



Office of Children
and Family Services

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Commissioner

October 10, 2019

Dear Chief Executive Officer,

Thank you for submitting Saratoga County's Supervision and Treatment Services for Juveniles Program (STSJP) plan for Program Year (PY) 2019-20. Your plan has been reviewed by the Office of Children and Family Services (OCFS), and we are pleased to inform you that your STSJP plan has been approved.

Please note that this approval does not extend to the amount listed for the STSJP RTA programming unless your county has received a NYS Division of Budget approval letter. OCFS will send out a revised STSJP approval letter reflecting the STSJP RTA programming amount approved by NYS DOB as applicable

Saratoga County is eligible to receive 62% State reimbursement for STSJP expenditures up to the capped STSJP allocation amount. Your municipality will continue to receive 49% State reimbursement for eligible non-Raise The Age detention services expenditures up to the capped allocation amount. If your municipality shifts a portion of its detention allocation into its STSJP plan, your municipality will receive 62% State reimbursement if such shifted funds are spent on STSJP eligible expenditures. A municipality may make a detention allocation shift at the time of the STSJP plan submission or up until 6/30/20, unless otherwise approved by the Office of Children and Family Services. If Saratoga County plans to shift its detention allocation for STSJP eligible expenses, please submit a request on official letterhead to Lynn Tubbs and email it to stsjp@ocfs.ny.gov outlining the amount that will be shifted and the type of programming or services the re-purposed detention funds will be used for under STSJP. An amended STSJP plan will also need to be submitted.

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

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

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

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

Sincerely,



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

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

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

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

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

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

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

Please direct any STSJP plan questions to:

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

MUNICIPALITY INFORMATION	
NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION: Saratoga County	
LEAD AGENCY FOR STSJP SUBMISSION: Saratoga County Department of Social Services	NAME OF CONTACT PERSON: Tina Potter, Commissioner
CONTACT PERSON'S PHONE NUMBER: 518-884-4140	CONTACT PERSON'S EMAIL ADDRESS: tina.potter@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 file name "STSJP 2019-2020 Annual Plan – (Name of County)";
- c. Work from the "saved" application document, using it to record all of your municipality information;
- d. Once you have completed entering the required data, save the document.

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

PART I – STSJP PROGRAMS

SECTION 1	PLAN AMOUNTS	
EXPENSES		
1. Total program expenses		\$ 177,554.00
2. State reimbursement		\$ 110,083.48
3. Local share amount		\$ 67,471.52
Reimbursements for the plan (Enter all amounts that are applicable.)		
4. STSJP allocation amount	\$ 59,992.00	
5. STSJP local approved plan amount		\$ 59,992
6. Detention approved amount shifted to STSJP		\$ 50,091
7. PY rollover approved amount		\$ 0
8. Total approved amounts for state reimbursement		\$ 110,083

SECTION 2	LIST OF STSJP PROGRAMS TO BE FUNDED		
Program Name	Local Share (38 percent)	State Share (62 percent)	Total Program Expenses (100 percent)
STSJP Program 1 Berkshire Farms Center & Services for Youth	\$ 63,481.52	\$ 103,573.48	\$ 167,054.00
STSJP Program 2 CAPTAIN Youth Shelter	\$ 190	\$ 310	\$ 500

STSJP Program 3 KMG Monitoring	\$ 3,800	\$ 6,200	\$ 10,000
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			\$ 177,554

STSJP PROGRAMMING DETAILS

List the **name of each service and program** that you expect will receive STSJP funds, along with the **projected amount of STSJP funds** to be used for each. Please provide programmatic information in the format listed below. Provide the name of the provider of the service program. **Please note there are now 7 types of programming to choose from.**

STSJP Program 1			
STSJP Program 1 Name: Berkshire Farm Center & Services for Youth		STSJP Program 1 Type: Alternative to Placement	
STSJP Program 1 Operating Agency: Saratoga County Probation Department			
Program Mailing Address 13640 Route 22			
Address Line 2			
City Canaan		State NY	Zip Code 12029
Contact Person for Program Brian Parchesky		Email BParchesky@BerkshireFarm.Org	
Title CEO		Phone (518) 346 - 6201	Ext

