

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](mailto: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

<b>MUNICIPALITY INFORMATION</b>			
NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION: Otsego County			
LEAD AGENCY FOR STSJP SUBMISSION: Otsego County Probation		NAME OF CONTACT PERSON: Daniel Naughton	
CONTACT PERSON'S PHONE NUMBER: (607) 547-4217		CONTACT PERSON'S EMAIL ADDRESS: naughtond@otsegocounty.com	

**Plan Submission instructions**

Instructions for submitting an STSJP plan for OCFS review.

- a. Once you have opened this form on your computer, please immediately use the "Save As" function in Microsoft Word to save a copy;
- b. Save your application using the following name "PY 2018 - 2019 STSJP Plan – (Name of municipality)";
- c. Work from the "saved" application document, using it to record all of your municipality's information;
- d. Once you have completed entering the required data, save the document;
- e. Prior to submission, review calculation in section eight for accuracy. Complete the "Approval and Certification" section before submission to OCFS;

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

**SECTION ONE - List of programs to be funded**

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

Program Name	Total Program Expense (100 percent)	State Share (62 percent)	County Share (38 percent)
STSJP Program 1 Kids Oneida - EI	\$ 51538.71	\$ 31,954.00	\$ 19,584.71
STSJP Program 2 Kids Oneida - ATD	\$ 26008.06	\$ 16,125.00	\$ 9,883.06
STSJP Program 3 Kids Oneida - ATP	\$ 26008.06	\$ 16,125.00	\$ 9,883.06
STSJP Program 4 Electronic Monitoring - ATD	\$ 6600.00	\$ 4,092.00	\$ 2,508.00
STSJP Program 5 Electronic Monitoring - ATP	\$ 6,600.00	\$ 4,092.00	\$ 2,508.00
STSJP Program 6 Respite - EI	\$ 3435.48	\$ 2,130.00	\$ 1,305.48
STSJP Program 7 Respite - ATD	\$ 3435.48	\$ 2,130.00	\$ 1,305.48

STSJP Program 8 Respite - ATP	\$ 3435.48	\$ 2,130.00	\$ 1,305.48
STSJP Program 9 Drug Screens - EI	\$ 1001.61	\$ 621.00	\$ 380.61
STSJP Program 10 Drug Screens - ATD	\$ 1001.61	\$ 621.00	\$ 380.61
STSJP Program 11 Drug Screens - ATP	\$ 1001.61	\$ 621.00	\$ 380.61
STSJP Program 12 Behavioral Improvements	\$ 2243.55	\$ 1391.00	\$ 852.55
<b>TOTAL</b>	\$ Continued on	\$ second	\$ attachment
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Kids Oneida SPIN	\$ 0		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Drug Screens	\$ 0		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Electronic Monitoring	\$ 0		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Respite	\$ 0		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Thinking For a Change	\$ 0		
<b>TOTAL</b>	\$ 0	\$	\$

**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)** As Otsego County is a rural county, it is difficult to select one or two zip codes that would represent the highest number of youth entering the juvenile justice system.

**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)** There is no racial/ethnic disparity or disproportionality concerning detention or residential placement. Due to the demographics of Otsego County (91.9% caucasian) and low numbers of youth placed, placement of any individual of a different race/ethnic group can make it appear as if there is a disparity.

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)**

**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)** This years plan was developed primarily by the Otsego County Department of Social Services and the Otsego County Probation Department. Meetings are held monthly with other service providers (ie: County Mental Health, Addication Recovery Services, Family Stabilization) regarding what juveniles in this county need and what has helped prevent placement and/or detention.

