



Office of Children
and Family Services

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Commissioner

October 8, 2019

Dear Chief Executive Officer,

Thank you for submitting St. Lawrence 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**.

St. Lawrence 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 St. Lawrence 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: St. Lawrence	
LEAD AGENCY FOR STSJP SUBMISSION: Local Department of Social Services	NAME OF CONTACT PERSON: Heather Wenzel
CONTACT PERSON'S PHONE NUMBER: (315)379-2706	CONTACT PERSON'S EMAIL ADDRESS: Heather.Wenzel@dfa.state.ny.us

Plan Submission instructions
<p>Instructions for submitting an STSJP plan for OCFS review.</p> <ol style="list-style-type: none"> a. Once you have opened this form on your computer, please immediately use the "Save As" function in Microsoft Word to save a copy; b. Save your application using the 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; <p>Send the completed application to OCFS via the STSJP email address at: stsjp@ocfs.ny.gov</p>

SECTION ONE - List of programs to be funded

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

Program Name	Total Program Expense (100 percent)	State Share (62 percent)	County Share (38 percent)
STSJP Program 1 Youth Advocate Program	\$ 64,516.13	\$ 40,000	\$ 24,516.13
STSJP Program 2	\$	\$	\$
STSJP Program 3	\$	\$	\$
STSJP Program 4	\$	\$	\$
STSJP Program 5	\$	\$	\$
STSJP Program 6	\$	\$	\$
STSJP Program 7	\$	\$	\$

STSJP Program 8	\$	\$	\$
STSJP Program 9	\$	\$	\$
STSJP Program 10	\$	\$	\$
STSJP Program 11	\$	\$	\$
STSJP Program 12	\$	\$	\$
TOTAL	\$ 64,516.13	\$ 40,000	\$ 24,516.13
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) YAP STSJP- RTA	\$ 63,040.00		
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	\$ 63,040.00	\$	\$

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) In St. Lawrence County, there are five main geographic areas from which the the highest number of JDs, JOs and PINS enter our juvenile justice system - 13642 (Gouverneur); 13617 (Canton); 13669 (Ogdensburg); 13662 (Massena); and 13668 (Norwood) area. These areas are generally the most populated areas, with the largest number of youths that end up with contact in 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) As of July 2017 U.S. Census information, St. Lawrence County reports approximately 94% of its population to be white (Caucasian). As a result of this figure, there are no disparities to report.

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)** Upon receiving a referral, Youth Advocate Program (YAP) will begin working with the family and youth. Consistent with YAP's dynamic services model, the Youth Empowerment Service incorporates strength-based, wrap-around services into an intensive community-based program for the population outlined above. We see 80% of the youth served will remain at home or in their community.

Specific performance targets have been selected for the YES service recipients as indicators of program effectiveness and will be reported to the Department of Social Services:

Of the total number of youth served over a one-year period, 80% of these youth will have a positive placement outcome. 80% of youth referred through the Probation Department and Department of Social Services will remain in the custody of their parents/guardian or designee. Of the total number of eligible youth served over a one-year period, 80% of these youth will have a positive school indicator. Of the total number of eligible youth served over a one-year period, 75% of these youth will participate in traditional or supported work or community service at some point during program involvement. Of the total number of youth served, 100% will make court appearances as scheduled.

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) Representatives from the Youth Advocate Program and the St. Lawrence County Probation Department meet regularly to discuss the STSJP Plan and service referrals throughout the calendar year. When needed or warranted, case specific meetings are conducted with law enforcement representatives, school officials and service providers.

**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		\$ 64,516.13
2. State reimbursement (Program expenses*.62)		\$ 40,000
3. State share amount (Program expenses*.38)		\$ 24,516.13

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

4. STSJP allocation	\$ 40,000	
5. STSJP approved		\$ 40,000
6. JDAI allocation	\$ 0	

7. JDAI approved		\$ 0
8. Detention approved amount shifted to STSJP		\$ 0
9. PY rollover approved		\$ 0
10. Total approved amounts for state reimbursement		\$ 40,000
11. Total amount of approved STSJP-RTA 100% state reimbursement		\$ 63,040

