



**Office of Children  
and Family Services**

**ANDREW M. CUOMO**  
Governor

**SHEILA J. POOLE**  
Commissioner

August 2, 2019

Dear Chief Executive Officer,

Thank you for submitting Schenectady 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**.

Schenectady 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 Schenectady 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](mailto:stsjp@ocfs.ny.gov) outlining the amount that will be shifted and the type of programming or services the re-purposed detention funds will be used for under STSJP. An amended STSJP plan will also need to be submitted.

As a reminder, to access RTA reimbursement 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](mailto:Daniel.Hulihan@ocfs.ny.gov).

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

If you have any questions, please email us at [stsjp@ocfs.ny.gov](mailto:stsjp@ocfs.ny.gov) and write "STSJP Plan Questions" in the subject line so that we may best assist you in a timely manner. You can direct STSJP inquiries to Lynn Tubbs at (518) 473-9116/[Lynn.Tubbs@ocfs.ny.gov](mailto:Lynn.Tubbs@ocfs.ny.gov) or Geneva Hilliard at (518) 486-1819/[Geneva.Hilliard@ocfs.ny.gov](mailto: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 / 31 / 2018

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

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

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

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

John E. Johnson; Ph. 518-486-4665

<b>MUNICIPALITY INFORMATION</b>	
NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION: Schenectady County	
LEAD AGENCY FOR STSJP SUBMISSION: Schenectady County Department of Probation	NAME OF CONTACT PERSON: Timothy Ferrara, Deputy Director
CONTACT PERSON'S PHONE NUMBER: 518-386-2271 ext. 3064	CONTACT PERSON'S EMAIL ADDRESS: <a href="mailto:Timothy.Ferrara@SchenectadyCounty.com">Timothy.Ferrara@SchenectadyCounty.com</a>

<b>Plan Submission Instructions</b>
<p>Instructions for submitting an STSJP plan for OCFS review.</p> <ol style="list-style-type: none"> <li>a. Once you have opened this form on your computer, please immediately use the "Save As" function in Microsoft Word to save a copy;</li> <li>b. Save your application using the following name "PY 2018 - 2019 STSJP Plan – (Name of municipality)";</li> <li>c. Work from the "saved" application document, using it to record all of your municipality's information;</li> <li>d. Once you have completed entering the required data, save the document;</li> <li>e. Prior to submission, review calculation in section eight for accuracy. Complete the "Approval and Certification" section before submission to OCFS;</li> </ol> <p>Send the completed application to OCFS via the STSJP email address at: <a href="mailto:stsjp@ocfs.ny.gov">stsjp@ocfs.ny.gov</a></p>

<b>SECTION ONE - List of programs to be funded</b>			
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 Boys & Girls Clubs of Schenectady	\$ 50423.49	\$ 31,262.3	\$ 19,161.19
STSJP Program 2 Probation Youth & Family Advocate	\$ 50385.48	\$ 31,239	\$ 19,146.48
STSJP Program 3 Schenectady County Department of Probation	\$ 53991.94	\$ 33,475	\$ 20,516.94
STSJP Program 4	\$	\$	\$
STSJP Program 5	\$	\$	\$
STSJP Program 6	\$	\$	\$

STJSJP Program 7	\$	\$	\$
STJSJP Program 8	\$	\$	\$
STJSJP Program 9 STJSJP/RTA Schenectady Job Training Program	\$ 22,549	\$	\$
STJSJP Program 10 STJSJP/RTA Career University	\$ 2,605	\$	\$
STJSJP Program 11 STJSJP/RTA Strengthening Families	\$ 12,000	\$	\$
STJSJP Program 12	\$	\$	\$
<b>TOTAL</b>	\$ 154,800.91(Programs 1-3)	\$ 95,976.30	\$ 58,824.61
STJSJP RTA Program (for expenditures eligible for 100% state reimbursement) Respite Services	\$ 18,000		
STJSJP RTA Program (for expenditures eligible for 100% state reimbursement) Intensive Case Management/Credible Messenger Program	\$ 80,164		
STJSJP RTA Program (for expenditures eligible for 100% state reimbursement) Electronic Monitoring	\$ 5,940		
STJSJP RTA Program (for expenditures eligible for 100% state reimbursement) Pre-Dispositional Supervision	\$ 24,948		
STJSJP RTA Program (for expenditures eligible for 100% state reimbursement) Community and Home Integration Project (CHIP)	\$ 68,000		
<b>TOTAL</b>	\$ 234,206(Programs 9-11&RTA Section)	\$	\$

