



Office of Children
and Family Services

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Commissioner

November 4, 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) 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

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 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 Schenectady 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 9/11/2019

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: Schenectady County	
LEAD AGENCY FOR STSJP SUBMISSION: Schenectady County Probation Department	NAME OF CONTACT PERSON: Timothy Ferrara, Deputy Director
CONTACT PERSON'S PHONE NUMBER: 518-386-2271 ext. 3064	CONTACT PERSON'S EMAIL ADDRESS: Timothy.Ferrara@schenectadycounty.com

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

PART I – STSJP PROGRAMS

SECTION 1	PLAN AMOUNTS
EXPENSES	
1. Total program expenses	\$ 141,346.42
2. State reimbursement	\$ 87,634.78
3. Local share amount	\$ 53,711.64
Reimbursements for the plan (Enter all amounts that are applicable.)	
4. STSJP allocation amount	\$ 87,635.00
5. STSJP local approved plan amount	\$ 87,634.78
6. Detention approved amount shifted to STSJP	\$ N/A
7. PY rollover approved amount	\$ N/A
8. Total approved amounts for state reimbursement	\$ 87,634.78

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 Boys & Girls Clubs of Schenectady	\$ 14,048.22	\$ 22,920.78	\$ 36,969.00
STSJP Program 2 Probation Youth & Family	\$ 19,146.48	\$ 31,239.00	\$ 50,385.48

Advocate			
STSJP Program 3 Schenectady County Department of Probation	\$ 20,516.94	\$ 33,475.00	\$ 53,991.94
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			\$ 141,346.42

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: Boys & Girls Club of Schenectady County		STSJP Program 1 Type: JO/JD-Alternative to Detention	
STSJP Program 1 Operating Agency: Boys & Girls Club of Schenectady County			
Program Mailing Address 118 Emmons St. Schenectady, NY 12304			
Address Line 2			
City Schenectady		State NY	Zip Code 12304
Contact Person for Program Shane Bary		Email Shane769@cs.com	
Title Executive Director		Phone (518) 859-9183 -	Ext

STSJP Program 1	Service Detailed Information
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 36,969	
2. Please indicate the specific zip codes this program will target. 12303, 12304, 12308, 12307	
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Afterschool and evening reporting center 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, prevent new arrests and new PINS referrals. This program will collaborate with an STSJP grant funded Probation Officer and Youth and Family Advocate.	
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? 29

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? 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**) We projected to reach 29 youth through our ATD program. To date, 23 of the projected 29 youth were provided service. As the current grant cycle ends on September 30, 2019, we are hopeful to accomplish the desired outcome of working with 29 youth.

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**) Two significant factors contributed as barriers to accomplishing the desired outcome of providing ATD services to 29 youth. The most significant factor was the drastic decrease in local JD arrests since Raise the Age was implemented on October 1, 2018. As local law enforcement becomes more familiar with understanding, we anticipate an increase in JD intake cases. A second barrier to meeting the desired outcome is the current and temporary location of the ATD program. The Boys and Girls Club anticipates the completion of their new centrally located complex in December of 2019.

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 88

10. Total number of youth served by this program during the previous STSJP PY: 23

11. What amount of rollover funds from the previous STSJP PY will be spent on this program? None

STSJP Program 2

STSJP Program 2 Name:

Probation Staff Youth and Family Advocate

STSJP Program 2 Type:

Early Intervention

STSJP Program 2 Operating Agency:

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

Email

Eric.Lindh@SchenectadyCounty.com

Title

Probation Supervisor

Phone

(518) 386 - 2271

Ext

3059

STSJP Program 2

Service Detailed Information

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 50,385.48

2. Please indicate the specific zip codes this program will target. 12303, 12304, 12307, 12308

3. 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 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.

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? 30

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? 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**) We projected to reach 30 youth through our EI program. To date, 33 youth have provided services through the program. The current grant cycle ends on September 30, 2019. Efforts have focused on locating and working with missing/runaway youth to engage/re-engage

them in services and prevent further involvement in the juvenile justice system. This has been achieved through coordination with local DSS caseworkers, Schenectady Police Department, Schenectady School and local service providers. Efforts include linking youth to prosocial activities and connecting them to their community while providing guidance and support to their families.

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.) 53

10. Total number of youth served by this program during the previous STSJP PY: 33

11. What amount of rollover funds from the previous STSJP PY will be spent on this program? None

STSJP Program 3

STSJP Program 3 Name: Schenectady County Probation Department		STSJP Program 3 Type: Alternative to Placement	
STSJP Program 3 Operating Agency: 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	Email Eric.Lindh@SchenectadyCounty.com		
Title Probation Supervisor	Phone (518) 386 - 2271	Ext 3059	

STSJP Program 3 Service Detailed Information

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 53,991.94

2. Please indicate the specific zip codes this program will target. 12303, 12304, 12307, 12308

3. 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.

