



Office of Children
and Family Services

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Commissioner

October 28, 2019

Dear Chief Executive Officer,

Thank you for submitting Jefferson 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

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

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

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

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

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

Sincerely,



Nina Aledort, PhD
Deputy Commissioner
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 09 / 06 / 2019

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

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

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

Please direct any STSJP plan questions to:

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

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

PART I – STSJP PROGRAMS

SECTION 1	PLAN AMOUNTS	
EXPENSES		
1. Total program expenses		\$ 135,610.00
2. State reimbursement		\$ 84,078.20
3. Local share amount		\$ 51,531.80
Reimbursements for the plan (Enter all amounts that are applicable.)		
4. STSJP allocation amount	\$ 40,000.00	
5. STSJP local approved plan amount		\$ 40,000.00
6. Detention approved amount shifted to STSJP		\$ 44,078.20
7. PY rollover approved amount		\$
8. Total approved amounts for state reimbursement		\$ 84,078.20

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 Court Educational Programs	\$ 1,425.00	\$ 2,325.00	\$ 3,750.00

STSJP Program 2 Wrap Around Case Management Services	\$ 45,831.80	\$ 74,778.20	\$ 120,610.00
STSJP Program 3 Jefferson County Probation Enhanced Probation	\$ 2,850.00	\$ 4,650.00	\$ 7,500.00
STSJP Program 4 Youth Court Educational Programs	\$ 1,425.00	\$ 2,325.00	\$ 3,750.00
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			\$ 135,610.00

STSJP PROGRAMMING DETAILS

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

STSJP Program 1

STSJP Program 1 Name: Youth Court Educational Programs		STSJP Program 1 Type: Alternative to Placement	
STSJP Program 1 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		Email www.resolution-center.net	
Title Executive Director		Phone (315) 785 - 0333	Ext

STSJP Program 1 Service Detailed Information

- The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 3,750.00
- Please indicate the specific zip codes this program will target. 13601, 13619, 13673, 13605
- 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 address criminogenic risk and needs. Additionally, they serve youth who might

otherwise be placed in a residential facility, but they can be maintained in the community with the support of these programs.

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? 10

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) Our projected outcomes were met because every youth that successfully completed this program was not placed at any level of residential placement. However, transportation is a barrier. Having astonishing programs is useless if we can't physically get the juveniles to them. Transportation is a major issue for us with such a rural population and no major transit system. We do utilize drivers through paid programs through our Department of Social Services but not all programs are covered. Our Officers do provide transportation when possible through the use of our departmental vehicles.

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.) 90 days

10. Total number of youth served by this program during the previous STSJP PY: 13

11. What amount of rollover funds from the previous STSJP PY will be spent on this program? \$0.00

STSJP Program 2		
STSJP Program 2 Name: Wrap Around Case Management Services		STSJP Program 2 Type: Early Intervention
STSJP Program 2 Operating Agency: Children's Home of Jefferson County		
Program Mailing Address P.O. Box 6550		
Address Line 2 1704 State Street		
City Watertown	State NY	Zip Code 13601
Contact Person for Program Karen Richmond	Email	
Title Executive Director	Phone (315) 788 - 7430	Ext

STSJP Program 2	Service Detailed Information
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 120,610.00	
2. Please indicate the specific zip codes this program will target. 13601, 13619, 13673, 13605	
3. 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. This program utilizes pro-social activities that engage at-risk youths in order to avoid or prevent juvenile delinquency.	
4. Does your municipality plan to replicate the program across multiple locations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program? 15	
If the STSJP Program 2 received STSJP funds in the previous STSJP PY, answer the questions below.	
6. Did projected performance outcomes meet expected outcomes? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 .	

7. What projected outcomes were met and how were they met? (100 words or less) Our projected outcomes were met in that only one youth involved in this program was placed temporarily into non- secure detention and then secure detention while we worked to find an alternative family member. Once this occurred, he returned to our community where he remains to date. With the remaining involved in the program, none have been involved in any type of placement and/or detention. The barriers we overcame with the one youth involved were years of engrained criminal behavior within the entire family. We did exhaust all family options and were able to find an extended family member for the youth to reside with.
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.) 270 days
10. Total number of youth served by this program during the previous STSJP PY: 13
11. What amount of rollover funds from the previous STSJP PY will be spent on this program? \$0.00

STSJP Program 3		
STSJP Program 3 Name: Jefferson County Probation: Enhanced Probation	STSJP Program 3 Type: Alternative to Placement	
STSJP Program 3 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 M. Morrison	Email martinm@co.jefferson.ny.us	
Title Probation Director	Phone (315) 785 - 3182	Ext

