



Office of Children
and Family Services

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Commissioner

October 22, 2019

Dear Chief Executive Officer,

Thank you for submitting Jefferson 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.

Jefferson 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 Jefferson County plans to shift its detention allocation for STSJP eligible expenses, please submit a request on official letterhead to John Johnson and email it to stsjp@ocfs.ny.gov outlining the amount that will be shifted and the type of programming or services the repurposed detention funds will be used for under STSJP. An amended STSJP plan will also need to be submitted.

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

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

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

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

Sincerely,

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

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

**SUPERVISION AND TREATMENT SERVICES FOR JUVENILE PROGRAM (STSJP)
ANNUAL PLAN**

FOR PROGRAM YEAR OCTOBER 1, 2018 - SEPTEMBER 30, 2019

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

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

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

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

Please direct any STSJP plan questions to:

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

MUNICIPALITY INFORMATION			
NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION: Jefferson County			
LEAD AGENCY FOR STSJP SUBMISSION: Jefferson County Probation Department		NAME OF CONTACT PERSON: Martin J. Morrison, Probation Director	
CONTACT PERSON'S PHONE NUMBER: (315) 785-3182		CONTACT PERSON'S EMAIL ADDRESS: martinm@co.jefferson.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 following name "PY 2018 - 2019 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

SECTION ONE - List of programs to be funded

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

Program Name	Total Program Expense (100 percent)	State Share (62 percent)	County Share (38 percent)
STSJP Program 1 Youth Court Educational Programs	\$ 7,500.00	\$ 4,650.00	\$ 2,850.00
STSJP Program 2 Wrap Around Case Management Services	\$ 100,208.00	\$ 62,128.96	\$ 38,079.04
STSJP Program 3 Jefferson County Probation Enhanced Probation	\$ 5,000.00	\$ 3,100.00	\$ 1,900.00
STSJP Program 4	\$	\$	\$
STSJP Program 5	\$	\$	\$
STSJP Program 6	\$	\$	\$

STSJP Program 7	\$	\$	\$
STSJP Program 8	\$	\$	\$
STSJP Program 9	\$	\$	\$
STSJP Program 10	\$	\$	\$
STSJP Program 11	\$	\$	\$
STSJP Program 12	\$	\$	\$
TOTAL	\$ 112,708.00	\$ 69,878.96	\$ 42,829.04
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Youth Court Educational Programs Thinking for a Change - \$2,590 Why Try - \$1,100 Anger Management - \$1,750 Theft Deterrence - \$720 Positive Choices - \$720 Sexting Education - \$600	\$ 7,480.00		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Wrap Around Case Management Services	\$ 0		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Enhanced Probation	\$ 5,000.00		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
TOTAL	\$ 12,480.00	\$	\$

SECTION TWO – Overall analysis of communities

Discuss and identify the neighborhoods or communities by zip codes or areas from which the highest number of youth offenders (YO), adolescent offenders (AO), and persons in need of supervision (PINS) enter the juvenile justice system and the factors that may be contributing to this.

(500 words or less) The communities being served have not changed; our program is designed to serve the entire County but the concentration are for those individuals that live in the City of Watertown as this is the largest area within our county (13601). The population of Jefferson County is 116,229 and the City of Watertown has a population of 27,023 which makes up 23% of the entire population for the County. The City of Watertown as illustrated is our only urban area. This is the center of the county’s economic base as it is the hub of most businesses. It houses the only county hospital, shopping mall, substance abuse treatment centers, community college, and has the only form of mass transit, which is the city bus system. The remaining population spreads across a rural area and these small

outlying communities only have the most basic services. When evaluating reductions in detention utilization and residential placements, it is extremely difficult because our detention numbers are tremendously low to non-existent. For those few who go into residential placement, it is our goal to shorten that length of time. With numbers this low, it is our expectation and hope to have no drastic increase in number of youth or detention costs. We have been utilizing community resources for some time and will continue to diligently do so. Our goal, besides reduction of all placement costs and days in detention, is for the youth to learn the necessary skills to continue in school, be able to secure and maintain viable employment and develop appropriate social skills to ensure they will be successful without the interventions of our agency. Additionally, we have Fort Drum located in our county. This population does have some limited services directly on base and we work in a collaborative effort with these service providers when we are involved with any military and/or their dependents.

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) No disparities or disproportionalities exist within our system. Jefferson County is 88% White, 5% Hispanic, 5% Black or African American, 2% Two or More Races, 1% Asian, 0.64% American Indian and 0.34% Native Hawaiian and Other Pacific Islander. The arrests follow along with these percentages and our programs serve all youth.