STSJP Program 1	Service Detailed Information
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 167,054	
2. Please indicate the specific zip codes this program will target. All of Saratoga County,	
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The program will be utilized to avert residential placement by keeping youth at home, with relatives, or in respite. The program will offer youth & their families crisis intervention services, assessment services and support services along with recommendations when there is a need for specific referrals to other necessary community resources. The program will also assess and review the relationships of the youth with school, peers, law enforcement, and other community-based resources involved with the youth, and provide support and guidance where necessary.	
4. Does your municipality plan to replicate the program across multiple locations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program? 53	
If the STSJP Program 1 received STSJP funds in the previous STSJP PY, answer the questions below.	

6. Did projected performance outcomes meet expected outcomes? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 .
7. What projected outcomes were met and how were they met? (100 words or less) 97% of the Youth served by this program avoided placement during their participation in the program. 94% of the youth and families served by this program improved family functioning and avoided the need for Family Court Involvement. 100% of the families involved improved parental involvement with services.
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 99
10. Total number of youth served by this program during the previous STSJP PY: 53
11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 0

STSJP Program 2

STSJP Program 2 Name: CAPTAIN Youth Shelter		STSJP Program 2 Type: Early Intervention	
STSJP Program 2 Operating Agency: Saratoga County Probation Department			
Program Mailing Address 5 Municipal Plaza			
Address Line 2 Suite 3			
City Clifton Park		State NY	Zip Code 12865
Contact Person for Program Sue Catroppa		Email	
Title Executive Director		Phone (518) 371 - 1185	Ext

STSJP Program 2 Service Detailed Information

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 500
2. Please indicate the specific zip codes this program will target. All of Saratoga County,
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) This program will be utilized for by providing a crisis free environment where youth can de-escalate from crisis. Youth will meet with a Case Manager to discuss issues while also being afforded the opportunity to learn valuable life skills, positive social values and connecting to caring adults. Referrals will be made via probation PINS and JD cases that are struggling at home or in the community and are in need of a safe environment where they can work through identified issues/resources.
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. What is the projected number of youth who will receive services from this program? 1
If the STSJP Program 2 received STSJP funds in the previous STSJP PY, answer the questions below.
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 .
7. What projected outcomes were met and how were they met? (100 words or less) N/A No youths were served by this program
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) N/A No youths were served by this program
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 0
10. Total number of youth served by this program during the previous STSJP PY: 0

11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 0

STSJP Program 3

STSJP Program 3 Name: KMG Monitoring Services, LLC		STSJP Program 3 Type: JO/JD-Alternative to Detention	
STSJP Program 3 Operating Agency: Saratoga County Probation Department			
Program Mailing Address 9 Cranberry Lane			
Address Line 2			
City Queensbury		State NY	Zip Code 12804
Contact Person for Program Michael Gray		Email kmgmonitoring@gmail.com	
Title Proprietor		Phone (518) 744 - 7282	Ext

STSJP Program 3 Service Detailed Information

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 10,000
2. Please indicate the specific zip codes this program will target. All of Saratoga County ,
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The service will provide Judges with an alternative to detention and will allow the youth to: maintain involvement in their family system; to participate in individual and family services to address identified issues; to continue their educational program at their home school; and to continue any religious observations.
4. Does your municipality plan to replicate the program across multiple locations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. What is the projected number of youth who will receive services from this program? 3
If the STSJP Program 3 received STSJP funds in the previous STSJP PY, answer the questions below.
6. Did projected performance outcomes meet expected outcomes? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 .
7. What projected outcomes were met and how were they met? (100 words or less) The service kept 3 youth, that typically would have been detained, out of detention for a total of 100 days during 2018.
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 33
10. Total number of youth served by this program during the previous STSJP PY: 3
11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 0