**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**

<b>Expenses</b>		
1. Total Program expenses		\$ 138,309.65
2. State reimbursement (Program expenses*.62)		\$ 85,752.00
3. State share amount (Program expenses*.38)		\$ 52,557.65
<b>Add in Reimbursements for the plan (fill out all that are applicable)</b>		
4. STSJP allocation	\$ 49,752.00	
5. STSJP approved		\$ 49,752.00
6. JDAI allocation	\$	
7. JDAI approved		\$ 0
8. Detention approved amount shifted to STSJP		\$ 0
9. PY rollover approved		\$ 36,000.00
10. Total approved amounts for state reimbursement		\$ 85,752.00
11. Total amount of approved STSJP-RTA 100% state reimbursement		\$ 0

**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.**

<b>Program one name:</b>	Kids Oneida - EI	<b>Type of program:</b>	Early Intervention
--------------------------	------------------	-------------------------	--------------------

<b>Program operating agency:</b>	Kids Oneida		
Program mailing address 310 Main Street			
Address line 2			
City Utica		State NY	Zip code 13501
Contact person for program Matthew Caracas			
Title Program Manager		Phone number (315) 801-7109	Ext.
Email			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 51,539.00			
1. Please indicate the specific zip codes this program will target? Zip Codes All County			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Kids Oneida will provide outpatient diagnostic assessments to at risk youth as needed. Kids Oneida SPIN Services will also be utilized. This program will be utilized to prevent the need for interventions with the court system.			
3. Does your municipality plan to replicate program across multiple locations? ( <input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 8			
<b>If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.</b>			
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) During the 2017-2018 grant year, this intervention was not deemed necessary youth that were worked with.			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 90			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 0			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0			
<b>Program two name:</b>	Kids Oneida - ATD		<b>Type of program:</b> ATD
<b>Program operating agency:</b>	Kids Oneida		
Program mailing address 310 Main Street			
Address line 2			
City Utica		State NY	Zip code 13501
Contact person for program Matthew Caracas			
Title Program Manager		Phone number (315) 801-7109	Ext.
Email			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 26,009.00			
1. Please indicate the specific zip codes this program will target? Zip Codes All County			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Kids Oneida will be able to provide outpatient diagnostic assessments and SPIN services to at risk youth in order to reduce the risk of a juvenile not attending court or getting rearrested prior to court.			
3. Does your municipality plan to replicate program across multiple locations? ( <input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)			

4. What is the projected number of youth who will receive service from this program? (4-character number) 6

**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? ( yes or  no) If yes, answer # 6, If no, skip to #7.

6. What projected outcomes were met and how were they met? (100 word or less)

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) This program was utilized on two youths and has helped prevent the need for detention. However, this county did not serve as many youths as originally planned due to the limited number of youths that needed this intervention.

8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 30 to 90

9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 2

10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0

<b>Program three name:</b>	Kids Oneida - ATP	<b>Type of program:</b>	ATP
<b>Program operating agency:</b>	Kids Oneida		
Program mailing address 310 Main Street			
Address line 2			
City Utica		State NY	Zip code 13501
Contact person for program Matthew Caracas			
Title Program Manager		Phone number (315) 801-7109	Ext.
Email			

**Program service detailed information**

The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 26,009.00

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

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Kids Oneida outpatient diagnostic assessments, as needed, and SPIN Serviceas will also be utilized for juveniles post adjudication to prevent future placement.

3. Does your municipality plan to replicate program across multiple locations? ( yes or  no)

4. What is the projected number of youth who will receive service from this program? (4-character number) 4

**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? ( yes or  no) If yes, answer # 6, If no, skip to #7.

6. What projected outcomes were met and how were they met? (100 word or less)

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) During the 2017-2018 grant year, there was not Respondent in need of this intervention.

