



**Office of Children  
and Family Services**

**ANDREW M. CUOMO**  
Governor

**SHEILA J. POOLE**  
Commissioner

October 23, 2019

Dear Chief Executive Officer,

Thank you for submitting Franklin 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**

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 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 Franklin 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](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 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](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 programming to reduce out of home placement and detention of youth.

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 or [Lynn.Tubbs@ocfs.ny.gov](mailto:Lynn.Tubbs@ocfs.ny.gov).

Sincerely,



Nina Aledort, PhD  
Deputy Commissioner  
Division of Youth Development and Partnerships for Success  
Office of Children and Family Services

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 08/19/2019

Plans should be submitted to: [stsjp@ocfs.ny.gov](mailto: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](mailto:Geneva.Hilliard@ocfs.ny.gov): 518-486-1819
- [Lynn Tubbs](mailto:Lynn.Tubbs@ocfs.ny.gov): 518-473-9116

<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: JEREMIAH POND
CONTACT PERSON'S PHONE NUMBER: 518-481-1885	CONTACT PERSON'S EMAIL ADDRESS: JEREMIAH.POND2@DFA.STATE.NY.US

**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 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.

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

**PART I – STSJP PROGRAMS**

SECTION 1	PLAN AMOUNTS
<b>EXPENSES</b>	
1. Total program expenses	\$ 111,380.65
2. State reimbursement	\$ 69,056.00
3. Local share amount	\$ 42,324.65
<b>Reimbursements for the plan (Enter all amounts that are applicable.)</b>	
4. STSJP allocation amount	\$ 40,744.00
5. STSJP local approved plan amount	\$ 40,744.00
6. Detention approved amount shifted to STSJP	\$ 28,312.00
7. PY rollover approved amount	\$ 0.00
8. Total approved amounts for state reimbursement	\$ 69,056.00

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 Advocate Program, Inc. Detention Alternatives Program	\$ 36,749.68	\$ 59,960.00	\$ 96,709.68

STSJP Program 2 Franklin County Probation Electronic Home Monitoring System (EHM)	\$ 3,125.81	\$ 5,100.00	\$ 8,225.81
STSJP Program 3 Youth Advocate Program, Inc. Supported Work Program	\$ 2,449.16	\$ 3,996.00	\$ 6,445.16
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>			\$ 111,380.65

**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.**

<b>STSJP Program 1</b>		
STSJP Program 1 Name: Youth Advocate Program, Inc. - Detention Alternatives Program		STSJP Program 1 Type: <b>Alternative to Placement</b>
STSJP Program 1 Operating Agency: Youth Advocate Program, Inc.		
Program Mailing Address 246 West Main St.		
Address Line 2		
City Malone	State NY	Zip Code 12953
Contact Person for Program Corey Maneely	Email cmaneely@yapinc.org	
Title Director	Phone (518) 521 - 3034	Ext

**STSJP Program 1 Service Detailed Information**

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 96,709.68

2. Please indicate the specific zip codes this program will target. All of Franklin County (excluding Akwesasne),

3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Upon referral, YAP will meet with youth and their families within 24 hours. YAP will begin to schedule service interventions immediately,

and will develop service, crisis, and safety plans to address the needs of the youth. Community safety plans are developed within 24 hours of intake. A Community Service Plan will be created and put in place within 48 hours and a Restorative Justice plan within a week. The goal is to reduce days in detention, assure no new arrests, or failure to appear for court dates.

4. 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? 8-15

**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**) Zero program participants were placed in detention, 1 of the 16 participants (6.25%) had a further arrest, zero program participants missed scheduled court hearings.

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**) N/A

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 210.5

10. Total number of youth served by this program during the previous STSJP PY: 16

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

### STSJP Program 2

STSJP Program 2 Name:

Franklin County Probation - Electronic Home Monitoring (EHM) Services

STSJP Program 2 Type:

**Alternative to Placement**

STSJP Program 2 Operating Agency:

Franklin County Probation Department

Program Mailing Address

355 West Main Street

Address Line 2

City  
Malone

State  
NY

Zip Code  
12953

Contact Person for Program  
Cherie Stone

Email  
cstone@franklincony.org

Title  
Probation Supervisor

Phone  
(518) 481 - 1657

Ext

### STSJP Program 2

### Service Detailed Information

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 8,225.81

2. Please indicate the specific zip codes this program will target. All of Franklin County (excluding Akwesasne),

3. 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 homes and/or communities. The EHM can also be used as a condition of probation in order to assist with ensuring the youth's supervision while avoiding out of area residential placements. The goal is to reduce foster care / residential placement, reduce rearrests, VOPs and recidivism.

4. 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? 4-8

**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?  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**) No youth utilized this service in the previous program year.

