



Office of Children  
and Family Services

ANDREW M. CUOMO  
Governor

SHEILA J. POOLE  
Commissioner

February 27, 2020

Dear Chief Executive Officer,

Thank you for submitting Franklin 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.

Franklin 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 Franklin 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

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](mailto:stsjp@ocfs.ny.gov)

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

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

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

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

<b>MUNICIPALITY INFORMATION</b>	
NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION: Franklin County	
LEAD AGENCY FOR STSJP SUBMISSION: Franklin County Dept. of Social Services	NAME OF CONTACT PERSON: Lisa R. Griffin
CONTACT PERSON'S PHONE NUMBER: 518-481-1615	CONTACT PERSON'S EMAIL ADDRESS: <a href="mailto:Lisa.Griffin2@dfa.state.ny.us">Lisa.Griffin2@dfa.state.ny.us</a>

#### **Plan Submission instructions**

Instructions for submitting an STSJP plan for OCFS review.

- a. Once you have opened this form on your computer, please immediately use the "Save As" function in Microsoft Word to save a copy;
- b. Save your application using the following name "PY 20 - 20 STSJP Plan - (Name of municipality)";
- c. Work from the "saved" application document, using it to record all of your municipality's information;
- d. Once you have completed entering the required data, save the document;
- e. Prior to submission, review calculation in section eight for accuracy. Complete the "Approval and Certification" section before submission to OCFS;

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

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

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

<b>Program Name</b>	<b>Total Program Expense (100 percent)</b>	<b>State Share (62 percent)</b>	<b>County Share (38 percent)</b>
STSJP Program 1 Youth Advocate Program, Inc. Detention Alternatives Program	\$ 58,000	\$ 35,960	\$ 22,040
STSJP Program 2 Franklin County Probation Electronic Home Monitoring System (EHM)	\$ 5,000	\$ 3,100	\$ 1,900
STSJP Program 3 Youth Advocate Program, Inc.- Supported Work Program	\$ \$2,716.12	\$ \$1,684	\$ 1,032.12
STSJP Program 4	\$	\$	\$
STSJP Program 5	\$	\$	\$

STSSJP Program 6	\$	\$	\$
STSSJP Program 7	\$	\$	\$
STSSJP Program 8	\$	\$	\$
STSSJP Program 9	\$	\$	\$
STSSJP Program 10	\$	\$	\$
STSSJP Program 11	\$	\$	\$
STSSJP Program 12	\$	\$	\$
<b>TOTAL</b>	\$ 65,716.12	\$ 40,744	\$ 24,972.12
STSSJP RTA Program (for expenditures eligible for 100% state reimbursement) Youth Advocate Program- Detention Alternatives Program	\$ \$10,000		
STSSJP RTA Program (for expenditures eligible for 100% state reimbursement) Franklin County Probation- Electronic Home Monitoring	\$ 4,800		
STSSJP RTA Program (for expenditures eligible for 100% state reimbursement) Berkshire Farm- Stepping Stones RTA Program	\$ \$10,000		
STSSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
STSSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
<b>TOTAL</b>	\$ 24,800	\$ 0	\$ 0

**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)** Franklin County continues to find the greatest number of JDs, YOs, AOs and PINS youth entering the juvenile justice system from the 12953 Zip Code , which happens to be the Franklin County Seat, Malone, NY. This community has been served and focused on in previous county plans and will continue to be the focus community for this year's plan. The 12953 zip code area is the most populated community in rural Franklin County, which continues to be a contributing factor. The majority of the preventive services available to families and youth are located in this zip code area. Age appropriate programs, service provision and prevention will be the focus for all communities, with special attention to that community. A contributing factor continues to be that given the rural setting and the level of poverty in Franklin County, there is not a lot of opportunity or activity for this distinct population without being involved in some form of DSS related service. Another factor, that is a growing problem, is the rise in drug use

in Franklin County as a whole. Opiates, Heroin, Gabapentin and Cocaine being of major concern and seems to be leaking into our older teen population.

**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)** Analysis shows no racial or ethnic disparities currently exist in the Franklin County system.