### 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)** The multiple issues that our families struggle with remain highly complex and as a result this department continues to plan and adapt to these challenges in new and creative ways. Within Schenectady County, the City of Schenectady in particular has high rates of unemployment, poverty and substandard housing; 22.8% of families fall below the poverty level-- New York State, as a whole, has an average of 15.7% falling below the poverty level. High crime rates, domestic violence rates, Child Protective Services rates, poverty rates, teenage pregnancy rates, and many other statistics make childhood exposure to trauma a frequent occurrence. Mental health professionals have defined the members of three particular neighborhoods, Mont Pleasant, Hamilton Hill and Central

State (12303, 12307 and 12308 zip codes) as having particularly high levels of trauma.

According to offender demographic information retrieved from the NYS DCJS Incident-Based Reporting (IBR) Crime Report Interface for the Schenectady Police Department, in 2014 the number of offenders under the age of 16 years of age was 397. In 2015, the number of offenders under 16 years of age was 235, and as of last reporting in 2016 the number of offenders under 16 years of age was 178. This shows a decrease of 40% between 2014 and 2015 and a (then current) decrease of 24% between 2015 and 2016.

In the City of Schenectady there are numerous risk factors for youth, particularly in these three neighborhoods. The highest number of JD arrests, foster care placements, and indicated hotlines occur in these three zip codes. When reviewing Youth Assessment and Screening Inventory (YASI) data we also find youth in these zip codes score 'High Risk' in the spheres of Family, School, Community Peers, Attitude and Aggression/Violence. These risk factors lead to a high number of youth referred for intakes, placed in non-secure and secure detention as well as residential placements.

The majority of JD and PINS who participate in intakes, remanded to detention and/or placed in residential care are from the City of Schenectady and predominantly reside in the three neighborhoods listed above. The schools in these neighborhoods have the highest rates of youth in detention, CSE classifications, and rates of suspensions, truancy and adolescent pregnancy. Over 80% of students attending the Schenectady City School District qualify for free or reduced lunch. Due to this, the district implemented free lunch for all students.

### **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)** According to data provided by OCFS and the County Profile data provided by DCJS (2015), the Juvenile population (Ages 7-15) of Schenectady is 17,378. The Race-Ethnicity breakdown is 66% White, 17% Black, 11% Hispanic, 6% Asian and 1% American Indian or Alaska Native. STSJP Profile data highlighted our total detention admissions decreased and the group with the largest change was white youth in non-secure (Comparing 2017 to 2016 Profile). They increased from 14 in 2015 to 24 in 2016, for a 71% increase. Black youth detention admissions decreased for non-secure and secure detention admissions when comparing 2017 to 2016. Non-secure admissions for this group decreased from 42 to 27, a 36% decrease while secure detention admissions decreased from 54 to 36, a 33%. The combined average length of stay increased from 15 to 21 and our Median length of stay increased from 8.75 to 12 days. In 2017, our OCFS placements decreased from 7 to 0 and Voluntary Agency placements decreased from 18 (15 JD and 3 PINS) to 10 (8 JD and 2 PINS)

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)** As an agency, our overall use of non-secure detention minimally increased and use of secure detention decreased. From 2016 - 2017, non-secure detention admissions increased from 69-70 and secure detention admissions decreased 23% from 73-56. Overall detention admissions decreased by 11% from 142 - 126. The average length of stay in Non-secure increased from 12.5 days to 17.4 and secure detention increased from 17.8 days to 25.2 days. While we are unable to change how the Court rules when determining if a youth is remanded to detention, we can have an impact on the number of cases referred to Family Court. Youth entering our system at the JD and PINS intake stage will continue to be screened and immediately considered for ATD services. Those youth currently in detention will have priority status in the ATD program. Parents/Guardians will be educated on the benefits of this program and will be encouraged to support the involvement of their youth and establish relationships with the Boys and Girls Club staff. Our goal is to continue to reduce non-secure and secure admissions by 10% and

maintain minimal to no OCFS placements and decrease Voluntary Agency Placements by 10%.

