



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 Lewis 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**

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

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

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

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

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

Sincerely,



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

cc: Derek Holtzclaw, OCFS Deputy Commissioner for Administration  
Lynn Tubbs, Director of Cross-System Supports, YDAPS  
OCFS Child Welfare and Community Services Regional Office Directors  
Municipality STSJP Leads

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**SUPERVISION AND TREATMENT SERVICES**  
**FOR JUVENILE PROGRAM (STSJP) ANNUAL PLAN**  
**FOR PROGRAM YEAR OCTOBER 1, 2019 - SEPTEMBER 30, 2020**

**STSJP plans are due to the Office of Children and Family Services (OCFS) by 9/10/2019**

Plans should be submitted to: [stsjp@ocfs.ny.gov](mailto:stsjp@ocfs.ny.gov)

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

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

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

- [Geneva Hilliard](mailto:Geneva.Hilliard@ocfs.ny.gov): 518-486-1819
- [Lynn Tubbs](mailto:Lynn.Tubbs@ocfs.ny.gov): 518-473-9116

<b>MUNICIPALITY INFORMATION</b>	
NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION: Lewis County	
LEAD AGENCY FOR STSJP SUBMISSION: Lewis County Probation Department	NAME OF CONTACT PERSON: Mary Jo Burkhard
CONTACT PERSON'S PHONE NUMBER: 315-376-5358	CONTACT PERSON'S EMAIL ADDRESS: <a href="mailto:maryjoburkhard@lewiscounty.ny.gov">maryjoburkhard@lewiscounty.ny.gov</a>

### PLAN SUBMISSION INSTRUCTIONS

Instructions for submitting an STSJP plan for OCFS review:

- a. Once you have opened this form on your computer, please immediately use the "Save As" function in Microsoft Word to save a copy;
- b. Save your application using the file name "STSJP 2019-2020 Annual Plan – (Name of County)";
- c. Work from the "saved" application document, using it to record all of your municipality information;
- d. Once you have completed entering the required data, save the document.

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

## PART I – STSJP PROGRAMS

SECTION 1	PLAN AMOUNTS	
<b>EXPENSES</b>		
1. Total program expenses		\$ 40,000.00
2. State reimbursement		\$ 24,800.00
3. Local share amount		\$ 15,200.00
<b>Reimbursements for the plan (Enter all amounts that are applicable.)</b>		
4. STSJP allocation amount	\$ 40,000.00	
5. STSJP local approved plan amount		\$ 24,800.00
6. Detention approved amount shifted to STSJP		\$ 0
7. PY rollover approved amount		\$ 0
8. Total approved amounts for state reimbursement		\$ 24,800.00

SECTION 2	LIST OF STSJP PROGRAMS TO BE FUNDED		
Program Name	Local Share (38 percent)	State Share (62 percent)	Total Program Expenses (100 percent)
STSJP Program 1 Youth Court/Restorative Justice Program	\$ 6,080.00	\$ 9,920.00	\$ 16,000.00
STSJP Program 2 Clinical Services & Goods	\$ 6,080.00	\$ 9,920.00	\$ 16,000.00

STSJP Program 3 Respite	\$ 3,040.00	\$ 4,960.00	\$ 8,000.00
STSJP Program 4	\$ 0	\$ 0	\$ 0
STSJP Program 5	\$	\$	\$
STSJP Program 6	\$	\$	\$
STSJP Program 7	\$	\$	\$
STSJP Program 8	\$	\$	\$
STSJP Program 9	\$	\$	\$
STSJP Program 10	\$	\$	\$
STSJP Program 11	\$	\$	\$
STSJP Program 12	\$	\$	\$
<b>TOTAL</b>			\$ 40,000

