NEW YORK STATE | Office of Children and Family Services

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Commissioner

December 17, 2019

Dear Chief Executive Officer,

Thank you for submitting Putnam County's Supervision and Treatment Services for Juveniles Program (STSJP) plan for Program Year (PY) 2018-19. Your plan has been reviewed by the Office of Children and Family Services (OCFS) and I am pleased to inform you that your entire STSJP plan, including the amounts listed for PY 2018-19 STSJP-RTA, has been **approved.**

Putnam County is eligible to receive 62% State reimbursement for STSJP expenditures up to the capped STSJP allocation amount. Your municipality will continue to receive 49% State reimbursement for eligible detention services expenditures up to the capped allocation amount. If your municipality shifts a portion of its detention allocation into its STSJP plan, your municipality will receive 62% State reimbursement if such shifted funds are spent on STSJP eligible expenditures. A municipality may make a detention allocation shift at the time of the STSJP plan submission or at any time during the program year. If Putnam County plans to shift its detention allocation for STSJP eligible expenses, please submit a request on official letterhead to John Johnson and email it to stsjp@ocfs.ny.gov outlining the amount that will be shifted and the type of programming or services the re-purposed detention funds will be used for under STSJP. An amended STSJP plan will also need to be submitted.

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

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

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

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

Sincerely,

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

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

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

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

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

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

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

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

Please direct any STSJP plan questions to:
John E. Johnson: Ph. 518-486-4665

MUNICIPALITY INFORMATION		
NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION: Putnam County		
LEAD AGENCY FOR STSJP SUBMISSION: Department of Social Services		NAME OF CONTACT PERSON: Frank Marocco
CONTACT PERSON'S PHONE NUMBER: 845-808-1500	CONTACT PERSON'S EMAIL ADDRESS: Frank.Marocco@dfa.state.ny.us	

Plan Submission instructions

Instructions for submitting an STSJP plan for OCFS review.

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

Send the completed application to OCFS via the STSJP email address at: stsjp@ocfs.ny.gov

SECTION ONE - List of programs to be funded

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

Program Name	Total Program Expense (100 percent)	State Share (62 percent)	County Share (38 percent)
STSJP Program 1 Green Chimneys ISCP Program	$ 132,000.00	$ 81,840.00	$ 50,160.00
STSJP Program 2 Putnam County Probation	$ 32,524.00	$ 20,164.88	$ 12,359.12
STSJP Program 3 Putnam /N Westchester WRC	$ 19,700.00	$ 12,214.00	$ 7,486.00
STSJP Program 4 Putnam County Planning Dept	$ 11,702.94	$ 7,255.82	$ 4,447.12
STSJP Program 5 Camp Herrlich	$ 80,715.00	$ 50,043.30	$ 30,671.70
STSJP Program 6	$	$	$
STSJP Program 7	$	$	$

STSJP Program 8	$	$	$
STSJP Program 9	$	$	$
STSJP Program 10	$	$	$
STSJP Program 11	$	$	$
STSJP Program 12	$	$	$
TOTAL	$ 276,641.94	$ 171,518.00	$ 105,123.94
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	$		
TOTAL	$ 276,641.94	$ 171,518.00	$ 105,123.94

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) Putnam County Department of Social Services along with a Consulting Team did an analysis of our communities from which the greatest number of juvenile delinquents (JD) and persons in need of supervision (PINS) were remanded to detention during 2017-2018. Sources for our analysis included our locally developed data, Detention Admissions History data 1/1/2017 to 12/31/2017 along with Data Warehouse information. Putnam County had 1 youth remanded to non-secure during 2017.

Putnam County had zero OCFS custody placements in the STSJP program year..

Putnam County had two non-secure placed youth in the program year and two PINS youth were placed in 2017.

Total JD probation intake cases opened for youth during program year in Putnam County was 27 and 50 PINS cases. These numbers are so low there is not enough cases to provide an analysis, since the prevention programs have been so strong that the data leaves us with insufficient data to provide a true analysis.

SECTION THREE – Overall analysis of disparity

Please provide information indicating whether the use of detention or residential placement in your service area exhibits disparate outcomes for one racial/ethnic group as compared to outcomes for another racial/ethnic group.
(Please consult with the Detention and Placement data provided by OCFS and the County Profile data provided by DCJS as part of your STSJP plan support documentation).

(250 words or less) No disparities exist

If such disparity exists, describe how the service/program addresses issues described above.
(250 words or less) N/A

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) An estimate of the anticipated reductions in detention utlization and residential placements.
We estimate that detention utilization is maintained as is the residential placements.
Other projected positive outcomes for youth who participate in the services and STSJP program are as follows: increase in effective communication by and between youth and parents (as measured by self-surveys), increase in positive peer interactions and relationships (self-reports; parent/guardian reports), increase in the identification of positive coping skills (as reported by parent/child and ISCP- reports), decrease in family conflict (as reported by parent/child).