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)** - 90% of all youth that enter our front door as PINS, JD, YO or AO will be successful in remaining intact with no out of home placements

- 87% will demonstrate a positive outcome as defined by YAP's Outcome Measurement Survey
- 85% will be successful in avoiding further legal involvement, leading to adjudication.
- 80% of all youth that have participated in the Supported Work Program will be employed at least part time upon discharge.
- 100% of all youth will have a community service restorative justice project completed during service provision.
- 100% of youth will make all Court appearances, as scheduled.
- <1% of all Franklin County youth will be placed in Detention.
- Residential Placements will remain stable or decrease by 15%.

**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)** As Lead Agency for Diversion Services, FCDSS has collaborated through monthly Diversion Meetings, Monthly Probation JD Meetings and other Community Service Meetings with the following entities: Franklin County Probation Community Connections, North Star Behavioral Health Services, St. Joseph's Chemical Dependency Services, Malone Police Dept., Saranac Lake Police Dept., Tupper Lake Police Dept., NYSP, all school districts in Franklin County, Yap, Berkshire Farm Stepping Stones Program, Treatment Court, Children's SPOA, Bridges to Health, and Franklin County Tier 2. Collaboratively, we have continually discussed trends and concerns for our youth, needs regarding the Raise the Age Initiative, unmet needs for the population and how we can best meet those through programs that are currently available and what needs to be created. The meetings are held in both end of Franklin County and different discussed are had given the unique differences between the North and South end of the county. The Team in Franklin County work collaboratively and cooperatively toward serving our youth in the most effective way possible, with a goal to keep our youth within our community wrapped in age appropriate, effective services.

**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: N/A

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

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

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

**SECTION SEVEN– Plan amounts**

**Expenses**

1. Total Program expenses		\$ 65,716.12
2. State reimbursement (Program expenses*.62)		\$ 40,744
3. State share amount (Program expenses*.38)		\$ 24,972.12

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

4. STSJP allocation	\$ 40,744	
5. STSJP approved		\$ 40744
6. JDAI allocation	\$ 0	
7. JDAI approved		\$
8. Detention approved amount shifted to STSJP		\$
9. PY rollover approved		\$
10. Total approved amounts for state reimbursement		\$ 40744
11. Total amount of approved STSJP-RTA 100% state reimbursement		\$ 24,800

**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>	Youth Advocate Program, Inc. Detention Alternatives Program	<b>Type of program:</b>	ATD
<b>Program operating agency:</b>	Youth Advocate Program, Inc.		
Program mailing address 246 West Main Street			
Address line 2			
City Malone		State NY	Zip code 12953
Contact person for program Corey Maneely			
Title Director		Phone number (518) 521-3034	Ext.
Email cmaneely@yapinc.org			

**Program service detailed information**

The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 10,000

1. Please indicate the specific zip codes this program will target? Zip Codes All of the Franklin County Zip Codes with the exception of the St. Regis Mohawk Tribe

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Upon referral, YAP will meet with the youth and family within 24 hours. Yap will begin to schedule services to begin immediately and develop service, crisis and safety plans to address the needs of the youth. Community safety plans are developed within 24 hours of initiation of service. A Community Supervision Plan will be created and put in place within 48

hours and Restorative Justice plan within a week. The goal is to reduce days in detention, assure no new arrests or failure to appear.

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) 8-15

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

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

6. What projected outcomes were met and how were they met? (100 word or less) In the last program year, none of the youth that were served by this program entered juvenile detention. 100% of youth served attended their scheduled Court appearances. Over 95% of the youth served were were successful in avoiding further legal involvement.

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

8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 28

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

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>	Franklin County Probation- Electronic Home Monitoring (EHM)	<b>Type of program:</b>	ATP
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**Program operating agency:** Franklin County Probation

Program mailing address  
355 West Main Street

Address line 2

City Malone	State NY	Zip code 12953
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Contact person for program Cherie Stone

Title Probation Supervisor	Phone number (518) 481-1657	Ext.
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Email cstone@franklincony.org

**Program service detailed information**

The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 4,800

1. Please indicate the specific zip codes this program will target? Zip Codes All of the Franklin County Zip Codes with the exception of the St. Regis Mohawk Tribe.