**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/Restorative Justice Program		STSJP Program 1 Type: <b>Alternative to Placement</b>	
STSJP Program 1 Operating Agency: Resolution Center of Jefferson & Lewis Counties			
Program Mailing Address 200 Washington St., Suite 207			
Address Line 2 N/A			
City Watertown	State NY	Zip Code 13601	
Contact Person for Program Jennifer Hutteman-Kall		Email wjhutteman-kall@resolution-center.net	
Title Executive Director	Phone (315) 785 - 0333	Ext N/A	

**STSJP Program 1 Service Detailed Information**

- The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 16,000.00
  - Please indicate the specific zip codes this program will target. All of Lewis County,
  - 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 further implemented during supervision as a graduated sanction to avoid placement.
  - 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? 5-10
- 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially If Yes, <b>answer #7</b> ; If No, <b>skip to #8</b> ; If Partially, <b>answer #7 and #8</b> .
7. What projected outcomes were met and how were they met? (100 words or less)
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) Our numbers are so low that we did not have the appropriate individuals to refer to these programs.
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 0
10. Total number of youth served by this program during the previous STSJP PY: 0
11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 0

**STSJP Program 2**

STSJP Program 2 Name: Clinical Services & Goods		STSJP Program 2 Type: Early Intervention	
STSJP Program 2 Operating Agency: Rubenzahl & Knudsen & Associates Psychological Services, P.C.			
Program Mailing Address 22670 Summit Drive, Suite 2			
Address Line 2 N/A			
City Watertown		State NY	Zip Code 13601
Contact Person for Program Thomas Knudsen, Psy. D., ABPP		Email tknudsen@rkapsych.com	
Title Vice President, Co Partner		Phone (315) 788 - 3332	Ext N/A

**STSJP Program 2 Service Detailed Information**

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 16,000.00
2. Please indicate the specific zip codes this program will target. All of Lewis County,
3. 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.
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? 5-10
<b>If the STSJP Program 2 received STSJP funds in the previous STSJP PY, answer the questions below.</b>
6. Did projected performance outcomes meet expected outcomes? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, <b>answer #7</b> ; If No, <b>skip to #8</b> ; If Partially, <b>answer #7 and #8</b> .
7. What projected outcomes were met and how were they met? (100 words or less) One adolescent participated in a psychological evaluation and continues to attend outpatient treatment.
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) Our numbers continue to be minimal. The change which accompanies RTA may see an increase in the 16 and 17 year old population.
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 3 sessions were required to complete the evaluation.
10. Total number of youth served by this program during the previous STSJP PY: 1
11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 0

<b>STSJP Program 3</b>		
STSJP Program 3 Name: Respite		STSJP Program 3 Type: Prevention
STSJP Program 3 Operating Agency: Lewis County DSS		
Program Mailing Address 5274 Outer Stowe St.		
Address Line 2 N/A		
City Lowville	State NY	Zip Code 13367
Contact Person for Program Jennifer Jones	Email Jennifer.Jones@dfa.state.ny.us	
Title DSS Commissioner	Phone (315) 376 - 5703	Ext N/A

<b>STSJP Program 3 Service Detailed Information</b>		
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 8,000.00		
2. Please indicate the specific zip codes this program will target. All of Lewis County,		
3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b> 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.		
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? 5-10		
<b>If the STSJP Program 3 received STSJP funds in the previous STSJP PY, answer the questions below.</b>		
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially If Yes, <b>answer #7</b> ; If No, <b>skip to #8</b> ; If Partially, <b>answer #7 and #8</b> .		
7. What projected outcomes were met and how were they met? <b>(100 words or less)</b>		
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? <b>(100 words or less)</b> Our numbers are so low that we had no one in need of respite.		
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 0		
10. Total number of youth served by this program during the previous STSJP PY: 0		
11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 0		

<b>STSJP Program 4</b>		
STSJP Program 4 Name:		STSJP Program 4 Type:
STSJP Program 4 Operating Agency:		
Program Mailing Address		
Address Line 2		
City	State	Zip Code
Contact Person for Program	Email	
Title	Phone ( ) -	Ext

<b>STSJP Program 4 Service Detailed Information</b>		
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$		