**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) Probation partnered with the Boys and Girls Club of Schenectady County in an effort to divert high risk cases from entering the family court system and reduce detention utilization and placements. They offer support through the use of a Teen Coordinator and Youth Development Coaches and work with targeted at-risk youth by providing afterschool and evening reporting centers which promote participation in prosocial activities, family engagement and community supervision. In cases involved with Family Court, ATD has and will continue to be offered and used as an alternative to detention and as a means to release youth from detention. We also collaborate with Schenectady County Department of Social Services who has a designated Juvenile Justice unit which allows for a unique case planning partnership in providing support and services to our STSJP identified high risk youth and their families. Youth involved with the Alternatives to Detention program are discussed on a weekly basis during Juvenile Assessment Team Meeting (JAT). Collaborating JAT team members include Probation, DSS, Schenectady School District, Preventive and Diversion 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		\$ 154,800.91
2. State reimbursement (Program expenses*.62)		\$ 95,976.56
3. State share amount (Program expenses*.38)		\$ 58,824.34

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

4. STSJP allocation	\$ 95,976.30	
5. STSJP approved		\$ 87,635
6. JDAI allocation	\$ NA	
7. JDAI approved		\$ NA
8. Detention approved amount shifted to STSJP		\$
9. PY rollover approved		\$ 8,341.30
10. Total approved amounts for state reimbursement		\$ 95,976.30
11. Total amount of approved STSJP-RTA 100% state reimbursement		\$

**Program detail inserts**

List the name of each service and program who you expect will received STSJP funds, along with the projected amount of STSJP funds to be used for each: As a Guide to providing the information needed to properly review your plan, please provide programmatic information in the format listed below; Provide the Name of the Provider of the

Service/Program. Please note there are now 6 types of programming to choose from.

<b>Program one name:</b>	Boys & Girls Club of Schenectady County	<b>Type of program:</b>	ATD
<b>Program operating agency:</b>	Boys & Girls Club of Schenectady		
Program mailing address 118 Emmons St. Schenectady, NY 12304			
Address line 2 118 Emmons St. Schenectady, NY 12304			
City Schenectady		State NY	Zip code 12304
Contact person for program Shane Bargy			
Title Executive Director		Phone number (518) 859-9183	Ext.
Email Shane769@cs.com			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 50,423.49			
1. Please indicate the specific zip codes this program will target? Zip Codes 12303, 12304, 12308 and 12307			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Afterschool and evening reporting centers will be administered which promote participation in prosocial activities, family engagement and community supervision. This Alternative to Detention (ATD) program is intended to reduce over-reliance on secure and non-secure detention, reduce detention care days, support youth's return to court and prevent new arrests and PINS referrals. This program will collaborate with an STSJP grant funded Probation Officer and Youth and Family Advocate.			
3. Does your municipality plan to replicate program across multiple locations? ( <input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 0029			
<b>If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.</b>			
5. Did projected performance outcome meet expected outcomes? ( <input 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) 10/1/17 - 9/30/18 - 12 months: 32 Youth referred to ATD. Average days per youth: 64 (71%). Youth remanded to detention during program: 2 (6%) Youth released from detention to ATD: 1 (3%). 18 (56%) youth received employment, job coaching, and a stipend over the summer. 7 (22%) youth volunteered at least 10 hours or more. 28 (87%) youth participate in positive peer development and positive adult modeling.			
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) 45 days due to cases remaining in court and pending dispositions.			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 0032			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 12,717			
<b>Program two name:</b>	Probation Staff Youth and Family Advocate	<b>Type of program:</b>	Early Intervention
<b>Program operating agency:</b>	Schenectady County Department of Probation		
Program mailing address 620 State St Schenectady NY 12305			
Address line 2			
City Schenectady		State NY	Zip code 12305

Contact person for program Eric Lindh		
Title Probation Supervisor	Phone number (518) 386-2271	Ext. 3059
Email Eric.Lindh@SchenectadyCounty.com		
<b>Program service detailed information</b>		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 50385.48		
1. Please indicate the specific zip codes this program will target? Zip Codes 12303, 12304, 12307, and 12308		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Youth and Family Advocate will work with JJ, DSS, local school districts, mental health, and placement agencies to engage, develop, and implement case plans with youth and families who are Juvenile Justice involved at intake/diversion or indentified for re-entry/after-care planning. YFA will assist in outreach and engagement with identified families, and assist families in making appointments with various agencies for the purpose of preventing deeper involvement in the JJ system.		
3. Does your municipality plan to replicate program across multiple locations? ( <input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)		
4. What is the projected number of youth who will receive service from this program? (4-character number) 0030		
<b>If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.</b>		
5. Did projected performance outcome meet expected outcomes? ( <input 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) Of the 25 youth served during period 10/1/17-9/30/18, 1 was placed in OCFS custody and 1 placed in detention during this period. YAF engaged at risk youth in intakes, scheduled appointments, and case planning services to address identified risk and support prosocial activities while preventing youth and families from future contact with JJ. YAF also supported families in navigating various agencies including, Family Court, City Court, DSS, and CPS.		
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) Our target was to reach 30 youth during the program year. Due to our YAF employment status ending during the program year, we were able to serve 25 through her capacity. Those statistics are below. After our YAF departure, we shifted programming to a Juvenile Justice Probation Officer who focused on locating missing/runaway youth, engage/re-engage them in services and prevent referral to court. 22 youth were identified, 16 were located and not referred to court.		
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 0090		
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 0025		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) NA		