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) When evaluating reductions in detention utilization and residential placements, it is extremely difficult because our detention numbers are tremendously low to nonexistent. For those few who go into residential placement, it is our goal to shorten that length of time. With numbers this low, it is our expectation and hope to have no drastic increase in number of youth or detention costs. We have been utilizing community resources for some time and will continue to diligently do so. Our goal, besides reduction of all placement costs and days in detention, is for the youth to learn the necessary skills to continue in school, be able to secure and maintain viable employment and develop appropriate social skills to ensure they will be successful without the interventions of our agency.

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) Due to the rural composition of our County, we work in conjunction with a variety of agencies to ensure the best possible outcome for the juveniles and their families. With PINS, the Supervisor attends bi-weekly PINS Treatment Team meetings and helps articulate a service plan. With JD's and AO's, immediately after receiving the police paperwork, the Officer contacts a full gamut of service providers. They contact the arresting agency, the school district, any and all mental health and substance abuse providers and any outside agencies that are affiliated with the youth in an attempt to better assess the situation. This communication stays open throughout the entire process as the information is ever changing. If a juvenile is on supervision, the exact same procedure is followed yet additionally the Officer works to develop services to meet the needs of the youth. To develop services, we work in conjunction with a full gamut of service providers. We work with Youth Court, Children's Home, Teen Center, PINS Unit, mental health and substance abuse providers and our local school districts. Our Department is completely immersed in the local youth community.

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		\$ 112,708.00
2. State reimbursement (Program expenses*.62)		\$ 69,878.96
3. State share amount (Program expenses*.38)		\$ 42,829.04

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

4. STSJP allocation	\$ 40,000.00	
5. STSJP approved		\$ 40,000.00
6. JDAI allocation	\$	
7. JDAI approved		\$
8. Detention approved amount shifted to STSJP		\$ 29,878.96
9. PY rollover approved		\$
10. Total approved amounts for state reimbursement		\$ 69,878.96
11. Total amount of approved STSJP-RTA 100% state reimbursement		\$ 12,480.00

Program detail inserts

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

Program one name:	Youth Court Educational Programs	Type of program:	ATP
Program operating agency:	Resolution Center of Jeff/Lewis: Youth Court		
Program mailing address 200 Washington Street, Suite 207			
Address line 2			
City Watertown		State NY	Zip code 13601
Contact person for program Jennifer Hutteman-Kall			
Title Executive Director		Phone number (315) 785-0333	Ext.
Email www.resolution-center.net			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 7,500.00			
1. Please indicate the specific zip codes this program will target? Zip Codes All of Jefferson County			

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The Youth engage in Law Related Education Classes, Thinking for a Change, Why Try, and/or Anger Management Classes. The Youth begin to understand how their behavior impacts their own future, family and community. They also learn skills to overcome obstacles in their lives. These programs are offered at different levels of intervention. They are utilized at intake to help avoid non-secure detention and they are further implemented during supervision as a graduated response to avoid placement.

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 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) Our projected outcomes were met because every youth that successfully completed this program was not placed at any level of detention or residential placement. One youth involved in this program was placed into a six-month residential treatment facility and that was largely because of his family dynamics and dysfunction. This youth was returned home early after extensive work with his family was completed.

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) .The amount of youth utilizing this program needs to increase and with RTA, we expect that to happen without any difficulty.

8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 90 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 two name:	Wrap Around Case Management Services	Type of program:	Prevention
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Program operating agency: Children's Home of Jefferson County

Program mailing address
P.O. Box 6550

Address line 2

City Watertown	State NY	Zip code 13601
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Contact person for program Karen Richmond

Title Executive Director	Phone number (315) 788-7430	Ext.
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Email

Program service detailed information

The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 100,208.00

1. Please indicate the specific zip codes this program will target? Zip Codes All of Jefferson County

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) A Case Manager is assigned to the youth and his/her family. They work with the youth, family, and all service providers in the community, home and school to help enable the families to sustain long-term changes. Additionally, the Case Manager is able to expedite mental health services, offer respite services, transportation and/or other services that meet the needs of the youth. The program is designed to assist with immediate crisis intervention especially in the off hours

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 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) Our projected outcomes were met in that 84% of our youth involved in this program were not placed at any level of detention or residential placement. Of the remaining 16%, the main issue for placement was neglect and Article 10 proceedings were involved in all but two cases.
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) 180 days
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 16
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