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? <b>(100 words or less)</b> No youth utilized this service in the previous program year.
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 PY: 0
11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 0

<b>STSJP Program 3</b>		
STSJP Program 3 Name: Youth Advocate Program, Inc. Supported Working Program		STSJP Program 3 Type: <b>Early Intervention</b>
STSJP Program 3 Operating Agency: Youth Advocate Program, Inc.		
Program Mailing Address 246 West Main St.		
Address Line 2		
City Malone	State NY	Zip Code 12953
Contact Person for Program Corey Maneely	Email cmaneely@yapinc.org	
Title Director	Phone (518) 521 - 3034	Ext

<b>STSJP Program 3</b>	<b>Service Detailed Information</b>
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 6,445.16	
2. Please indicate the specific zip codes this program will target. All of Franklin County (excluding Akwesasne),	
3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b> 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 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.	
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	
<b>If the STSJP Program 3 received STSJP funds in the previous STSJP PY, answer the questions below.</b>	
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially If Yes, <b>answer #7</b> ; If No, <b>skip to #8</b> ; If Partially, <b>answer #7 and #8</b> .	
7. What projected outcomes were met and how were they met? <b>(100 words or less)</b> Three youth were served. One had PINS diversion closed as successfully adjusted. Another was released from the program successfully. The last had a school suspension. No arrests or court involvement for any of the youth served.	
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? <b>(100 words or less)</b> One youth was involved with disciplinary action at school, but did not require court intervention. No changes to the overall program structure appear needed at this time.	
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 210.0	
10. Total number of youth served by this program during the previous STSJP PY: 3	
11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 0	

**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**

- 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 4 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 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**

- 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 5 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**.  
 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**

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?  Yes  No
5. 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.**
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 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
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**STSJP Program 7 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?  Yes  No

5. 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?  Yes  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?  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?

<b>STSJP Program 9</b>	
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

<b>STSJP Program 9</b>	<b>Service Detailed Information</b>
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?	
<b>If the STSJP Program 9 received STSJP funds in the previous STSJP PY, answer the questions below.</b>	
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?	

<b>STSJP Program 10</b>	
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

<b>STSJP Program 10</b>	<b>Service Detailed Information</b>
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?	

<b>If the STSJP Program 10 received STSJP funds in the previous STSJP PY, answer the questions below.</b>
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, <b>answer #7</b> ; If No, <b>skip to #8</b> ; If Partially, <b>answer #7 and #8</b> .
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?

<b>STSJP Program 11</b>		
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

<b>STSJP Program 11</b>	<b>Service Detailed Information</b>
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?	

<b>If the STSJP Program 11 received STSJP funds in the previous STSJP PY, answer the questions below.</b>
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, <b>answer #7</b> ; If No, <b>skip to #8</b> ; If Partially, <b>answer #7 and #8</b> .
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?

<b>STSJP Program 12</b>		
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	

	Phone	Ext
Title	( ) -	

**STSJP Program 12 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?  Yes  No
5. 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	\$ 59,600.00
2. Total program expenses	\$ 59,600.00

**SECTION 2 LIST OF STSJP-RTA PROGRAMS TO BE FUNDED**

Program Name	Total Program Expenses
STSJP-RTA Program 1 Youth Advocate Program, Inc. - Detention Alternatives Program	\$ 30,000.00
STSJP-RTA Program 2 Franklin County Probation - Electronic Home Monitoring (EHM) Services	\$ 9,600.00
STSJP-RTA Program 3 Berkshire Farms - Stepping Stones RTA	\$ 20,000.00
STSJP-RTA Program 4	\$
STSJP-RTA Program 5	\$
STSJP-RTA Program 6	\$
<b>TOTAL</b>	\$ 59,600.00

**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 Advocate Program, Inc. - Detention Alternatives Program		Program 1 Type: <b>JO/JD-Alternative to Detention</b>	
Program 1 Operating Agency: Youth Advocate Program, Inc.			
Program Mailing Address			
Address Line 2 246 West Main St.			
City Malone	State NY	Zip Code 12953	
Contact Person for Program Corey Maneely	Email cmaneely@yapinc.org		
Title Director	Phone (518) 521 - 3034	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? \$ 30,000.00
2. Please indicate the specific zip codes this program will target. All of Franklin County (excluding Akwesasne),
3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b> The focus will be to provide additional 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 in addition to a separate STSJP Program, in order to target RTA youth separately.
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? 4
<b>If the STSJP-RTA Program 1 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.</b>
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" 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? <b>(100 word or less)</b> N/A
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? <b>(100 words or less)</b> No youth were involved in the program.
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: Franklin County Probation - Electronic Home Monitoring (EHM) Services	Program 2 Type: <b>JO/JD-Alternative to Detention</b>
Program 2 Operating Agency: Franklin County Probation	

Program Mailing Address 355 West Mian St.		
Address Line 2		
City Malone	State NY	Zip Code 12953
Contact Person for Program Cherie Stone	Email cstone@franklincony.org	
Title Probation Supervisor	Phone (518) 481 - 1657	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? \$ 9,600.00

2. Please indicate the specific zip codes this program will target. All of Franklin County (excluding Akwesasne),

3. 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 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, violations of probation, recidivism, and detention. This is in addition to a separate STSJP Program, in order to target RTA youth separately. FC Probation and FCDSS will be responsible for reporting data on each youth according to the requirements of each element of the continuum.

