approach, evidence based (BITS or Interactive Journaling), Yoga, etc.			
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) 15			
<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) There were no detentions of any youth at low risk for failing to appear in Court or youth who do not pose a safety risk to the community (no detention of any Essex County youth at all). There were no out of home placements for youth scoring low to moderate risk as measured by YASI.			
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) NA			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 261			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 5			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) \$0			
<b>Program two name:</b>	Essex County Probation Department	<b>Type of program:</b>	Early Intervention

<b>Program operating agency:</b> Essex County Probation Department		
Program mailing address PO Box 217, 7551 Court Street		
Address line 2		
City Elizabethtown	State NY	Zip code 12932
Contact person for program Juliann T. Beatty		
Title Probation Officer	Phone number (518) 873-3658	Ext.
Email jbeatty@co.essex.ny.us		
<b>Program service detailed information</b>		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 32,257.50		
1. Please indicate the specific zip codes this program will target? Zip Codes All zip codes in Essex County		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Enhanced supervision will reduce the # of youth who would have further contact w/juvenile justice system. PO's meet weekly with youth at school or at home, face to face contacts with school and parents, youth will have Child/Family team (parents, PO's providers) & team meetings; drug testing if applicable, referrals for services as identified by YASI, as well as youth, parents, and schools, all JD's will perform 10 hrs community service, more family focused approach, social skills, BITS, etc.		
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) 32		
<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 checked="" 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) There were no detentions of any youth at low risk for failing to appear in Court or youth who do not pose a safety risk to the community (no detention at all in Essex County). There were no out of home placements for youth scoring low to moderate risk as measured by YASI (see below)		
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) 1 of the 2 out of home placements was high risk as measured by YASI. There was 1 other placement of a female, adjudicated both JD (for Assault) and PINS. Overall YASI risk level was moderate; static & dynamic risk were high & very high, & her static protective and dynamic protective were none and low. How her overall risk level resulted in "moderate" is questionable. I believe this case to be an anomaly.		
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 134		
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 28		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) \$0		
<b>Program three name:</b>	<b>Type of program:</b>	
<b>Program operating agency:</b>		
Program mailing address		
Address line 2		
City	State	Zip code
Contact person for program		
Title	Phone number ( )	Ext.

Email s
<b>Program service detailed information</b>
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)

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

<b>Program service detailed information</b>
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)

<b>Program five name:</b>	<b>Type of program:</b> ATD
<b>Program operating agency:</b>	

Program mailing address		
Address line 2		
City	State	Zip code
Contact person for program		
Title	Phone number ( )	Ext.
Email		
<b>Program service detailed information</b>		
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 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		
<b>Program service detailed information</b>		
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		
<b>Program service detailed information</b>		
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 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		
<b>Program service detailed information</b>		
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? ( 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>Program nine name:</b>			<b>Type of program:</b>	
<b>Program operating agency:</b>				
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? ( yes or  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? ( 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>Program ten name:</b>			<b>Type of program:</b>	
<b>Program operating agency:</b>				
Program mailing address				
Address line 2				
City		State	Zip code	
Contact person for program				
Title		Phone number ( )		Ext.
Email				

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

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

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

Program twelve name:		Type of program:	
Program operating agency:			
Program mailing address			

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

STSJP/RTA Program name:	EC Probation Dept STSJP RTA Early Intervention	Type of program:	STSJP-RTA
Program operating agency:	Essex County Probation Department		
Program mailing address			
PO Box 217, 7551 Court Street			
Address line 2			
City Elizabethtown	State NY	Zip code 12932	
Contact person for program Juliann T. Beatty			
Title Probation Officer	Phone number (518) 873-3658	Ext.	
Email jbeatty@co.essex.ny.us			
<b>Program service detailed information:</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 12,000.00			
1. Please indicate the specific zip codes this program will target? Zip Codes All zip codes in Essex County			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) This program will provide 16 yo diversion youth with "enhanced supervision" which will reduce the # of youth having further contact w/juvenile justice system. PO's meet weekly with youth at school/home, face to face contacts with school & parents, youth will have Child/Family team (parents, PO's providers) & team meetings; drug testing if applicable, referrals for services as identified by YASI, youth, parents, and schools, perform 10 hrs community service, evidenced based practices, etc			
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) 10			
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)

<b>STSJP/RTA</b>	EC Probation Dept STSJP RTA ATP	<b>Type of program:</b>	New Program STSJP-RTA
<b>Program name:</b>	Essex County Probation Department		
<b>Program operating agency:</b>	Essex County Probation Department		
Program mailing address			
PO Box 217, 7551 Court Street			
Address line 2			
City Elizabethtown		State NY	Zip code 12932
Contact person for program Juliann T. Beatty			
Title Probation Officer		Phone number (518) 873-3658	Ext.
Email jbeatty@co.essex.ny.us			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 2,500.00			
1. Please indicate the specific zip codes this program will target? Zip Codes All zip codes in Essex County			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) "Enhanced supervision" of 16 yo AO's and JD's will reduce reliance on post sentence confinement. PO's meet weekly with those youths at school or at home, face to face contacts with school officials/parents, youth will have Child/Family Team (parents, PO, Providers), and team mtgs; EM and drug testing if applicable, referral for services as identified by YASI, as well as youth, parents, & school, more family focused approach, evidenced based practices, social skills, etc			
3. Does your municipality plan to replicate program across multiple locations? <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no			
4. What is the projected number of youth who will receive service from this program? (4-character number)			
If the program received STSJP funds in the previous program year 20__ - 20__ , answer the questions below.			
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</b>	EC Probation Dept STSJP RTA ATD	<b>Type of program:</b>	ATD
<b>Program name:</b>	Essex County Probation Department		
<b>Program operating agency:</b>	Essex County Probation Department		
Program mailing address			
PO Box 217, 7551 Court Street			
Address line 2			
City Elizabethtown		State NY	Zip code 12932

Contact person for program Juliann T. Beatty		
Title Probation Officer	Phone number (518) 873-3658	Ext.
Email jbeatty@co.essex.ny.us		
<b>Program service detailed information</b>		
The amount of STSJP funds that your jurisdiction will devote to the services from this program?		\$1,000.00
1. Please indicate the specific zip codes this program will target? Zip Codes All zip codes in Essex County		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) With use of electronic monitoring equipment rented, installed, and monitored by the Probation Department, in addition to Respite and Predispositional supervision of 16 yo JD's & AD's, reliance on detention will be reduced for Essex County 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) 4		
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)		
<b>SECTION EIGHT - Plan Approval</b>		
<b>Approval of the Chief Executive Officer</b>		
As STSJP Lead for Essex County		municipality, I certify that the CEO
Daniel Palmer, County Manager		has reviewed and approved the 2018 - 2019 STSJP plan.
Date: 02 / 28 / 2019	STSJP Lead User ID: 20stj12	
STSJP Lead printed name: Juliann T. Beatty		
<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 2018 - 2019.		
Date: 10/25/19	User ID: JT0911	Printed name Lynn Tullbos