STSJP Program 3	Service Detailed Information
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 7,500.00	
2. Please indicate the specific zip codes this program will target. 13601, 13619, 13673, 13605	
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) It is used to cover overtime costs of Probation Officers when making evening and weekend home visits. Additionally, we purchase small amount gift cards, pay membership fees, and purchase transportation vouchers to use as a reward and/or incentive for positive behavior. Our Department conducts numerous community service projects and the snacks/beverages for this graduated sanction is a part of this program. This program targets criminogenic needs of the youth involved. This program serves adjudicated youth who might otherwise be placed in a residential facility, but with the assistance of this program, can be maintained in the community.	
4. Does your municipality plan to replicate the program across multiple locations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program? 15	
If the STSJP Program 3 received STSJP funds in the previous STSJP PY, answer the questions below.	
6. Did projected performance outcomes meet expected outcomes? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 .	
7. What projected outcomes were met and how were they met? (100 words or less) Our projected outcomes were met in that few youth involved in this program was placed at any level of detention or residential placement. We are exploring the possibility of changing the payment reimbursement procedure within our Department to encourage more Probation Officers to utilize the program. In an attempt to increase participants, we are also going to start to make this a part of the Court Order Conditions; enhanced Probation.	
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.) 90 days
10. Total number of youth served by this program during the previous STSJP PY: 10
11. What amount of rollover funds from the previous STSJP PY will be spent on this program? \$0.00

STSJP Program 4		
STSJP Program 4 Name: Youth Court Educational Programs	STSJP Program 4 Type: Early Intervention	
STSJP Program 4 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	Email www.resolution-center.net	
Title Executive Director	Phone (315) 785 - 0333	Ext

STSJP Program 4	Service Detailed Information
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ \$3,750.00	
2. Please indicate the specific zip codes this program will target. 13601, 13619, 13673, 13605	
3. 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 utilize pro-social activities to engage at-risk youth or youth alleged to be a Juvenile Delinquent in order to prevent further involvement in the juvenile justice system.	
4. Does your municipality plan to replicate the program across multiple locations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program? 10	
If the STSJP Program 4 received STSJP funds in the previous STSJP PY, answer the questions below.	
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 .	
7. What projected outcomes were met and how were they met? (100 words or less)	
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)	
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)	
10. Total number of youth served by this program during the previous STSJP PY:	
11. What amount of rollover funds from the previous STSJP PY will be spent on this program? \$0.00	

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	

STSJP Program 7

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

STSJP Program 7 Service Detailed Information

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

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

- 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 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

- 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 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?

STSJP Program 9

STSJP Program 9 Name:		STSJP Program 9 Type:	
STSJP Program 9 Operating Agency:			
Program Mailing Address			
Address Line 2			
City		State	Zip Code
Contact Person for Program		Email	
Title		Phone () -	Ext

STSJP Program 9 Service Detailed Information

- 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 9 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 10

STSJP Program 10 Name:		STSJP Program 10 Type:	
STSJP Program 10 Operating Agency:			
Program Mailing Address			
Address Line 2			
City		State	Zip Code
Contact Person for Program		Email	

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

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

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

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

STSJP Program 12	Service Detailed Information
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$	
2. Please indicate the specific zip codes this program will target.	
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)	
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program?	
If the STSJP Program 12 received STSJP funds in the previous STSJP PY, answer the questions below.	
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.	
7. What projected outcomes were met and how were they met? (100 words or less)	
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)	
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)	
10. Total number of youth served by this program during the previous STSJP PY:	
11. What amount of rollover funds from the previous STSJP PY will be spent on this program?	

PART II – STSJP-RTA PROGRAMS

SECTION 1 STSJP RTA PLAN AMOUNTS

Expenses	
1. RTA-approved plan amount	\$ 45,883.00
2. Total program expenses	\$ 45,883.00

SECTION 2 LIST OF STSJP-RTA PROGRAMS TO BE FUNDED

Program Name	Total Program Expenses
STSJP-RTA Program 1 Youth Court Educational Programs - LRE, Thinking for a Change, Why Try and Anger Management	\$ 7,480.00
STSJP-RTA Program 2 Wrap Around Case Management Services	\$ 33,403.00
STSJP-RTA Program 3 Jefferson County Probation Enhanced Probation	\$ 5,000.00
STSJP-RTA Program 4	\$
STSJP-RTA Program 5	\$
STSJP-RTA Program 6	\$