Program detail inserts

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

Program one name:	Youth Empowerment Program	Type of program:	Early Intervention
Program operating agency:	Youth Advocate Program		
Program mailing address 3 Remington Avenue			
Address line 2 Suite 4			
City Canton		State New York	Zip code 13617
Contact person for program Dana LaCoss			
Title Director		Phone number (315) 379-0518	Ext.
Email dlacoss@yapinc.org			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 40,000			
1. Please indicate the specific zip codes this program will target? Zip Codes 13662, 13669, 13668, 13642			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) YAP will receive referrals to prevent youth from further contact with the juvenile justice system. The above YAP model will apply to this population by assessing needs, wrap around approach and making sure they have safe housing and resources to support them.			
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) 0012			
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (<input 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) 27 youth served, 18 of those discharged. The first outcome we met is 80% of the youth served will have a positive school outcome; 100% of the youth served met this. 75% of youth are expected to complete a supported employment of community service and 78% of the youth served met this outcome. The last outcome is 100% of youth will make all court appearances and all met this.			
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) One outcome not met was 80% will have a positive placement; we had 78%. We would have had 83% if one of the youth in OCFS custody would have had consents to work with our program. YAP had to discharge the case due to no parent to sign the consent forms after his mother passed away right before he entered custody.			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 366.72			

9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 0019		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 00000000		
Program two name:		Type of program:
Program operating agency:		
Program mailing address		
Address line 2		
City	State	Zip code
Contact person for program		
Title	Phone number ()	Ext.
Email		
Program service detailed information		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$		
1. Please indicate the specific zip codes this program will target? Zip Codes		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)		
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input type="checkbox"/> no)		
4. What is the projected number of youth who will receive service from this program? (4-character number)		
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.		
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.		
6. What projected outcomes were met and how were they met? (100 word or less)		
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)		
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)		
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)		

Program three 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		
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Program four 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? \$			
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Program five name:		Type of program:	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ()	Ext.	
Email			
Program service detailed information			

The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$
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Program six name:			Type of program:	
Program operating agency:				
Program mailing address				
Address line 2				
City		State	Zip code	
Contact person for program				
Title		Phone number ()		Ext.
Email				
Program service detailed information:				
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Program seven name:			Type of program:	
Program operating agency:				
Program mailing address				
Address line 2				

City		State	Zip code
Contact person for program			
Title		Phone number ()	Ext
Email			
Program service detailed information			
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Program operating agency:			
Program mailing address			
Address line 2			
City		State	Zip code
Contact person for program			
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Email			
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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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10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

STSJP/RTA Program name:	Youth Advocate Program	Type of program:	STSJP-RTA
Program operating agency:	Youth Advocate Program		
Program mailing address 3 Remington Avenue			
Address line 2 Suite 4			
City Canton		State New York	Zip code 13617
Contact person for program Dana LaCoss			
Title Director		Phone number (315) 379-0518	Ext.
Email dlacoss@yapinc.org			

Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 63,040			
1. Please indicate the specific zip codes this program will target? Zip Codes 13662, 13669, 13668, 13642			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) St. Lawrence County will utilize the Youth Advocate Program to work with targeted youth that need diversion services to avoid placement into detention and re-entry services for when the youth enter back into their community from placement. Youth Advocate Program will work with the referring agency to establish services for the youth and family such as mental health, family team meetings, education.			
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) 0012			
If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less)			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)			

STSJP/RTA Program name:		Type of program:	
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Program operating agency:		
Program mailing address		
Address line 2		
City	State	Zip code
Contact person for program		
Title	Phone number ()	Ext.
Email		
Program service detailed information		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$		
1. Please indicate the specific zip codes this program will target? Zip Codes		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)		
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input type="checkbox"/> no)		
4. What is the projected number of youth who will receive service from this program? (4-character number)		
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.		
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.		
6. What projected outcomes were met and how were they met? (100 word or less)		
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)		
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)		
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)		

STSJP/RTA	Type of program:	
Program name:		
Program operating agency:		
Program mailing address		
Address line 2		
City	State	Zip code
Contact person for program		
Title	Phone number ()	Ext.
Email		
Program service detailed information		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$		
1. Please indicate the specific zip codes this program will target? Zip Codes		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)		
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input type="checkbox"/> no)		
4. What is the projected number of youth who will receive service from this program? (4-character number)		
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.		
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.		
6. What projected outcomes were met and how were they met? (100 word or less)		
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)		

- 8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)
- 9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)
- 10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

SECTION EIGHT – Plan Approval

Approval of the Chief Executive Officer

As STSJP Lead for St. Lawrence County municipality, I certify that the CEO

Ruth Doyle has reviewed and approved the 2018 - 2019 STSJP plan.

Date: 10 / 15 / 2018 STSJP Lead User ID: 40b202

STSJP Lead printed name: Heather Wenzel

Approval of the OCFS STSJP Program Lead

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

Date: 10/8/19 User ID: JT0911 Printed name Lynn Tubbs