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The EHM System will allow youth to remain in their home and/or their community. The EHM system can also be used as a condition of probation in order to assist in ensuring the youth's supervision while avoiding out of area residential placements. The goal is to reduce placement in foster care/residential placement, reduce rearrests, VOPs and recidivism.

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) 4-8

**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) Only one youth had behavior significant enough to utilize the Electronic Home Monitoring System. All other youth were wrapped in age appropriate services to monitor their behavior.

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) Only one youth was placed on Electronic Home Monitoring (EHM) this past program year. It is difficult to get a true snapshot of the

efficacy of this program with just one youth's data. This youth had made a very serious threat against a school and was placed at a higher level of care after a psychiatric stay. I do not believe, given the seriousness of his crime, he is a true representation of the youth that we typically use the EHM for. No major changes will be made to achieve outcomes.

8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 64

9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 1

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>	Youth Advocate Program, Inc.- Supported Work Program	<b>Type of program:</b>	Early Intervention
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**Program operating agency:** Youth Advocate Program, Inc.- Supported Work Program

Program mailing address  
246 West Main Street

Address line 2

City Malone	State NY	Zip code 12953
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Contact person for program Corey Maneely

Title Director	Phone number (518) 521-3034	Ext.
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Email cmaneely@yapinc.org

**Program service detailed information**

The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 2,716

1. Please indicate the specific zip codes this program will target? Zip Codes All of the Franklin County Zip Codes with the exception of the St. Regis Mohawk Tribe.

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) This program will be utilized to provide a Supportive Work Experience Program wherein YAP employees help connect youth with paying jobs. Youth are paid by YAP to work at these jobs with hope that with support, coaching and mentoring the youth can become permanent employees at or near discharge. The goal is to reduce risk factors that brought the youth to our attention, reduce arrests and law enforcement referrals and successfully divert all need for court involvement.

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) 15

**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) 5 of the 7 youth in the Supported Work Program gained employment at the end of their service period. 3 out of the 5 youth that gained employment are still at their places of work, 2 of those 3 for over one year.

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) 2 of the 7 youth in the Supported Work Program did not gain employment, one moved out of county and one was having poor school performance. Work is being done with this youth to raise his grades and understand time management and he will re-enter the program. 3 youth had been employed, however, once the youth left YAP services they left their job. After-care for youth leaving the program will be put in place in the future to increase sustainable outcomes.

8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 240

9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 7

10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0

<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			
<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)			
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>			
5. Did projected performance outcome meet expected outcomes? ( <input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less)			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)			

<b>Program five 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			
<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)			
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>			
5. Did projected performance outcome meet expected outcomes? ( <input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less)			

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

<b>Program six 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			
<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)			
<b>If the program received STSJP funds in the previous program year 20    - 20    , answer the questions below.</b>			
5. Did projected performance outcome meet expected outcomes? ( <input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less)			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)			

<b>Program seven 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			
<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)
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>
5. Did projected performance outcome meet expected outcomes? ( <input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.
6. What projected outcomes were met and how were they met? (100 word or less)
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

<b>Program eight 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			
<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)			
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>			
5. Did projected performance outcome meet expected outcomes? ( <input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less)			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)			

<b>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		
<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)		
<b>If the program received STSJP funds in the previous program year 20    - 20    , answer the questions below.</b>		
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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			
<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)			
<b>If the program received STSJP funds in the previous program year 20    - 20    , answer the questions below.</b>			
5. Did projected performance outcome meet expected outcomes? ( <input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less)			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)			

<b>Program eleven name:</b>		<b>Type of program:</b>	
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<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)		
<b>If the program received STSJP funds in the previous program year 20   - 20   , answer the questions below.</b>		
5. Did projected performance outcome meet expected outcomes? ( <input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.		
6. What projected outcomes were met and how were they met? (100 word or less)		
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)		
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)		
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)		

<b>Program twelve 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		
<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)		
<b>If the program received STSJP funds in the previous program year 20   - 20   , answer the questions below.</b>		
5. Did projected performance outcome meet expected outcomes? ( <input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.		
6. What projected outcomes were met and how were they met? (100 word or less)		
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)		