8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 90

9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 0

10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0

<b>Program four name:</b>	Electronic Monitoring -ATD	<b>Type of program:</b>	ATD
<b>Program operating agency:</b>	Otsego County Probation		

Program mailing address 197 Main Street		
Address line 2		
City Cooperstown	State NY	Zip code 13326
Contact person for program Daniel Naughton		
Title Director	Phone number (607) 547-4217	Ext.
Email naughtond@otsegocounty.com		
<b>Program service detailed information</b>		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 6.600.00		
1. Please indicate the specific zip codes this program will target? Zip Codes All County		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) This will reduce the risk of a juvenile failing to appear for scheduled court, thus reducing the need for detention.		
3. Does your municipality plan to replicate program across multiple locations? ( <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no)		
4. What is the projected number of youth who will receive service from this program? (4-character number) 6		
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>		
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) This year, no Respondent placed on EM was placed in a detention facility.		
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) 60		
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 3		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0		

<b>Program five name:</b>	Electronic Monitoring - ATP	<b>Type of program:</b>	ATP
<b>Program operating agency:</b>	Otsego County Probation Department		
Program mailing address 197 Main Street			
Address line 2			
City Cooperstown	State NY	Zip code 13326	
Contact person for program Daniel Naughton			
Title Director	Phone number (607) 547-4217	Ext.	
Email naughtond@otsegocounty.com			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 6.600.00			
1. Please indicate the specific zip codes this program will target? Zip Codes All County			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) This will reduce the risk of juveniles being placed post-adjudication.			
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) 6			

**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? ( yes or  no) If yes, answer # 6, If no, skip to #7.

6. What projected outcomes were met and how were they met? (100 word or less) Respondent's placed on this program were not removed from their parents' custody and placed in a residential or foster care.

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) 60

9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 3

10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0

<b>Program six name:</b>	Respite - EI	<b>Type of program:</b>	Early Intervention
<b>Program operating agency:</b>	Otsego County DSS		
Program mailing address 197 Main Street			
Address line 2			
City Cooperstown		State NY	Zip code 13326
Contact person for program Mary Jane Waters			
Title Director		Phone number (607) 547-4355	Ext.
Email 36a642@dfa.state.ny.us			

**Program service detailed information**

The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 3,436.00

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

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Juveniles at risk of being placed/referred to court due to behaviors in the home including PINS/JD behaviors will be given the opportunity to be stay in a respite home for up to 21 days in order to reduce risks.

3. Does your municipality plan to replicate program across multiple locations? ( yes or  no)

4. What is the projected number of youth who will receive service from this program? (4-character number) 5

**If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.**

5. Did projected performance outcome meet expected outcomes? ( yes or  no) If yes, answer # 6, If no, skip to #7.

6. What projected outcomes were met and how were they met? (100 word or less)

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) This program was not utilized this grant year.

8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 21

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

<b>Program seven name:</b>	Respite - ATD	<b>Type of program:</b>	ATD
<b>Program operating agency:</b>	Otsego County DSS		
Program mailing address 197 Main Street			

Address line 2		
City Cooperstown	State NY	Zip code 13326
Contact person for program Mary Jane Waters		
Title Director	Phone number (607) 547-4355	Ext
Email 36a642@dfa.state.ny.us		
<b>Program service detailed information</b>		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 3,436.00		
1. Please indicate the specific zip codes this program will target? Zip Codes 13326		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Respite services will be offered to juveniles who are at risk of detention prior to adjudication due to concerns that the juvenile will not return to court as directed.		
3. Does your municipality plan to replicate program across multiple locations? ( <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no)		
4. What is the projected number of youth who will receive service from this program? (4-character number) 5		
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>		
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) This program was not utilized during the 2017-2018 grant year.		
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 21		
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		

<b>Program eight name:</b>	Respite - ATP	<b>Type of program:</b>	ATP
<b>Program operating agency:</b>	Otsego County DSS		
Program mailing address 197 Main Street			
Address line 2			
City Coopertown	State NY	Zip code 13326	
Contact person for program Mary Jane Waters			
Title Director	Phone number (607) 547-4355	Ext.	
Email 36a642@dfa.state.ny.us			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 3,436.00			
1. Please indicate the specific zip codes this program will target? Zip Codes 13326			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) this program will reduce the risk of juveniles being placed post-adjudication by offereing respite services, for juveniles struggling at home rather than seeking 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) 5			

**If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.**

5. Did projected performance outcome meet expected outcomes? ( yes or  no) If yes, answer # 6, If no, skip to #7.

6. What projected outcomes were met and how were they met? (100 word or less)

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) This program was not utilized during the 2017-2018 grant year.