<b>Program three name:</b>	Schenectady County Probation Department	<b>Type of program:</b>	ATP
<b>Program operating agency:</b>	Schenectady County Probation Department		
Program mailing address 620 State St. Schenectady NY 12305			
Address line 2			
City Schenectady		State NY	Zip code 12305
Contact person for program Eric Lindh			
Title Probation Supervisor	Phone number (518) 386-2271	Ext. 3059	
Email Eric.Lindh@Schenectadycounty.com			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 53991.94			
1. Please indicate the specific zip codes this program will target? Zip Codes 12303, 12304, 12307, and 12308			

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) A Probation Officer will coordinate case planning with the B&G Club of Schenectady and the YFA in an effort to support high risk youth (and families) who are at risk of out of home placement due to probation violations, criminogenic risks and rearrests. This Officer will utilize resources within the community and existing partnerships. Additional stakeholder partnerships include the Schenectady City School District, Schenectady DSS and Juvenile Justice Preventive Services.
3. Does your municipality plan to replicate program across multiple locations? ( <input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)
4. What is the projected number of youth who will receive service from this program? (4-character number) 0029
<b>If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.</b>
5. Did projected performance outcome meet expected outcomes? ( <input 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) From the period of 10/1/17 - 9/30/18 37 youths were referred to ATP. Average days per youth: 55 days. Youth remanded to detention during program:2. Youth released from detention to ATD: 1. 18 youth received employment , job coaching, and a stipend over the summer. 8 youth volunteered at least 10 hours or more. 28 youth participate in positive peer development and positive adult modeling.
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) NA
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 55
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 0037
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) NA

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

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

<b>Program six name:</b>		<b>Type of program:</b>	
<b>Program operating agency:</b>			
Program mailing address			
Address line 2			
City		State	Zip code
Contact person for program			
Title		Phone number ( )	Ext.
Email			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$			
1. Please indicate the specific zip codes this program will target? Zip Codes			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)			
3. Does your municipality plan to replicate program across multiple locations? ( <input type="checkbox"/> yes or <input type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number)			
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>			
5. Did projected performance outcome meet expected outcomes? ( <input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less)			

7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

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

<b>Program eight name:</b>	STSJP/RTA Program name: Predispositional Supervision	<b>Type of program:</b>	ATD
<b>Program operating agency:</b>			
Schenectady County Probation Department			
Program mailing address			
608 State St. Schenectady NY 12305			
Address line 2			
City	State	Zip code	
Contact person for program Thomas Zampella			
Title Director	Phone number (518) 388-4330	Ext. 4251	
Email thomas.zampella@schenectadycounty.com			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 24,948			

1. Please indicate the specific zip codes this program will target? Zip Codes 12303, 12304, 12307 and 12308
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Probation will supervise terms and conditions of court, provide information and reminders for court, maintain regular contact with youth to ensure appearances in court and reduce risk of reoffense and provide written or verbal summary of compliance with programming, case planning, terms and conditions. This program may be done in partnership with other ATD/ATP programming and services.
3. Does your municipality plan to replicate program across multiple locations? ( <input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)
4. What is the projected number of youth who will receive service from this program? (4-character number) 0018
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>
5. Did projected performance outcome meet expected outcomes? ( <input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.
6. What projected outcomes were met and how were they met? (100 word or less)
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