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) Members from Social Services, Mental Health, Probation and the Youth Bureau attend meetings to discuss the plan and the services needed for this population of youth. Local community based organizations were contacted by committee members to assist with the services.

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		$ 276,641.94
2. State reimbursement (Program expenses*.62)		$ 171,518.00
3. State share amount (Program expenses*.38)		$ 105,123.94
Add in Reimbursements for the plan (fill out all that are applicable)		
4. STSJP allocation	$ 40,569.00	
5. STSJP approved		$ 40,569.00
6. JDAI allocation	$ 0	
7. JDAI approved		$ 0
8. Detention approved amount shifted to STSJP		$ 48,864.00
9. PY rollover approved		$ 82,085.00
10. Total approved amounts for state reimbursement		$ 171,518.00
11. Total amount of approved STSJP-RTA 100%		$ 0

state reimbursement		

Program detail inserts

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

Program one name:	Intensive Services Coordination Program (ISCP)	**Type of program:**	ATP
Program operating agency:	Green Chimneys Intensive Service Coordination Program		
Program mailing address 1689 Route 22			
Address line 2			
City Brewster	State NY	Zip code 10509	
Contact person for program Clare Rigano			
Title Division Director	Phone number (845) 279-2378	Ext.	
Email crigano@greenchimneys.org			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? $ 132,000			
1. Please indicate the specific zip codes this program will target? Zip Codes 10541, 10512, 10509, 12563, 10516, 10579			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) This program coordinated through Green Chimneys is for Putnam County youth who are STSJP eligible to provide them with services to optimize their functioning in their home, school and community to avoid placement. Specifically through the provision of Case Management and counseling, skill buildiing, team building, psychoeducational groups and Respite 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) 15			
If the program received STSJP funds in the previous program year 2018 - 2019, 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) Youth received counseling, skill building and respite services to avoid placement in the juvenile justice system.			
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) 275			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 10			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 50,148			
Program two name:	Curfew Checks/Transportation	**Type of program:**	ATD
Program operating agency:	Putnam County Probation Department		
Program mailing address 40 Gleneida Avenue			
Address line 2			

City Carmel	State NY	Zip code 10512
Contact person for program Debra Matrigali		
Title Probation Supervisor	Phone number (845) 808-1111	Ext. 49122
Email Debra.Matrigali@putnamcountyny.gov		
Program service detailed information		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? $ 32,524.00		
1. Please indicate the specific zip codes this program will target? Zip Codes 10541, 10512, 10509, 12563, 10516, 10579		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) We plan to use the money to conduct curfew checks on all the youth involved in this county's juvenile justice system. The curfew checks are aimed to address the on-going needs of youth at risk and to remind them of their upcoming court dates. By conducting curfew checks we will be able to have additional oversite on these cases and support for families. Random visits to the home will increase accountability of the youth and their families. Transportation will be provided to services if needed.		
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) 45		
If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.		
5. Did projected performance outcome meet expected outcomes? (☒ yes or ☐ no) If yes, answer # 6, If no, skip to #7.		
6. What projected outcomes were met and how were they met? (100 word or less) New insight on cases were shared with the youth's therapist and addressed, youth were more responsible in keeping appponitments required of them. Insight into family dynamics was increased.		
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) No changes need to be made.		
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 270		
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 25		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 20,165		

Program three name:	At-Risk Adolescent Victim Services Project	**Type of program:**	Early Intervention
Program operating agency:	Putnam/Northern Westchester Womens Resource Center		
Program mailing address 935 South Lake Boulevard			
Address line 2			
City Mahopac	State NY	Zip code 10541	
Contact person for program Ann Ellsworth			
Title Executive Director	Phone number (845) 628-9284	Ext.	
Email aellsworth@pnwwrc.org			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? $ 19,700.00			
1. Please indicate the specific zip codes this program will target? Zip Codes 10541, 10512, 10509, 12563, 10516, 10579			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) This program will			

provide direct trauma informed services to adolescents using the Dialectical Behavior Therapy (DBT) which is an evidence based, cognitive-behavior approach that emphasizes the psychosocial aspects of treatment. Youth will attend individual and group therapy sessions that will address trauma, build renewed self-esteem, self worth and develop improved decision making skills to support them in the future.
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) 20
If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.
5. Did projected performance outcome meet expected outcomes? (☒ yes or ☐ no) If yes, answer # 6, If no, skip to #7.
6. What projected outcomes were met and how were they met? (100 word or less) The WRC received 10 referrals for the DBT group. Of those 10 adolescents all completed the DBT group and two went on to attend the DBT group a second time. As a result of their needs and their work in the group 9 of the 10 adolescents requested individual therapy, which was provided by the WRC therapists in conjunction with the group work and continuing afterward.
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) 10
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 4,554