2. Please indicate the specific zip codes this program will target.

3. How will the program be utilized to serve targeted youth in your municipality? **(100 words or less)**

4. Does your municipality plan to replicate the program across multiple locations?  Yes  No

5. What is the projected number of youth who will receive services from this program?

**If the STSJP Program 4 received STSJP funds in the previous STSJP PY, answer the questions below.**

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 5**

STSJP Program 5 Name:		STSJP Program 5 Type:	
STSJP Program 5 Operating Agency:			
Program Mailing Address			
Address Line 2			
City	State	Zip Code	
Contact Person for Program	Email		
Title	Phone ( ) -	Ext	

**STSJP Program 5 Service Detailed Information**

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 5 received STSJP funds in the previous STSJP PY, answer the questions below.**

6. Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, **answer #7**; If No, **skip to #8**; If Partially, **answer #7 and #8**.  
If Yes, **answer #7**. If No, **skip to #8**.

7. What projected outcomes were met and how were they met? **(100 words or less)**

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

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

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

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

**STSJP Program 6**

STSJP Program 6 Name:		STSJP Program 6 Type:	
STSJP Program 6 Operating Agency:			

Program Mailing Address		
Address Line 2		
City	State	Zip Code
Contact Person for Program	Email	
Title	Phone ( ) -	Ext

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

<b>STSJP Program 7</b>	
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

<b>STSJP Program 7 Service Detailed Information</b>	
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$	
2. Please indicate the specific zip codes this program will target.	
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)	
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program?	
<b>If the STSJP Program 7 received STSJP funds in the previous STSJP PY, answer the questions below.</b>	
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.	
7. What projected outcomes were met and how were they met? (100 words or less)	

- 8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? **(100 words or less)**
- 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
- 10. Total number of youth served by this program during the previous STSJP PY:
- 11. What amount of rollover funds from the previous STSJP PY will be spent on this program?

**STSJP Program 8**

STSJP Program 8 Name:		STSJP Program 8 Type:	
STSJP Program 8 Operating Agency:			
Program Mailing Address			
Address Line 2			
City		State	Zip Code
Contact Person for Program		Email	
Title	Phone ( ) -	Ext	

**STSJP Program 8 Service Detailed Information**

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

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

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

- 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 11 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 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**

- 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 12 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.

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	\$ 6,016.00
2. Total program expenses	\$ 6016.00

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

<b>Program Name</b>	<b>Total Program Expenses</b>
STSJP-RTA Program 1 Youth Court/Restorative Justice Program-Resolution Center	\$ 1,772.00
STSJP-RTA Program 2 Clinical Services & Goods-Rubenzahl and Knudsen	\$ 2,970.00
STSJP-RTA Program 3 Lewis County DSS Respite	\$ 1,274.00
STSJP-RTA Program 4	\$
STSJP-RTA Program 5	\$
STSJP-RTA Program 6	\$
<b>TOTAL</b>	<b>\$ 6,016.00</b>

**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/Restorative Justice Program		Program 1 Type: <b>Alternative to Placement</b>	
Program 1 Operating Agency: Resolution Center of Jefferson & Lewis Counties			
Program Mailing Address 200 Washington Street, Suite 207			
Address Line 2 N/A			
City Watertown	State NY	Zip Code 13601	
Contact Person for Program Jennifer Hutteman-Kall	Email jhutteman-kall@resolution-center.net		
Title Executive Director	Phone (315) 785 - 0333	Ext N/A	

**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? \$ 1,772.00
2. Please indicate the specific zip codes this program will target. All of Lewis County,
3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b> The 16 and 17 year old 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 further implemented during supervision as a graduated sanction to avoid placement.
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? 3
<b>If the STSJP-RTA Program 1 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.</b>
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input 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? <b>(100 word or less)</b>
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? <b>(100 words or less)</b>
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 2**