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? 29

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? 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**) We projected to reach 29 youth through our ATP program. To date, 33 of were provided services by the designated Probation Officer. This Officer was successful at coordinating services and case planning with the B&G Club of Schenectady, Schenectady City Schools, Schenectady County Children and Family Services and Juvenile Justice Prevention Services. Additionally, this Officer focused efforts on restorative practices and successfully organized several community service events for our identified youth to give back to the community. The current grant cycle ends on September 30, 2019.

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.) 92.86

10. Total number of youth served by this program during the previous STSJP PY: 33

11. What amount of rollover funds from the previous STSJP PY will be spent on this program? none

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? Yes No 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:	
STSJP Program 6 Operating Agency:			
Program Mailing Address			
Address Line 2			
City	State	Zip Code	
Contact Person for Program	Email		
Title	Phone () -	Ext	

STSJP Program 6 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 6 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 7

STSJP Program 7 Name:		STSJP Program 7 Type:	
STSJP Program 7 Operating Agency:			
Program Mailing Address			
Address Line 2			
City	State	Zip Code	

Contact Person for Program	Email	
Title	Phone () -	Ext
STSJP Program 7 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 7 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 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? <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 8 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 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

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? Yes 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? 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 10

STSJP Program 10 Name:

RTA Program-ASCEND

STSJP Program 10 Type:

Alternative to Placement

STSJP Program 10 Operating Agency:

RFP submitted

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? \$ 150,000.00

2. Please indicate the specific zip codes this program will target. 12303, 12304, 12307, 12308

3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) This initiative will coordinate community-based services and provide support for Raise the Age youth with site-based supervision and structured programming that promotes skill building, career pathways, education, employment, targeted interventions

and individualized case planning. They will support preventing youth's placement and engagement in services in partnership with Probation and DSS. This program will be located in a high needs neighborhood(s) and will provide up to 40 hours of programming per week including evenings and weekends. Programming will include delivering evidence based curriculums and collaboration w/ SJTA and Career U.

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? 12

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? 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) We did not implement program for the 2018-2019 programming year. This is one of our four priority programs that we hope to begin delivering by the end of this programming year (2018-2019) or the start of 2019-2020 programming year.

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: RTA Program-Intensive Case Management/Credible Messenger Program		STSJP Program 11 Type: JO/JD-Alternative to Detention
STSJP Program 11 Operating Agency: RFP submitted		
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? \$ 120,656.00	
2. Please indicate the specific zip codes this program will target. 12303, 12304, 12307, 12308	
3. 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 for RTA youth pending court, as well as post dispositionally. This will 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.	
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? 16	
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 checked="" 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)** We did not implement program for the 2018-2019 programming year. We are in the process of developing contracts and MOUs for the 2019-2020 programming year.

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? N/A

STSJP Program 12

STSJP Program 12 Name: RTA Program-Electronic Monitoring		STSJP Program 12 Type: JO/JD-Alternative to Detention	
STSJP Program 12 Operating Agency: Sentinel Offender Services , LLC			
Program Mailing Address 201 Technology Dr. Irvine CA, 92618			
Address Line 2			
City Irvine		State CA	Zip Code 92618
Contact Person for Program Michael Dean		Email Mike.dean@sentrak.us.com	
Title Chief Finicial Officer		Phone (888) 496 - 4882	Ext

STSJP Program 12 Service Detailed Information

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 16,200.00

2. Please indicate the specific zip codes this program will target. 12303, 12304, 12307, 12308

3. 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 RTA 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.

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? 60

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)** We did not implement program for the 2018-2019 programming year. We are in the process of developing contracts and MOUs for the 2019-2020 programming year.

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? N/A

PART II – STSJP-RTA PROGRAMS

SECTION 1

STSJP RTA PLAN AMOUNTS

Expenses

1. RTA-approved plan amount	\$ 733,767.00
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2. Total program expenses	\$ 733,767.00
SECTION 2 LIST OF STSJP-RTA PROGRAMS TO BE FUNDED	
Program Name	Total Program Expenses
STSJP-RTA Program 1 Predispositional Supervision	\$ 69,300.00
STSJP-RTA Program 2 Schenectady Job Training Program	\$ 119,261.00
STSJP-RTA Program 3 Career University	\$ 5,350.00
STSJP-RTA Program 4 Strengthening Families	\$ 63,000.00
STSJP-RTA Program 5 Community and Home Integration Project (CHIP)	\$ 136,000.00
STSJP-RTA Program 6 Respite	\$ 54,000.00
STSJP-RTA Program 7 Ascend	\$150,000.00
STSJP-RTA Program 8 ICM-Credible Messenger	\$120,656.00
STSJP-RTA Program 9 Electronic Monitoring	\$16,200
TOTAL	<p>\$ 733,767.00 TOTAL RTA-STSJP Program Expenses- Nine STSJP-RTA Programs.</p> <p>The ASCEND, ICM, and EM Programs are detailed in the STSJP Programming details section (Programs 10, 11, and 12) due to no space in the STSJP-RTA Programming Details section.</p>

