



**Office of Children
and Family Services**

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Commissioner

October 8, 2019

Dear Chief Executive Officer,

Thank you for submitting Lewis 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.

Lewis 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 Lewis 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 re-purposed detention funds will be used for under STSJP. An amended STSJP plan will also need to be submitted.

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

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

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: Lewis County			
LEAD AGENCY FOR STSJP SUBMISSION: Lewis County Probation Dept.		NAME OF CONTACT PERSON: Mary Jo Burkhard	
CONTACT PERSON'S PHONE NUMBER: 315-376-5358		CONTACT PERSON'S EMAIL ADDRESS: maryjoburkhard@lewiscounty.ny.gov	

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

SECTION ONE - List of programs to be funded			
In this section, list the exact name of each program and Indirect Service that will be funded with STSJP funds, along with the projected amount of Program Expense, State Share and County Share to be used for each. (Program List and Detail Sheet must match)			
Program Name	Total Program Expense (100 percent)	State Share (62 percent)	County Share (38 percent)
STSJP Program 1 Youth Court/Restorative Justice Program	\$ 15,000	\$ 9,300	\$ 5,700
STSJP Program 2 Clinical Services & Goods	\$ 15,000	\$ 9,300	\$ 5,700
STSJP Program 3 Respite Service	\$ 7,000	\$ 4,340	\$ 2,660
STSJP Program 4 Youth Development Activities	\$ 3,000	\$ 1,860	\$ 1,140
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	\$ 40,000	\$ 24,800	\$ 15,200
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Youth Court/Restorative Justice Program	\$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Rubenzahl & Knudsen Assoc.	\$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Respite/DSS	\$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
TOTAL	\$	\$	\$

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) Lewis County is a rural county with a population of approximately 26,000. Lowville is the County Seat and nearly all available resources are housed in the Lowville area. The programs we have are available to youth in all areas of the County. In reviewing our JD population over the past five years, a majority of our youth who experience difficulties reside in the Central region, Lowville 13367, and the southern region, Port Leyden 13433. The factors contributing to this may be as simple as the fact that Lowville Academy and South Lewis Central Schools house the greatest number of students/families. Given the rural nature of Lewis County, individualized planning is imperative; ideas and models are then replicated or referred to.

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 the Lewis County system. Lewis County's one admission last year was white which is reflective of our primarily caucasian population.

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) Lewis County's detention numbers are historically very low or non-existent. Therefore, it is difficult to address how we anticipate reducing detention utilization and residential placement. We had one adolescent with mental health issues placed in a residential facility in 2015. We had non-secure placement for two days in 2016, and in 2017 we have had one male in non-secure for 12 days. In 2018 we had one male participate in a psychological evaluation, and no non-secure placements. Our goal will be to continue to reduce all placement costs and days in detention to zero. In addition we will strive to provide our youth with the skills necessary to become lawabiding, pro social individuals who no longer require the intervention of our agencies.

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) Given the rural composition of our County we realize the importance of working in conjunction with a variety of agencies to ensure the best possible outcome for the juveniles and families. Our Commissioner of Social Services serves as joint chair of the CCSI/Priorities Council. As Director of Probation, I am actively involved in the Priorities Council and work closely with DSS and the various other agencies, including schools, law enforcement, mental health clinics, drug and alcohol counselors, parents, peer counseling through NRCIL and case management through TLS and Behavioral Health and Wellness. Again this year, with the assistance of STSJP funding, we will be expanding our use of the Jefferson-Lewis County Resource Center's Youth Services Division to access specific evidenced based programs. We are planning to refer eligible youth to their "Thinking For A Change" program. Lewis County will continue to focus efforts to meet gaps in services to assist youth and families who have come to the attention of law enforcement.

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		\$ 40,000
2. State reimbursement (Program expenses* .62)		\$ 24,800
3. State share amount (Program expenses* .38)		\$ 15,200
Add in Reimbursements for the plan (fill out all that are applicable)		
4. STSJP allocation	\$ 40,000	
5. STSJP approved		\$ 24,800
6. JDAI allocation	\$	

7. JDAI approved		\$
8. Detention approved amount shifted to STSJP		\$
9. PY rollover approved		\$
10. Total approved amounts for state reimbursement		\$ 24,800
11. Total amount of approved STSJP-RTA 100% state reimbursement		\$

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/Restorative Justice Program	Type of program:	ATP
Program operating agency:	Resolution Center of Jefferson & Lewis Counties		
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 wjhutteman-kall@resolution-center.net			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 15,000			
1. Please indicate the specific zip codes this program will target? Zip Codes All of Lewis 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, Why Try, Anger Management and Thinking For A Change 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 sanction 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 type="checkbox"/> yes or <input checked="" type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less)			
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) As previously mentioned our adolescent population continues to be minimal. We made no referrals to the Resolution Center.			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 0			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 0			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0			
Program two name:	Clinical Services & Goods	Type of program:	Early Intervention

Program operating agency: Rubenzahl & Knudsen and Associates Psychological Services, P.C.		
Program mailing address 22670 Summit Drive, Suite 2		
Address line 2		
City Watertown	State NY	Zip code 13601
Contact person for program Thomas Knudsen, Psy. D., ABPP		
Title Vice President, Co Partner	Phone number (315) 788-3332	Ext.
Email tknudsen@rkapsych.com		
Program service detailed information		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 15,000		
1. Please indicate the specific zip codes this program will target? Zip Codes All of Lewis County		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) By providing needed mental health and substance abuse services and evaluations to the youth and addressing the issues which caused the youth to be at risk of detention or placement. Many times the youth suffer from an unidentified, but treatable disorder. Clinical services may also include parent education and transportation if needed. In the past it has been a valuable asset to have STSJP monies to help pay for and to expedite ongoing treatment.		
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) One adolescent participated in a psychological evaluation and continues to attend outpatient treatment .		
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) Our numbers continue to be minimal. The change which accompanies RTA may see an increase in the 16 year old population.		
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 3 sessions were required to complete the evaluation.		
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 1		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0		

Program three name:	Respite	Type of program:	Prevention
Program operating agency: Lewis County DSS			
Program mailing address 5274 Outer Stowe St.			
Address line 2			
City Lowville	State NY	Zip code 13367	
Contact person for program Jennifer Jones			
Title DSS Commissioner	Phone number (315) 376-5703	Ext.	
Email Jennifer.Jones@dfa.state.ny.us			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 7,000.			