STSJP Program 4

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

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

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

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

STSJP Program 6	
STSJP Program 6 Name:	STSJP Program 6 Type:

STSSJP Program 6 Operating Agency:		
Program Mailing Address		
Address Line 2		
City	State	Zip Code
Contact Person for Program	Email	
Title	Phone () -	Ext

STSSJP Program 6 Service Detailed Information

- The amount of STSSJP funds that your jurisdiction will devote to the services from this program? \$
- Please indicate the specific zip codes this program will target.
- How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
- Does your municipality plan to replicate the program across multiple locations? Yes No
- What is the projected number of youth who will receive services from this program?

If the STSSJP Program 6 received STSSJP funds in the previous STSSJP PY, answer the questions below.

- Did projected performance outcomes meet expected outcomes? Yes No Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.
- What projected outcomes were met and how were they met? (100 words or less)
- What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
- What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
- Total number of youth served by this program during the previous STSSJP PY:
- What amount of rollover funds from the previous STSSJP PY will be spent on this program?

STSSJP Program 7

STSSJP Program 7 Name:	STSSJP Program 7 Type:	
STSSJP Program 7 Operating Agency:		
Program Mailing Address		
Address Line 2		
City	State	Zip Code
Contact Person for Program	Email	
Title	Phone () -	Ext

STSSJP Program 7 Service Detailed Information

- The amount of STSSJP funds that your jurisdiction will devote to the services from this program? \$
- Please indicate the specific zip codes this program will target.
- How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
- Does your municipality plan to replicate the program across multiple locations? Yes No
- What is the projected number of youth who will receive services from this program?

If the STSSJP Program 7 received STSSJP funds in the previous STSSJP PY, answer the questions below.

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

STSJP Program 8

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

STSJP Program 8 Service Detailed Information

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

STSJP Program 9

STSJP Program 9 Name:		STSJP Program 9 Type:	
STSJP Program 9 Operating Agency:			
Program Mailing Address			
Address Line 2			
City		State	Zip Code
Contact Person for Program		Email	

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

STSJP Program 10

STSJP Program 10 Name:		STSJP Program 10 Type:	
STSJP Program 10 Operating Agency:			
Program Mailing Address			
Address Line 2			
City		State	Zip Code
Contact Person for Program		Email	
Title	Phone () -	Ext	

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

STSJP Program 11

STSJP Program 11 Name:		STSJP Program 11 Type:	
STSJP Program 11 Operating Agency:			
Program Mailing Address			
Address Line 2			
City		State	Zip Code
Contact Person for Program		Email	
Title	Phone () -	Ext	

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

STSJP Program 12

STSJP Program 12 Name:		STSJP Program 12 Type:	
STSJP Program 12 Operating Agency:			
Program Mailing Address			
Address Line 2			
City		State	Zip Code
Contact Person for Program		Email	
Title	Phone () -	Ext	

STSJP Program 12 Service Detailed Information	
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$	
2. Please indicate the specific zip codes this program will target.	
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)	
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program?	
If the STSJP Program 12 received STSJP funds in the previous STSJP PY, answer the questions below.	

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

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

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

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

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

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

PART II – STSJP-RTA PROGRAMS

SECTION 1 STSJP RTA PLAN AMOUNTS

Expenses

1. RTA-approved plan amount	\$ 100,607
2. Total program expenses	\$ 100,607

SECTION 2 LIST OF STSJP-RTA PROGRAMS TO BE FUNDED

Program Name	Total Program Expenses
STSJP-RTA Program 1 Enhanced Stepping Stones Program - Berkshire Farm	\$ 100,607
STSJP-RTA Program 2	\$
STSJP-RTA Program 3	\$
STSJP-RTA Program 4	\$
STSJP-RTA Program 5	\$
STSJP-RTA Program 6	\$
TOTAL	\$ 100,607