8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 21

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

<b>Program nine name:</b>	Drug Screens - EI	<b>Type of program:</b>	Early Intervention
<b>Program operating agency:</b>	Otsego County Probation Department		
Program mailing address 197 Main Street			
Address line 2			
City Cooperstown		State NY	Zip code 13326
Contact person for program Daniel Naughton			
Title Director		Phone number (607) 547-4217	Ext.
Email naughtond@otsegocounty.com			

**Program service detailed information**

The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 1,000.00

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

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) This program will be used to monitor a juvenile's compliance with diversion, which requires that they refrain from alcohol and drug usage. Test results will be shared with substance abuse counselor to aide in treatment.

3. Does your municipality plan to replicate program across multiple locations? ( yes or  no)

4. What is the projected number of youth who will receive service from this program? (4-character number) 15

**If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.**

5. Did projected performance outcome meet expected outcomes? ( yes or  no) If yes, answer # 6, If no, skip to #7.

6. What projected outcomes were met and how were they met? (100 word or less) Most Respondents that were in the program ceased using drugs and alcohol while on the program.

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

8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 180

9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 28

10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0

<b>Program ten name:</b>	Drug Screens - ATD	<b>Type of program:</b>	ATD
<b>Program operating agency:</b>	Otsego County Probation Department		
Program mailing address 197 Main Street			

Address line 2		
City Cooperstown	State	Zip code
Contact person for program NY		
Title 13326	Phone number (607) 547-4217	Ext.
Email naughtond@otsegocounty.com		
<b>Program service detailed information</b>		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 1,000.00		
1. Please indicate the specific zip codes this program will target? Zip Codes All County		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Drug screens will be used for juveniles, in which substance abuse was a contributing factor in their crime, prior to adjudication due to potential use of alcohol and/or drug use, which could lead to missing court or committing another crime, which would place them at risk of detention.		
3. Does your municipality plan to replicate program across multiple locations? ( <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no)		
4. What is the projected number of youth who will receive service from this program? (4-character number) 15		
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>		
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) No Respondent on this program was sent to a detention facility due to substance abuse issues during the 2017-2018 grant year.		
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) 90		
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 17		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0		

<b>Program eleven name:</b>	Drug Screens - ATP	<b>Type of program:</b>	ATP
<b>Program operating agency:</b>	Otsego County Probation Department		
Program mailing address 197 Main Street			
Address line 2			
City Cooperstown	State NY	Zip code 13326	
Contact person for program Daniel Naughton			
Title Director	Phone number (607) 547-4217	Ext.	
Email naughtond@otsegocounty.com			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 1,000.00			
1. Please indicate the specific zip codes this program will target? Zip Codes All County			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) This program will help hold juveniles accountable for their substance abuse and will detect increased use to reduce the need for placement. This will be used for juveniles that committed a crime and substance abuse was a contributing factor.			
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? ( yes or  no) If yes, answer # 6, If no, skip to #7.

6. What projected outcomes were met and how were they met? (100 word or less) Except for one Respondent who was placed in an inpatient rehabilitation program due to continued use, no other Respondent was placed due to substance use.

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

8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 180

9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 15

10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0

<b>Program twelve name:</b>	Behavioral improvements	<b>Type of program:</b>	Early Intervention
<b>Program operating agency:</b>	Otsego County Probation Department		
Program mailing address 197 Main Street			
Address line 2			
City Cooperstown		State NY	Zip code 13326
Contact person for program Daniel Naughton			
Title Director		Phone number (607) 547-4217	Ext.
Email naughtond@otsegocounty.com			

**Program service detailed information**

The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 2,245.00

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

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) This program will supply juveniles with products and other supports that can assist in resolving issues that may be occurring. Under this program alarm clocks can be purchased for juveniles with tardiness issues, bus passes and gas cards for those with a history of missing appointments due to lack of transportation, and other similar circumstances

3. Does your municipality plan to replicate program across multiple locations? ( yes or  no)

4. What is the projected number of youth who will receive service from this program? (4-character number) 15

**If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.**

5. Did projected performance outcome meet expected outcomes? ( yes or  no) If yes, answer # 6, If no, skip to #7.

6. What projected outcomes were met and how were they met? (100 word or less)

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) This program was not utilized this year.