<b>Program name:</b>	STSJP/RTA Program name: Schenectady Job Training Program	<b>Type of program:</b>	ATP
<b>Program operating agency:</b>	Schenectady County Job Training Agency		
Program mailing address 797 Broadway Schenectady, NY 12305			
Address line 2 797 Broadway			
City Schenectady		State NY	Zip code 12305
Contact person for program Jennifer Bargy			
Title Director of Workforce Development		Phone number (518) 344-2756	Ext.
Email			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 22,549.00			
1. Please indicate the specific zip codes this program will target? Zip Codes 12303, 12304, 12307 and 12308			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The Schenectady County Job Training Agency (SJTA) will partner with the ASCEND program to support the Juvenile Delinquent, Adolescent Offenders and Youthful Offenders affected by the Raise the Age Legislation. SJTA will focus on recruiting worksites that have the capacity to hire youth in unsubsidized positions after successful completion of the 28hr. Career University Curriculum. An Employment & Training Counselor "Job Coach" will be assigned to each youth and visit each worksite 1-2 times wk.			
3. Does your municipality plan to replicate program across multiple locations? ( <input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 006			
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>			
5. Did projected performance outcome meet expected outcomes? ( <input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less)			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What			

changes have been made to achieve desired outcomes this program year? (100 words or less)
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

<b>Program ten name:</b>	STSJP/RTA Program name: Career University	<b>Type of program:</b>	ATP
<b>Program operating agency:</b>	The Center for Community Justice (CCJ)		
Program mailing address 144 Barrett St. Schenectady, NY 12305			
Address line 2			
City		State	Zip code
Contact person for program Cheryl Vallee			
Title Executive Director		Phone number (518) 346-1281	Ext. 30
Email cvallee@theccj.org			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 2,605.00			
1. Please indicate the specific zip codes this program will target? Zip Codes 12303, 12304, 12307 and 12308			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The CCJ will deliver Career University-Advancing to the Next Level curriculum to youth referred by Juvenile Justice. Service will be delivered to 16-17 yr-olds, 8-10 individuals per group, led by co-facilitators. Supervision and follow up will be provided by CCJ, Credible Messengers and Probation. Program will partner with SJTA and ASCEND to strengthen and establish positive adult/peer relationships, develop pro-social behaviors, and gain employment experience, and insight into career pathways.			
3. Does your municipality plan to replicate program across multiple locations? ( <input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 008			
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>			
5. Did projected performance outcome meet expected outcomes? ( <input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less)			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)			

<b>Program eleven name:</b>	STSJP/RTA Program name: Strengthening Families	<b>Type of program:</b>	ATP
<b>Program operating agency:</b>	RFP Request TBD		
Program mailing address			
Address line 2			
City		State	Zip code
Contact person for program			

Title	Phone number ( )	Ext.
Email		
<b>Program service detailed information</b>		
The amount of STSJF funds that your jurisdiction will devote to the services from this program?		\$ 12,000.00
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) Strengthening Families is a evidence based family skills training intervention that provides children, parenting and family life skills sessions to strengthen parenting and family functioning. This program will be delivered to medium and high risk youth and families involved with RTA, Juvenile Justice System and the Department of Social Services. This program is found to significantly reduce problem behaviors, delinquency, alcohol/drug abuse in children and improves social competencies.		
3. Does your municipality plan to replicate program across multiple locations? ( <input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)		
4. What is the projected number of youth who will receive service from this program? (4-character number) 008		
<b>If the program received STSJF funds in the previous program year 20 - 20 , answer the questions below.</b>		
5. Did projected performance outcome meet expected outcomes? ( <input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.		
6. What projected outcomes were met and how were they met? (100 word or less)		
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)		
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)		
9. Total amount of youth were served by this program during the previous STSJF PY? (4 Characters)		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)		

<b>Program twelve name:</b>	STSJF/RTA Program Name: Community and Home Integration Project (CHIP)	<b>Type of program:</b>	ATP
<b>Program operating agency:</b>	Northern Rivers Family Services		
Program mailing address 120 Park Avenue, Schenectady, NY 12304			
Address line 2			
City		State	Zip code
Contact person for program Barbara Fuscus			
Title Director, Home & Community Based Services Northeast Parent & Child Society		Phone number (518) 346-2387	Ext.
Email Barbara.Fuscus@neparentchild.org			
<b>Program service detailed information</b>			
The amount of STSJF funds that your jurisdiction will devote to the services from this program?		\$ 68,000	
1. Please indicate the specific zip codes this program will target? Zip Codes 12303, 12304, 12307 and 12308			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) CHIP is a community based program which provides daily structured treatment services to older youth, JOs, AOs and YO, subject to RTA, who are at risk of placement, and/or to prevent youth's further involvement in the criminal or juvenile justice system, that may not be eligible for preventive services. Additionally, CHIP may be utilized to support youth from re-entering an out of home placement. It provides on-site and community based supervision and programming for 25-40 hrs.			
3. Does your municipality plan to replicate program across multiple locations? ( <input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)			