STSJP-RTA PROGRAMMING DETAILS

List the **name of each service and program** that you expect will receive STSJP funds, along with the **projected amount of STSJP funds** to be used for each. Please provide programmatic information in the format listed below. Provide the name of the provider of the service program. **Please note there are now 7 types of programming to choose from.**

STSJP-RTA Program 1

Program 1 Name: Enhanced Stepping Stones - Berkshire Farm Center		Program 1 Type: Early Intervention	
Program 1 Operating Agency:			
Program Mailing Address 13640 Route 22			
Address Line 2			
City Canaan		State NY	Zip Code 12029
Contact Person for Program Brian Parchesky		Email BParchesky@BerkshireFarm.Org	
Title CEO		Phone (518) 346 - 6201	Ext

STSJP-RTA Program 1**Service Detailed Information**

1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 100,607
2. Please indicate the specific zip codes this program will target. All of Saratoga County,
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Enhanced Stepping Stones is a short term strength based, home based, evidence based intervention (FFT) program with a focus on assessment/interventions to address risk & protective factors, within & outside, of the family that impact the youth's adaptive development & to decrease risk factors in the home that could result in foster care placement. The program works with pre-dispositional 16-to 18-year-old youth who have been referred for behavioral or emotional problems by the juvenile justice, mental health, school or child welfare systems with an average length of service of 12 to 14 sessions over a three to five month period.
4. Does your municipality plan to replicate the program across multiple locations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. What is the projected number of youth who will receive services from this program? 0
If the STSJP-RTA Program 1 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 .
7. What projected outcomes were met and how were they met? (100 word or less) N/A - THIS PROGRAM IS NOT YET IN USE
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) N/A - THIS PROGRAM IS NOT YET IN USE
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 0
10. Total number of youth served by this program during the previous STSJP-RTA PY: 0
11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program?

STSJP-RTA Program 2

Program 2 Name:	Program 2 Type:
Program 2 Operating Agency:	
Program Mailing Address	

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

STSJP-RTA Program 2 Service Detailed Information

- The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$
- Please indicate the specific zip codes this program will target.
- How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
- Does your municipality plan to replicate the program across multiple locations? Yes No
- What is the projected number of youth who will receive services from this program?

If the STSJP-RTA Program 2 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.

- Did projected performance outcomes meet expected outcomes? Yes No Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.
- What projected outcomes were met and how were they met? (100 word or less)
- What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
- What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
- Total number of youth served by this program during the previous STSJP-RTA PY:
- What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program?

STSJP-RTA Program 3

Program 3 Name:	Program 3 Type:
Program 3 Operating Agency:	
Program Mailing Address	
Address Line 2	
City	State Zip Code
Contact Person for Program	Email
Title	Phone () - Ext

STSJP-RTA Program 3 Service Detailed Information

- The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$
- Please indicate the specific zip codes this program will target.
- How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
- Does your municipality plan to replicate the program across multiple locations? Yes No
- What is the projected number of youth who will receive services from this program?

If the STSJP-RTA Program 3 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.

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

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

STSJP-RTA Program 4

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

STSJP-RTA Program 4 Service Detailed Information

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

STSJP-RTA Program 5

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

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

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

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

PART III – STSJP-RTA PROGRAM ANALYSIS**SECTION 1 Overall Analysis****A. Overall Analysis of Communities**

Discuss and identify the neighborhoods or communities by zip codes or areas from which the highest number of Youthful Offenders (YO), Adolescent Offenders (AO), Juvenile Delinquents (JD) and Persons in Need of Supervision (PINS) enter the youth justice system, and the factors that may be contributing. The youth of Saratoga County placed in detention come from a wide variety of communities within the County, many of them rural. The largest number of JD and PINS offenders tend to come from the communities of Ballston Spa, NY, Saratoga Springs, NY and Clifton Park, NY.