TOTAL	\$ 45,883.00
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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 Court Educational Programs		Program 1 Type: Early Intervention	
Program 1 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		Email www.resolution-center.net	
Title Executive Director		Phone (315) 785 - 0333	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? \$ 7,480.00
2. Please indicate the specific zip codes this program will target. 13601, 13619, 13673, 13605
3. 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 utilize pro-social activities to engage at-risk youth or youth alleged to be a Juvenile Delinquent in order to prevent further involvement in the juvenile justice system.
4. Does your municipality plan to replicate the program across multiple locations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. What is the projected number of youth who will receive services from this program? 5
If the STSJP-RTA Program 1 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input 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? 0

STSJP-RTA Program 2

Program 2 Name: Wrap Around Case Management Services		Program 2 Type: Alternative to Placement	
Program 2 Operating Agency: Children's Home of Jefferson County			
Program Mailing Address P.O. Box 6550			
Address Line 2 1704 State Street			
City		State	Zip Code

Watertown	NY	13601
Contact Person for Program Karen Richmond	Email	
Title Executive Director	Phone (315) 788 - 7430	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? \$ 33,403.00		
2. Please indicate the specific zip codes this program will target. 13601, 13619, 13673, 13605		
3. 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 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. This program serves Adjudicated Youth who would otherwise be placed in a residential facility, but with the assistance of this program, can be maintained in the community.		
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? 1		
If the STSJP-RTA Program 2 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.		
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input 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? 0		

STSJP-RTA Program 3

Program 3 Name: Jefferson County Probation: Enhanced Probation	Program 3 Type: Alternative to Placement	
Program 3 Operating Agency: Jefferson County Probation Department		
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	Email martinm@co.jefferson.ny.us	
Title Probation Director	Phone (315) 785 - 3182	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? \$ 5,000.00		
2. Please indicate the specific zip codes this program will target. 13601, 13619, 13673, 13605		
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Enhanced Probation is used to cover overtime costs of Probation Officers when making evening and weekend home visits. Additionally, we purchase small amount gift cards, pay membership fees, and purchase transportation vouchers to use as a reward and/or incentive for positive behavior. Our Department conducts numerous community service projects		

and the snacks/beverages for this graduated sanction is a part of this program. We use this program to serve adjudicated youth who are at risk of placement but can be maintained in the community.

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? 10

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) We had one youth who utilized this program. The youth was supervised by Jefferson County Probation and due to her progress, we used a graduated response and purchased a membership to a local karate club program. This resulted with successful results as this youth is no longer receiving services from Probation.

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) We projected 10 youth based on the state projection numbers but only had one referral to this program and thus only partially met our outcomes.

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 90 days

10. Total number of youth served by this program during the previous STSJP-RTA PY: 1

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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5. What is the projected number of youth who will receive services from this program?			
If the STSJP-RTA Program 5 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.			
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.			
7. What projected outcomes were met and how were they met? (100 word or less)			
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)			
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)			
10. Total number of youth served by this program during the previous STSJP-RTA PY:			
11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program?			

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

STSJP-RTA Program 6		Service Detailed Information	
1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$			
2. Please indicate the specific zip codes this program will target.			

3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. What is the projected number of youth who will receive services from this program?
If the STSJP-RTA Program 6 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.
6. Did projected performance outcomes meet expected outcomes? <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 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.

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. 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 this STSJP plan addresses the issues of disparity.

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) 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 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. 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 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, mental health and substance abuse providers and our local school districts. Our Department is completely immersed in the local youth community.

SECTION 4 COOPERATIVE APPLICATIONS SUBMITTED JOINTLY BY TWO OR MORE COUNTIES

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

Two or more eligible local jurisdictions (counties) may join together to establish, operate and maintain Supervision and treatment services for juvenile programs, and may enter into agreements in connection therewith. Counties submitting such applications must provide the following information:

1. Describe the provisions for the proportionate cost to be borne by each county;
2. Describe how personnel will be compensated across and between counties in the cooperative;
3. If a single fiscal officer will be the custodian of the funds made available for STSJP, please provide the officer's name and contact information:

PART IV – PLAN APPROVAL

SECTION 1 APPROVAL OF THE CHIEF EXECUTIVE OFFICER

As STSJP Lead for Jefferson County municipality, I certify that the CEO County Administrator Robert F. Hagemann, III has reviewed and approved the 2019 STSJP plan.

Date: 09 / 05 / 2019 User ID: Mmorrison7

Print name: Martin J. Morrison

SECTION 2 APPROVAL OF THE OCFS PROGRAM LEAD

2019-

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

Date: 10 / 24 / 2019 User ID: TY4555

Print name: Eric Warner