Program 2 Name: Clinical Services & Goods		Program 2 Type: <b>Early Intervention</b>	
Program 2 Operating Agency: Rubenzahl & Knudsen & Associates Psychological Service, P.C.			
Program Mailing Address 22670 Summit Drive, Suite 2			
Address Line 2 N/A			
City	State	Zip Code	

Watertown		NY	13601
Contact Person for Program Thomas Knudsen, Psy. D., ABPP		Email tknudsen@rkapsych.com	
Title Vice President, Co Partner		Phone (315) 788 - 3332	Ext N/A
<b>STSJP-RTA Program 2</b>		<b>Service Detailed Information</b>	
1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 2,970.00			
2. Please indicate the specific zip codes this program will target. All of Lewis County,			
3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b> 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.			
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? 3			
<b>If the STSJP-RTA Program 2 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.</b>			
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; if No, skip to #8; if Partially, answer #7 and #8.			
7. What projected outcomes were met and how were they met? <b>(100 word or less)</b>			
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? <b>(100 words or less)</b>			
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?			

<b>STSJP-RTA Program 3</b>			
Program 3 Name: Respite		Program 3 Type: Prevention	
Program 3 Operating Agency: Lewis County DSS			
Program Mailing Address 5274 Outer Stowe St.			
Address Line 2 N/A			
City Lowville		State NY	Zip Code 13367
Contact Person for Program Jennifer Jones		Email Jennifer.Jones@dfa.state.ny.us	
Title DSS Commissioner		Phone (315) 376 - 5703	Ext N/A

<b>STSJP-RTA Program 3</b>		<b>Service Detailed Information</b>	
1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 1,274.00			
2. Please indicate the specific zip codes this program will target. All of Lewis County,			
3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b> 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.			
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? 3			

**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)

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 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

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

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

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

- 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
- 10. Total number of youth served by this program during the previous STSJP-RTA PY:
- 11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program?

**PART III – STSJP-RTA PROGRAM ANALYSIS**

**SECTION 1 Overall Analysis**

**A. Overall Analysis of Communities**

Discuss and identify the neighborhoods or communities by zip codes or areas from which the highest number of Youthful Offenders (YO), Adolescent Offenders (AO), Juvenile Delinquents (JD) and Persons in Need of Supervision (PINS) enter the youth justice system, and the factors that may be contributing. Our overall AO and JD numbers are extremely low. 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.

**B. Overall Analysis of Disparity**

Please provide information indicating whether there is evidence of racial/ethnic disparity in your local system's use of detention or residential placement. There is no racial/ethnic disparity in our local system's use of detention or residential placement.  
 If such disparity exists, describe how this STSJP plan addresses the issues of disparity. N/A

**SECTION 2 PERFORMANCE OUTCOMES**

For current program year, provide the projected performance outcomes for all of your proposed services and programs. Be sure to include an estimate of the anticipated reductions in detention utilization and residential placements. **(250 words or less)** 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 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. 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. In June 2019, Lewis County enlisted the assistance of NYS Education Department's Schools Technical Assistance Centers to help improve collaboration between schools and community agencies for the betterment of student achievement. All

five school districts are committed to continue to attend this forum on a quarterly basis, with our next meeting scheduled in September.

**SECTION 4 COOPERATIVE APPLICATIONS SUBMITTED JOINTLY BY TWO OR MORE COUNTIES**  
 (Complete this section only if this is a joint application.)

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

1. Describe the provisions for the proportionate cost to be borne by each county: N/A
2. Describe how personnel will be compensated across and between counties in the cooperative:
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 Lewis County municipality, I certify that the CEO Lawrence Dolhof has reviewed and approved the 2020 STSJP plan.

Date: 9 / 16 / 2019 User ID: maryjoburkhard@lewiscounty.ny.gov

Print name: Mary Jo Burkhard

**SECTION 2 APPROVAL OF THE OCFS PROGRAM LEAD**

2019-

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

Date: 10 / 24 / 2019 User ID: TY4555

Print name: Eric Warner