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

<b>STSJP/RTA Program name:</b>	Youth Advocate Program, Inc. Detention Alternatives Program	<b>Type of program:</b>	Revised STSJP-RTA
<b>Program operating agency:</b>	Youth Advocate Program, Inc.		
Program mailing address 246 West Main Street			
Address line 2			
City Malone		State NY	Zip code 12953
Contact person for program Corey Maneely			
Title Director		Phone number (518) 521-3034	Ext.
Email cmaneely@yapinc.org			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 10,000			
1. Please indicate the specific zip codes this program will target? Zip Codes All of the Franklin County Zip Codes with the exception of the St. Regis Mohawk Tribe			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The focus will be to provide added community supervision and support, offer 24 hour crisis response and decrease the risk of detention placement of the youth. A Community Supervision Plan will be created and put in place within 48 hours and Restorative Justice plan within a week. The goal is to reduce days in detention, assure no new arrests or failure to appear. This is an addition to the STSJP Program previously approved and utilized, targeting RTA youth, specifically.			
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			
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>			
5. Did projected performance outcome meet expected outcomes? ( <input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less)			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)			

<b>STSJP/RTA Program name:</b>	Franklin County Probation- Electronic Home Monitoring Program	<b>Type of program:</b>	Revised STSJP-RTA
<b>Program operating agency:</b>	Franklin County Probation		
Program mailing address 355 West Main Street			
Address line 2			
City Malone		State NY	Zip code 12953
Contact person for program Cherie Stone			

Title Probation Supervisor	Phone number (518) 481-1657	Ext.
Email cstone@franklincony.org		
<b>Program service detailed information</b>		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 4,800		
1. Please indicate the specific zip codes this program will target? Zip Codes All Franklin County Zip Codes, excluding St. Regis Mohawk Tribe		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The EHM System will allow youth to remain in their home and/or their community while awaiting their Court appearance. The EHM system can also be used as a condition of probation in order to assist in ensuring the youth's supervision while avoiding out of area residential placements. The goal is to reduce placement in foster care/residential placement, reduce rearrests, VOPs, recidivism & detention. This is an addition to the STSJP Program previously approved and utilized, targeting RTA 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) 5		
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>		
5. Did projected performance outcome meet expected outcomes? ( <input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.		
6. What projected outcomes were met and how were they met? (100 word or less)		
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)		
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)		
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)		

<b>STSJP/RTA Program name:</b>	Stepping Stones- RTA	<b>Type of program:</b>	STSJP-RTA
<b>Program operating agency:</b>	Berkshire Farm Center and Services for Youth		
Program mailing address 945 Palmer Avenue			
Address line 2			
City Schenectady		State NY	Zip code 12309
Contact person for program Alida Bunk			
Title Asst. Director of Prevention		Phone number (518) 429-4984	Ext.
Email abunk@berkshirefarm.org			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 10,000			
1. Please indicate the specific zip codes this program will target? Zip Codes All Franklin County Zip Codes, excluding St. Regis Mohawk Tribe			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The Family Specialist would carry a full caseload of 5-8 families of RTA only youth and provide vocational support and development using the State Ed Dept. best practice World of Work Curriculum, assist in finding appropriate educational setting for the youth, coordinate a Youth Support Team(YST) for each child, case management for youth and families using the Power Source curriculum, as well as Functional Family Therapy.			
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) 3-5			

**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)

**SECTION EIGHT – Plan Approval**

**Approval of the Chief Executive Officer**

As STSJP Lead for Franklin County municipality, I certify that the CEO

Donna Kissane has reviewed and approved the 2018 - 2019 STSJP plan.

Date: 02 / 12 / 2020 STSJP Lead User ID 16a341

STSJP Lead printed name: Lisa R Griffin

**Approval of the OCFS STSJP Program Lead**

As OCFS STSJP reviewer. I certify that I approve of this STSJP plan for municipality, for 2018 - 2019.

Date: 2/26/20 User ID: JTO911 Printed name Lynn Tibbbs