4. 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? 5

**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?  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) n/a

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 youth were served.

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: Stepping Stones RTA	Program 3 Type: Early Intervention	
Program 3 Operating Agency: Berkshire Farm Center and Services For Youth		
Program Mailing Address 945 Palmer Ave.		
Address Line 2		
City Schenectady	State NY	Zip Code 12309
Contact Person for Program Alida Bunk	Email abunk@berkshirefarm.org	
Title Director of Prevention	Phone (518) 429 - 4984	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? \$ 20,000.00

2. Please indicate the specific zip codes this program will target. All of Franklin County (excluding Akwesasne),

3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The Family Specialist will carry a caseload of 5 - 8 families of RTA youth by providing vocational support and development by using State Educational Department best practices World of Work Curriculum, assist in finding appropriate educational settings for the youth, coordinate a Youth Support Team (YST) for each youth, case management for youth and families using the Power Source curriculum, as well as Functional Family Therapy (FFT).

4. 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? 3-5

**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?  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) N/A

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) Zero youth were served.

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 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?  Yes  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?  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?

**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?  Yes  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?  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?

**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

<b>STSJP-RTA Program 6</b>	<b>Service Detailed Information</b>
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?	
<b>If the STSJP-RTA Program 6 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.</b>	
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?	

**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. The major population center of Franklin County is the county seat of Malone. Malone has the largest target population of youth to be served by STSJP and RTA programs. Secondary population centers exist in Saranac Lake and Tupper Lake.

The rural, isolated character of the county contributes to a lack of economic, cultural, and social opportunities for youth from impoverished or isolated family systems, which is a contributing factor to the youth behaviors that lead to court intervention.

**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 evidence of racial/ethnic disparity. Franklin County makes very limited use of detention or residential placement, and is also largely homogenous. Such small sample sizes make drawing inferences from statistical data problematic.

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) 90% of youth identified as PINS, JD, AO, or YO will be successful in remaining in their home.

87% of youth served by YAP services will demonstrate positive outcomes as measured by YAP's Outcome Measurement Survey.

85% of youth with previous legal involvement will be successful at avoiding subsequent legal intervention.

80% of youth participating in the Supported Work Program will be employed at least part time upon discharge from the program.

100% of youth served will have a community service restorative justice project completed during their involvement with the programs.

100% of youth served will make scheduled court appearances.

<1% of Franklin County youth will be placed in detention.

Residential placements will remain stable or decrease by 15%.

**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 development and evolution of the current plan has been accomplished by working in close collaboration with multiple community stakeholders. Some of that collaboration is case specific and occurs on an ad hoc basis. Other, more formal, collaboration occurs as follows:

Monthly meetings involving: Franklin County Probation, Community Connections, North Star Behavioral Health Services, St. Joseph's Chemical Dependency Services, Malone Village Police Department, Saranac Lake Village Police Department, Tupper Lake Village Police Department, New York State Police, all local school districts, BOCES, Youth Advocate Program, Berkshire Farms - Stepping Stones Program, Franklin County Family Treatment Court, Children's SPOA, Franklin County Tier II, Franklin County Systems of Care, and the Community Intervention Partnership (school/law enforcement/DSS).

These meetings occur in a variety of settings in both the northern portion of Franklin County around the Malone population center and in the southern portion of Franklin County in the Saranac Lake population center.

The diverse array of professionals involved in these meetings and the planning process enables the plan contained herein to be reflective of community consensus.

**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: N/A
2. Describe how personnel will be compensated across and between counties in the cooperative: N/A
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: N/A

**PART IV – PLAN APPROVAL**

**SECTION 1 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 2019 STSJP plan.

Date: 09 / 25 / 2019	User ID: 16A629
Print name: JEREMIAH POND	
<b>SECTION 2 APPROVAL OF THE OCFS PROGRAM LEAD</b>	
As OCFS STSJP reviewer. I certify that I approve of this STSJP plan for      municipality, for 2019-20	
Date: 10 / 23 / 19	User ID: IT 1916
Print name: Geneya Hilliard	