Program four name:	Transportation Support	**Type of program:**	Prevention
Program operating agency:	Putnam County Planning Department		
Program mailing address 841 Fair Street			
Address line 2			
City Carmel	State NY	Zip code 10512	
Contact person for program Vincent Tamagna			
Title Director	Phone number (845) 878-3480	Ext. 48109	
Email Vincent.Tamagna@putnamcountyny.gov			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? $ 11,702.94			
1. Please indicate the specific zip codes this program will target? Zip Codes 10541, 10512, 10509, 12563, 10516,10579			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Transportation in Putnam County continues to be the largest barrier. Working with the Planning Department to provide transportation from school districts to Camp Herrlich and home for this youth population will help to provide a successful program.			
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) TBD			
If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (☐ yes or ☐ no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less)			
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) 0

Program five name:	Cooperative Learning Academy	**Type of program:**	Prevention
Program operating agency:	Camp Herrlich		
Program mailing address 101 Deacon Smith Hill Road			
Address line 2			
City Patterson	State NY	Zip code 12563	
Contact person for program Scott Riches			
Title Program Director	Phone number (845) 878-6662	Ext.	
Email sriches@campherrlich.org			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? $ 80,715.00			
1. Please indicate the specific zip codes this program will target? Zip Codes 10541, 10512, 10509, 12563, 10616, 10579			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) This program will teach skills and provide opportunities for youth after school and during the summer months. The goal is to reduce school drop out rates, school suspensions, truancy, and arrests. High School students will gain valuable work experience and work skills. Middle school students will have access to an after school program and summer camp opportunities. Retreats/overnights at camp will be offered to students.			
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) 95			
If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (☒ yes or ☐ no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less) The students who attended the afterschool program at camp Herrlich had great success in 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) The original proposal was for students to attend camp twice a week. We found the need was to provide camp on a weekly basis.			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 30			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 12			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 7,218			

Program six name:		**Type of program:**	Prevention
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ( )	Ext.	

Email
Program service detailed information
The amount of STSJP funds that your jurisdiction will devote to the services from this program? $
1. Please indicate the specific zip codes this program will target? Zip Codes
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
3. Does your municipality plan to replicate program across multiple locations? (☐ yes or ☐ no)
4. What is the projected number of youth who will receive service from this program? (4-character number)
If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.
5. Did projected performance outcome meet expected outcomes? (☐ yes or ☐ no) If yes, answer # 6, If no, skip to #7.
6. What projected outcomes were met and how were they met? (100 word or less)
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) 0
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 0
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0

Program seven name:		**Type of program:**	ATD
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ( )	Ext	
Email			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? $			
1. Please indicate the specific zip codes this program will target? Zip Codes			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)			
3. Does your municipality plan to replicate program across multiple locations? (☐ 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 2017 - 2018, answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (☐ yes or ☐ no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less)			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)			

Program eight name:		**Type of program:**	
Program operating agency:			

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

Program nine name:		**Type of program:**	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ( )	Ext.	
Email			
Program service detailed information			
The amount of 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? (☐ yes or ☐ no)			
4. What is the projected number of youth who will receive service from this program? (4-character number)			
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (☐ 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)

Program ten name:		**Type of program:**	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ( )	Ext.	
Email			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? $			
1. Please indicate the specific zip codes this program will target? Zip Codes			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)			
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)			
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)			

Program eleven name:		**Type of program:**	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ( )	Ext.	
Email			
Program service detailed information			
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? (☐ yes or ☐ no)			
4. What is the projected number of youth who will receive service from this program? (4-character number)			

If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.
5. Did projected performance outcome meet expected outcomes? (☐ 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)

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

Program service detailed information
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SECTION EIGHT – Plan Approval		
Approval of the Chief Executive Officer		
As STSJP Lead for Putnam County		municipality, I certify that the CEO
MaryEllen Odell		has reviewed and approved the 2018 - 2019 STSJP plan.
Date: 09 / / 2019	STSJP Lead User ID	
STSJP Lead printed name: Frank Marocco		
Approval of the OCFS STSJP Program Lead		
As OCFS STSJP reviewer. I certify that I approve of this STSJP plan for Putnam County		
municipality, for 2018 - 2019.		
Date: 12/17/19	User ID: IT0911	Printed name Lynn Tibbs