Program three name:	Jefferson County Probation: Enhanced Probation	Type of program:	ATP
Program operating agency:	Jefferson County Probation		
Program mailing address			
Address line 2 175 Arsenal Street, 6th floor			
City Watertown		State NY	Zip code 13601
Contact person for program Martin J. Morrison			
Title Probation Director		Phone number (315) 785-3182	Ext.
Email martinm@co.jefferson.ny.us			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 5,000.00			
1. Please indicate the specific zip codes this program will target? Zip Codes All of Jefferson County			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) It covers overtime costs of Probation Officers when making evening and weekend home visits. Additionally, we purchase small amount gift cards, pay membership fees, food for annual youth picnic and community service projects and purchase transportation vouchers to use as a reward and/or incentive for positive behavior. As a graduated response, we will utilize GPS monitoring to avoid placement.			
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 2017 - 2018, answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less) Our projected outcomes were met in that few youth involved in this program were placed at any level of detention or residential placement.			
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) We want to increase the number of youth served under this program for the upcoming year. We will make this a priority among our staff and possibly change the payment reimbursement procedure within our Department to encourage more Officers to utilize the program. In an attempt to increase participants, we are also going to start to make it a part of the Court Order Conditions; Enhanced Probation.			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 90			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 10			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)			

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

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

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

Program seven name:		Type of program:	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ()	Ext	
Email			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$			

1. Please indicate the specific zip codes this program will target? Zip Codes
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
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.
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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			
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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			
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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			
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)

STSJP/RTA Program name:	Youth Court Educational Programs	Type of program:	STSJP-RTA
Program operating agency:	Resolution Center of Jeff/Lewis: Youth Court		
Program mailing address 200 Washington Street, Suite 207			
Address line 2			
City Watertown		State NY	Zip code 13601
Contact person for program Jennifer Hutteman-Kall			
Title Executive Director		Phone number (315) 785-0333	Ext.
Email www.resolution-center.net			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 7,480.00			
1. Please indicate the specific zip codes this program will target? Zip Codes All of Jefferson County			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The Youth engage in Law Related Education Classes, Thinking for a Change, Why Try, and/or Anger Management Classes. The Youth begin to understand how their behavior impacts their own future, family and community. They also learn skills to overcome obstacles in their lives. These programs are offered at different levels of intervention. They are utilized at voluntary assessment and case planning services (VACPS) to avoid non-secure and specialized secure detention.			
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			
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:	Wrap Around Case Management Services	Type of program:	New Program STSJP-RTA
Program operating agency:	Children's Home of Jefferson County		
Program mailing address P.O. Box 6550			
Address line 2			

City Watertown	State NY	Zip code 13601
Contact person for program Karen Richmond		
Title Executive Director	Phone number (315) 788-7430	Ext.
Email		
Program service detailed information		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 0.00		
1. Please indicate the specific zip codes this program will target? Zip Codes All of Jefferson County		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) A Case Manager is assigned to the youth and his/her family. They work with the youth, family, and all service providers in the community, home and school to help enable the families to sustain long-term changes. Additionally, the Case Manager is able to expedite mental health services, offer respite services, transportation and/or other services that meet the needs of the youth. The program is designed to assist with immediate crisis intervention especially in the off hours		
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		
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:	Jefferson County Probation: Enhanced Program	Type of program:	STSJP-RTA
Program operating agency:	Jefferson County Probation		
Program mailing address 175 Arsenal Street, 6th floor			
Address line 2			
City Watertown	State NY	Zip code 13601	
Contact person for program Martin J. Morrison			
Title Probation Director	Phone number (315) 785-3182	Ext.	
Email martinm@co.jefferson.ny.us			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 5,000.00			
1. Please indicate the specific zip codes this program will target? Zip Codes All of Jefferson County			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) It covers overtime costs of Probation Officers when making evening and weekend home visits. Additionally, we purchase small amount gift cards, pay membership fees, food for annual youth picnic and community service projects and purchase transportation vouchers to use as a reward and/or incentive for positive behavior. As a graduated response, we will utilize GPS monitoring to avoid placement.			
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			

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)

SECTION EIGHT – Plan Approval
Approval of the Chief Executive Officer
As STSJP Lead for Jefferson County municipality, I certify that the CEO
County Administrator Robert F. Hagemann, III has reviewed and approved the 2018 - 2019 STSJP plan.
Date: 12 / 04 / 2018 STSJP Lead User ID Mmorrison7
STSJP Lead printed name: Martin J. Morrison
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: 10/9/19 User ID: JTO911 Printed name Lynn Tubbs