8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 90

9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 0

10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0

<b>STSJP/RTA Program name:</b>	Kids Oneida SPIN	<b>Type of program:</b>	STSJP-RTA
<b>Program operating agency:</b>	Kids Oneida		

Program mailing address 310 Main Street		
Address line 2		
City Utica	State NY	Zip code 13501
Contact person for program Matthew Caracas		
Title Program Manager	Phone number (315) 731-2600	Ext.
Email		
<b>Program service detailed information</b>		
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 County		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) This program will be used for all 16 year olds arrested under the new Raise The Age Legislation to prevent Family Court (for Misdemeanors) or to prevent placement for all Respondent's in Family Court.		
3. Does your municipality plan to replicate program across multiple locations? <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no		
4. What is the projected number of youth who will receive service from this program? (4-character number) 5		
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>		
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)		

<b>STSJP/RTA Program name:</b>	Drug Screens	<b>Type of program:</b>	New Program STSJP-RTA
<b>Program operating agency:</b>	Otsego County Probation Department		
Program mailing address 197 Main Street			
Address line 2			
City Cooperstown	State NY	Zip code 13326	
Contact person for program Daniel Naughton			
Title Director	Phone number (607) 547-4217	Ext.	
Email naughtond@otsegocounty.com			
<b>Program service detailed information</b>			
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 County			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) This program will be utilized for all juveniles arrested under the new RTA legislation, in which the Respondent's crime was substance abuse related or if the Respondent has a known substance abuse history, in order to prevent any placements.			
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) 12			

**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? ( yes or  no) If yes, answer # 6, If no, skip to #7.

6. What projected outcomes were met and how were they met? (100 word or less)

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)

<b>STSJP/RTA Program name:</b>	Electronic Monitoring	<b>Type of program:</b>	STSJP-RTA
<b>Program operating agency:</b>	Otsego County Probation Department		
Program mailing address 197 Main Street			
Address line 2			
City Cooperstown		State NY	Zip code 13326
Contact person for program Daniel Naughton			
Title Director		Phone number (607) 547-4217	Ext.
Email naughtond@otsegocounty.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 County

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) This program will be utilized to increase the chances that a Respondent will appear at the next court appearance, therefore removing the need for placement. It will also be for any Respondent placed on probation to increase compliance with curfews and recommended services.

3. Does your municipality plan to replicate program across multiple locations? ( yes or  no)

4. What is the projected number of youth who will receive service from this program? (4-character number) 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? ( yes or  no) If yes, answer # 6, If no, skip to #7.

6. What projected outcomes were met and how were they met? (100 word or less)

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 Otsego County municipality, I certify that the CEO

David Bliss has reviewed and approved the 2018 - 2019 STSJP plan.

Date: 6 / 09 / 2020 STSJP Lead User ID naughtond

STSJP Lead printed name: Daniel Naughton

**Approval of the OCFS STSJP Program Lead**

As OCFS STSJP reviewer. I certify that I approve of this STSJP plan for Otsego County municipality, for 2018 - 2019.

Date: 6/ 9/ 2020

User ID:IT0911

Printed name Lynn Tubbs

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](mailto: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

<b>MUNICIPALITY INFORMATION</b>			
NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION: Otsego County			
LEAD AGENCY FOR STSJP SUBMISSION: Otsego County Probation Department		NAME OF CONTACT PERSON: Daniel Naughton	
CONTACT PERSON'S PHONE NUMBER: (607) 547-4217		CONTACT PERSON'S EMAIL ADDRESS: naughtond@otsegocounty.com	

**Plan Submission instructions**

Instructions for submitting an STSJP plan for OCFS review.