1. Please indicate the specific zip codes this program will target? Zip Codes All of Lewis County
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Respite will be offered to provide youth and their families a safe location during times of unique stress or when safety concerns are noted. Being able to provide relief from stressful situations may prevent contact with the Juvenile Justice System.
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 type="checkbox"/> yes or <input checked="" type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.
6. What projected outcomes were met and how were they met? (100 word or less)
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) It was not necessary to use Respite services this year.
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 0
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 0
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0

Program four name:	Youth Development Activities	Type of program:	Prevention
Program operating agency:	Double Play Fitness Center		
Program mailing address 7394 Utica Blvd.			
Address line 2			
City Lowville		State NY	Zip code 13367
Contact person for program Dan Myers			
Title Owner		Phone number (315) 376-7001	Ext.
Email dan@doubleplay.cc.com			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 3,000.			
1. Please indicate the specific zip codes this program will target? Zip Codes All of Lewis County			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) This will provide access to the fitness and sport center for various youth activities, including group and individual sport activities, dance, yoga, etc. Participation will encourage fitness, wellness, and responsible behavior in a social setting.			
3. Does your municipality plan to replicate program across multiple locations? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 10			
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less)			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)			

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)			
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number)			
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less)			

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

Program seven name:		Type of program:	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ()	Ext	
Email			
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 eight name:		Type of program:	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ()	Ext	
Email			
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 STSJF funds in the previous program year 20 - 20 , answer the questions below.
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, if no, skip to #7.
6. What projected outcomes were met and how were they met? (100 word or less)
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)
9. Total amount of youth were served by this program during the previous STSJF PY? (4 Characters)
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

Program nine 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 STSJF funds that your jurisdiction will devote to the services from this program? \$				
1. Please indicate the specific zip codes this program will target? Zip Codes				
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)				
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input type="checkbox"/> no)				
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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 STSJF PY? (4 Characters)				
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)				

Program ten 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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Program eleven name:		Type of program:	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ()	Ext.	
Email			
Program service detailed information			
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Program twelve		Type of program:	
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name:		
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/Restorative Justice Program	Type of program:	ATP
Program operating agency: Resolution Center of Jefferson & Lewis Counties			
Program mailing address 200 Washington Street, Ste. 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 jhutteman-kall@resolution-center.net			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$0			
1. Please indicate the specific zip codes this program will target? Zip Codes All of Lewis 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, Why Try, Anger Management and Thinking For A Change 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 sanction 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 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:	Clinical Services & Goods	Type of program:	Early Intervention
Program operating agency:	Rubenzahl & Knudsen and Associates Psychological Service, P.C		
Program mailing address 22670 Summit Drive, Suite 2			
Address line 2			
City Watertown		State NY	Zip code 13601
Contact person for program Thomas Knudsen, Psy.D., ABPP			
Title Vice President, Co Partner		Phone number (315) 788-3332	Ext.
Email tknudsen@rkapsych.com			

Program service detailed information
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$0
1. Please indicate the specific zip codes this program will target? Zip Codes All of Lewis County
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) By providing needed mental health and substance abuse services and evaluations to the youth and addressing the issues which caused the youth to be at risk of detention or placement. Many times the youth suffer from an unidentified, but treatable disorder. Clinical services may also include parent education and transportation if needed. In the past it has been a valuable asset to have STSJP monies to help pay for and to expedite ongoing treatment.
3. Does your municipality plan to replicate program across multiple locations? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no)
4. What is the projected number of youth who will receive service from this program? (4-character number) 10
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.
6. What projected outcomes were met and how were they met? (100 word or less)
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

STSJP/RTA Program name:	Respite	Type of program:	Prevention
Program operating agency:	Lewis County DSS		
Program mailing address			

5274 Outer Stowe St.		
Address line 2		
City Lowville	State NY	Zip code 13667
Contact person for program Jennifer Jones		
Title DSS Commissioner	Phone number (315) 376-5703	Ext.
Email Jennifer.Jones@dfa.state.ny.us		
Program service detailed information		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$0		
1. Please indicate the specific zip codes this program will target? Zip Codes All of Lewis County		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Respite will be offered to provide youth and their families a safe location during times of unique stress or when safety concerns are noted. Being able to provide relief from stressful situations may prevent contact with the Juvenile Justice System.		
3. Does your municipality plan to replicate program across multiple locations? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no)		
4. What is the projected number of youth who will receive service from this program? (4-character number) 10		
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.		
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.		
6. What projected outcomes were met and how were they met? (100 word or less)		
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)		
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)		
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)		
SECTION EIGHT – Plan Approval		
Approval of the Chief Executive Officer		
As STSJP Lead for Lewis County	municipality, I certify that the CEO	
Lawrence Dolhof	has reviewed and approved the 2018 - 2019 STSJP plan.	
Date: 10 / 29 / 2018	STSJP Lead User ID	
STSJP Lead printed name: Mary Jo Burkhard		
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 / 7 / 19	User ID: JTO911	Printed name: Lynn Tibbbs