B. Overall Analysis of Disparity

Please provide information indicating whether there is evidence of racial/ethnic disparity in your local system's use of detention or residential placement. In 2018, 3 youths were placed in non-secure detention (2 white, 1 black). 3 youths were also placed in secure detention (1 white, 2 black). Of the black youth placed in detention, one was a persistent runaway, one assaulted a parent in the household and was removed for safety reasons, and neither had family that could be utilized in place of detention when this avenue was explored. The third youth was an out-of-county youth that was AWOL (with an active warrant) from a residential placement.

If such disparity exists, describe how this STSJP plan addresses the issues of disparity. The circumstance(s) for which 3 black youth were placed in detention were not discretionary. The persistent runaway was missing for several weeks due to Criminal Justice involved family members outside of Saratoga County (possible/probable trafficking), the warrant on the second black youth was an out of county warrant which was executed, and the third black youth had no other family that would take him, he did not wish to go to a Shelter, and he could not go home due to his crime. The youth actually requested residential placement. (It should be noted that upon return home from Detention, CPS was eventually able to remove him due to neglect).

One could also argue that while the detainments were not discretionary, the sample size of (6) youth detained in this County during 2018 is also too small to accurately depict an issue of disparity in Saratoga County.

SECTION 2 PERFORMANCE OUTCOMES

For current program year, provide the projected performance outcomes for all of your proposed services and programs. Be sure to include an estimate of the anticipated reductions in detention utilization and residential placements. **(250 words or less)**

An estimate of the anticipated reductions in detention utilization and residential placements are as follows:
Berkshire Farms (ATP) - 85% of the youth receiving services will not be admitted to detention or, for those youth released from detention, will not be returned to detention during the service period.

For Captain Respite (Early Intervention) - 85% of the youth receiving services will not be admitted to detention or, for those youth released from detention, will not be returned to detention during the service period.

For KMG electronic monitoring (ATD) - 85% of the youth receiving services will not be admitted to detention or, for those youth released from detention, will not be returned to detention during the service period.

SECTION 3 COLLABORATION SECTION

As per STSJP legislation, collaboration is required. Please describe your municipality's activities in developing this year's STSJP plan in collaboration with local agencies responsible for probation, law enforcement, detention, diversion, social services, courts, services providers, schools, and youth development programs. There continues to be ongoing communication between Berkshire Farm and Probation via in-person office visits, electronic communication, monthly case conferences involving Probation Supervisor, Berkshire Farm Supervisor, Probation Officers, and Berkshire Farm Family Specialists. There are also quarterly administrative meetings involving the Department of Social Services, Berkshire Farm and Probation. There has also been ongoing collaboration at the Capital Region Youth Justice Meetings, the Restorative Justice Committee meetings, Capital Region Supervisory

meetings, and with Columbia University relative to the Raise the Age legislation and the impact of this on the juvenile population in our respective counties. Columbia University has been instrumental in helping our County to roll-out (July 2019) E-Connect, a mental health risk assessment that we will use on all Juvenile Delinquency cases to guide us getting services in place as quickly as possible. The POs/Supervisor of Saratoga County are also utilizing various training opportunities offered by outside agencies such as: Enhanced YASI, Motivation Interviewing, Probation Specialized Juvenile Justice Training, and Results Based Accountability Training, to name a few.

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

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

1. Describe the provisions for the proportionate cost to be borne by each county:
2. Describe how personnel will be compensated across and between counties in the cooperative:
3. If a single fiscal officer will be the custodian of the funds made available for STSJP, please provide the officer's name and contact information:

PART IV – PLAN APPROVAL

SECTION 1 APPROVAL OF THE CHIEF EXECUTIVE OFFICER

As STSJP Lead for Saratoga County DSS municipality, I certify that the CEO Tina Potter has reviewed and approved the 2020 STSJP plan.

Date: 09 / 06 / 2019 User ID: 41a231

Print name:

SECTION 2 APPROVAL OF THE OCFS PROGRAM LEAD

As OCFS STSJP reviewer, I certify that I approve of this STSJP plan for Saratoga municipality, for 2019.

Date: 10 / 10 / 2019 User ID: IT1619

Print name: Geneva Hilliard