- a. Once you have opened this form on your computer, please immediately use the "Save As" function in Microsoft Word to save a copy;
- b. Save your application using the following name "PY 2018 - 2019 STSJP Plan – (Name of municipality)";
- c. Work from the "saved" application document, using it to record all of your municipality's information;
- d. Once you have completed entering the required data, save the document;
- e. Prior to submission, review calculation in section eight for accuracy. Complete the "Approval and Certification" section before submission to OCFS;

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

**SECTION ONE - List of programs to be funded**

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

Program Name	Total Program Expense (100 percent)	State Share (62 percent)	County Share (38 percent)
STSJP Program 1 Behavioral Modification - EI	\$ 2,000.00	\$ 1,240.00	\$ 760.00
STSJP Program 2 Behavioral Modification - ATD	\$ 2,000.00	\$ 1,240.00	\$ 760.00
STSJP Program 3 Behavioral Modification - ATP	\$ 2,000.00	\$ 1,240.00	\$ 760.00
STSJP Program 4	\$	\$	\$
STSJP Program 5	\$	\$	\$
STSJP Program 6	\$	\$	\$
STSJP Program 7	\$	\$	\$

STSSJP Program 8	\$	\$	\$
STSSJP Program 9	\$	\$	\$
STSSJP Program 10	\$	\$	\$
STSSJP Program 11	\$	\$	\$
STSSJP Program 12	\$	\$	\$
<b>TOTAL</b>	\$ 138,309.65	\$ 85,752	\$ 52,557.65
STSSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
STSSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
STSSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
STSSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
STSSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
<b>TOTAL</b>	\$	\$	\$

**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)**

**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 STSSJP plan support documentation).  
**(250 words or less)**

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)**

**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)**

**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		\$
2. State reimbursement (Program expenses*.62)		\$
3. State share amount (Program expenses*.38)		\$

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

4. STSJP allocation	\$	
5. STSJP approved		\$
6. JDAI allocation	\$	
7. JDAI approved		\$
8. Detention approved amount shifted to STSJP		\$
9. PY rollover approved		\$
10. Total approved amounts for state reimbursement		\$
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.**

<b>Program one name:</b>	Behavioral Modification - EI	<b>Type of program:</b>	Early Intervention
<b>Program operating agency:</b>	Otsego County Probation Department		
Program mailing address 197 Main Street			
Address line 2			
City Cooperstown		State NY	Zip code 13326
Contact person for program Daniel Naughton			
Title Director		Phone number (607) 547-4217	Ext.

Email naughtond@otsegocounty.com			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 2,000.00			
1. Please indicate the specific zip codes this program will target? Zip Codes All County			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) This program will be used to provide incentives (ie: gift cards, Itunes cards, YMCA memberships, ect) to juveniles that show a continued improvement in the behaviors that brought them to the PINS/JD 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) 20			
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>			
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) With focus on raise the age and other issues, this program was overlooked.			
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)			
<b>Program two name:</b>	Behavioral Modification - ATD	<b>Type of program:</b>	ATD
<b>Program operating agency:</b>	Otsego County Probation Department		
Program mailing address 197 Main Street			
Address line 2			
City Cooperstown		State NY	Zip code 13326
Contact person for program Daniel Naughton			
Title Director		Phone number (607) 547-4217	Ext.
Email naughtond@otsegocounty.com			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 2,000.00			
1. Please indicate the specific zip codes this program will target? Zip Codes All County			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) This program will be used to provide incentives (ie: gift cards, Itunes cards, YMCA memberships, ect) to juveniles that show a continued improvement in the behaviors that brought them to the PINS/JD system.			
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) 10			
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>			
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) With focus on raise the age and other issues, this program was overlooked.			
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)