4. What is the projected number of youth who will receive service from this program? (4-character number) 004

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

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

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

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

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

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

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

<b>STSJP/RTA Program name:</b>	Respite Services	<b>Type of program:</b>	STSJP-RTA
<b>Program operating agency:</b>	CAPTAIN Services & Berkshire Farms TBD		
Program mailing address			
5 Municipal Plaza Clifton Park NY 12065			
Address line 2			
City Clifton Park		State NY	Zip code 12065
Contact person for program Andy Gilpin			
Title Associate Executive Director		Phone number (518) 371-1185	Ext.
Email www.captaincares.org			

**Program service detailed information**

The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 18,000.00

1. Please indicate the specific zip codes this program will target? Zip Codes 12303, 12304, 12307 and 12308

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) CAPTAIN Services will be expanded, addition of group home respite for higher level youth at risk of detention and home/neighborhood based respite services. The group home will provide a structured, supportive setting for youth who are experiencing family instability. They will provide 24/7 supervision in a non-secure setting residential facility, provide case management services, individual and group counseling, tutoring, advocacy and structured activities, as well as transportation.

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) 0006

**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)

<b>STSJP/RTA Program name:</b>	ASCEND Intensive Case Management/Credible Messenger Program	<b>Type of program:</b>	New Program STSJP-RTA
<b>Program operating agency:</b>	RFP submitted		

Program mailing address		
Address line 2		
City	State	Zip code
Contact person for program		
Title	Phone number ( )	Ext.
Email		
<b>Program service detailed information</b>		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 80,164		
1. Please indicate the specific zip codes this program will target? Zip Codes 12303, 12304, 12307 and 12308		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The program will provide one-on-one neighborhood based support promoting relationship building, trust, engagement and motivation to develop personal change goals. Support youth's requirements for court, as well as a weekly evening mentoring groups, restorative approaches, skill building and site based programming (15-40hrs wkly) including evenings and weekends. Provide evidence based curriculums and support community building activities. On-call service will be available for support 24/7.		
3. Does your municipality plan to replicate program across multiple locations? ( <input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)		
4. What is the projected number of youth who will receive service from this program? (4-character number) 0008		
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>		
5. Did projected performance outcome meet expected outcomes? ( <input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.		
6. What projected outcomes were met and how were they met? (100 word or less)		
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)		
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)		
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)		

<b>STSJP/RTA</b>	Electronic Monitoring	<b>Type of program:</b>	STSJP-RTA
<b>Program name:</b>			
<b>Program operating agency:</b>	Sentinel Offender Services , LLC		
Program mailing address			
201 Technology Dr. Irvine CA, 92618			
Address line 2			
City	State	Zip code	
Contact person for program Michael Dean			
Title Chief Financial Officer	Phone number (888) 496-4882	Ext.	
Email Mike.dean@sentrak.us.com			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 5,940.00			
1. Please indicate the specific zip codes this program will target? Zip Codes 12303, 12304, 12307 and 12308			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Electronic Monitoring will be expanded to deliver graduated levels of accountability for youth at high risk of detention. This service will support effective and inform supervision and reporting. We will expand our tools to better interact with our youth and enhance our ability to monitor their activities and location. The goal is to increase monitoring ability of			

service appointments, school/work attendance, and overall compliance with curfew and other court ordered conditions/appointments.
3. Does your municipality plan to replicate program across multiple locations? ( <input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)
4. What is the projected number of youth who will receive service from this program? (4-character number) 0022
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>
5. Did projected performance outcome meet expected outcomes? ( <input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.
6. What projected outcomes were met and how were they met? (100 word or less)
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

<b>SECTION EIGHT – Plan Approval</b>
<b>Approval of the Chief Executive Officer</b>
As STSJP Lead for Schenectady County municipality, I certify that the CEO
Kathleen A. Rooney, County Manager has reviewed and approved the 2018 - 2019 STSJP plan.
Date: 10 / 31 / 2018 STSJP Lead User ID 42a303
STSJP Lead printed name: Timothy Ferrara, Deputy Director
<b>Approval of the OCFS STSJP Program Lead</b>
As OCFS STSJP reviewer. I certify that I approve of this STSJP plan for
municipality, for 2018-2019
Date: 2/14/19 User ID: K1C4352 Printed name John Johnson