<b>Program three name:</b>	Behavioral Modification - ATD	<b>Type of program:</b>	ATP
<b>Program operating agency:</b>	Otsego County Probation Department		
Program mailing address 197 Main Street			
Address line 2			
City Cooperstown		State NY	Zip code 13326
Contact person for program Daniel Naughton			
Title Director		Phone number (607) 547-4217	Ext.
Email naughtond@otsegocounty.com			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 2,000.00			
1. Please indicate the specific zip codes this program will target? Zip Codes All County			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) This program will be used to provide incentives (ie: gift cards, Itunes cards, YMCA memberships, ect) to juveniles that show a continued improvement in the behaviors that brought them to the PINS/JD 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			
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>			
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) With focus on raise the age and other issues, this program was overlooked.			
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)			

<b>Program four name:</b>		<b>Type of program:</b>	
<b>Program operating agency:</b>			
Program mailing address			
Address line 2			
City		State	Zip code
Contact person for program			
Title		Phone number ( )	Ext.
Email			
<b>Program service detailed information</b>			
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)
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>
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)

<b>Program five name:</b>		<b>Type of program:</b>	
<b>Program operating agency:</b>			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ( )	Ext.	
Email			

<b>Program service detailed information</b>
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)
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>
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)

<b>Program six name:</b>		<b>Type of program:</b>	
<b>Program operating agency:</b>			
Program mailing address			
Address line 2			

City	State	Zip code
Contact person for program		
Title	Phone number ( )	Ext.
Email		
<b>Program service detailed information</b>		
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)		
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>		
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)		

<b>Program seven name:</b>		<b>Type of program:</b>	
<b>Program operating agency:</b>			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ( )	Ext	
Email			
<b>Program service detailed information</b>			
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)			
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>			
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)			

<b>Program eight name:</b>		<b>Type of program:</b>	
<b>Program operating agency:</b>			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ( )		Ext.
Email			
<b>Program service detailed information</b>			
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)			
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>			
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)			

<b>Program nine name:</b>		<b>Type of program:</b>	
<b>Program operating agency:</b>			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ( )		Ext.
Email			
<b>Program service detailed information</b>			
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)			
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>			
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)

<b>Program ten name:</b>		<b>Type of program:</b>	
<b>Program operating agency:</b>			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ( )	Ext.	
Email			
<b>Program service detailed information</b>			
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)			
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>			
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)			

<b>Program eleven name:</b>		<b>Type of program:</b>	
<b>Program operating agency:</b>			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ( )	Ext.	
Email			
<b>Program service detailed information</b>			
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)
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>
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)

<b>Program twelve name:</b>		<b>Type of program:</b>	
<b>Program operating agency:</b>			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ( )	Ext.	
Email			
<b>Program service detailed information</b>			
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)			
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>			
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)			

<b>STSJP/RTA Program name:</b>	Respite	<b>Type of program:</b>	STSJP-RTA
<b>Program operating agency:</b>	Otsego County DSS		
Program mailing address			
197 Main Street			
Address line 2			

City Cooperstown	State NY	Zip code 13326
Contact person for program Mary Jane Waters		
Title Director	Phone number (607) 547-4355	Ext.
Email 36a642@dfa.state.ny.us		
<b>Program service detailed information</b>		
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 County		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) This program will be used to prevent a Respondent from going into placement if the Court determines that removal from home is appropriate.		
3. Does your municipality plan to replicate program across multiple locations? ( <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no)		
4. What is the projected number of youth who will receive service from this program? (4-character number) 5		
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>		
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)		

<b>STSJP/RTA Program name:</b>	Thinking For a Change	<b>Type of program:</b>	New Program STSJP-RTA
<b>Program operating agency:</b>	Otsego County DSS		
Program mailing address 197 Main Street			
Address line 2			
City Cooperstown	State NY	Zip code 13326	
Contact person for program Mary Jane Waters			
Title Director	Phone number (607) 547-4355	Ext.	
Email 36a642@dfa.state.ny.us			
<b>Program service detailed information</b>			
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 County			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) This program will be utilized to help engage youths on how their decisions led them to the justice system and how to make improvements to avoid placement and futher court interventions.			
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) 12			
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>			
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)			