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: STSJP/RTA Program name: Predispositional Supervision		Program 1 Type: JOJD-Alternative to Detention	
Program 1 Operating Agency: Schenectady County Probation Department			
Program Mailing Address 608 State Street			
Address Line 2			
City Schenectady		State NY	Zip Code 12305
Contact Person for Program Thomas Zampella		Email thomas.zampella@schenectadycounty.com	
Title Director		Phone (518) 388 - 4330	Ext 4251

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? \$ 69,300.00
2. Please indicate the specific zip codes this program will target. 12303, 12304, 12307, 12308
3. 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 RTA 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.
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? 50
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 checked="" 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) We did not implement program for the 2018-2019 programming year. This program will be delivered by our department at the start of the 2019-2020 programming year with the addition of 17 year olds.
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? N/A

STSJP-RTA Program 2

Program 2 Name: Schenectady Job Training Program	Program 2 Type: Alternative to Placement
Program 2 Operating Agency: 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 Baryg	Email Jennifer.Baryg@dfa.state.ny.us	
Title Director of Workforce Development	Phone (518) 344 - 2756	Ext
STSJP-RTA Program 2 Service Detailed Information		
1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 119,261.00		
2. Please indicate the specific zip codes this program will target. 12303, 12304, 12307, 12308		
3. 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 JDs, AOs and YOs affected by the Raise the Age Legislation either at diversion or post disposition. This program will develop skills, prosocial ties, work experience, and career development. These youth will have an opportunity to work up to twenty hours a week with the goal of fulltime employment or advancing in an identified career path. The Career University Curriculum will be a feeder program for this opportunity with the youth entering program during the 3rd or 4th Module w/ support of Employment & Training Counselor "Job Coach"		
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? 24		
If the STSJP-RTA Program 2 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 checked="" 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) We did not implement program for the 2018-2019 programming year. This is one of our four priority programs that we hope to begin delivering by the end of this programming year (2018-2019) or the start of 2019-2020 programming year.		
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? N/A		

STSJP-RTA Program 3		
Program 3 Name: Career University	Program 3 Type: Alternative to Placement	
Program 3 Operating Agency: The Center for Community Justice (CCJ)		
Program Mailing Address 144 Barrett St. Schenectady, NY 12305		
Address Line 2		
City Schenectady	State NY	Zip Code 12305
Contact Person for Program Cheryl Vallee	Email cvallee@theccj.org	
Title Executive Director	Phone (518) 346 - 1281	Ext
STSJP-RTA Program 3 Service Detailed Information		

1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 5,350.00

2. Please indicate the specific zip codes this program will target. 12303, 12304, 12307, 12308

3. 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 RTA 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 and support both diversion and post disposition RTA youth.

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? 20

If the STSJP-RTA Program 3 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)** We did not implement program for the 2018-2019 programming year. This is one of our four priority programs that we hope to begin delivering by the end of this programming year (2018-2019) or the start of 2019-2020 programming year.

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? N/A

STSJP-RTA Program 4

Program 4 Name: Strengthening Families		Program 4 Type: Alternative to Placement	
Program 4 Operating Agency: RFP submitted			
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? \$ 63,000

2. Please indicate the specific zip codes this program will target. 12303, 12304, 12307, 12308

3. How will the program be utilized to serve targeted youth in your municipality? **(100 words or less)** Skills training intervention that provides children’s life skills, parenting life skills and family life skills sessions to strengthen parenting and family functioning. This program will be delivered to medium to high risk RTA youth and families. Strengthening Families Program is evidence based family skills training program found to significantly reduce problem behaviors, delinquency, and alcohol and drug abuse in children and to improve social competencies and school performance. Sessions will be held in a neighborhood based community setting w/youth and family

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? 42

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) We did not implement program for the 2018-2019 programming year. We did receive a Response for Programming on a submitted RFP for delivery of this program.
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? N/A

STSJP-RTA Program 5

Program 5 Name: Program Name: Community and Home Integration Project (CHIP)		Program 5 Type: Alternative to Placement	
Program 5 Operating Agency: Northern Rivers Family Services			
Program Mailing Address 120 Park Avenue, Schenectady, NY 12304			
Address Line 2			
City Schenectady		State NY	Zip Code 12304
Contact Person for Program Barbara Fuscus		Email Barbara.Fuscus@neparentchild.org	
Title Director, Home & Community Based Services Northeast Parent & Child Society		Phone (518) 346 - 2387	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? \$ 136,000.00
2. Please indicate the specific zip codes this program will target. 12303, 12304, 12307, 12308
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) A community based program that provides daily structured treatment services to RTA youth and families who are at risk of requiring a residential level of care. CHIP can also support youth re-entry from out of home placement. It provides on-site and community based supervision and programming for 25-40 hrs. per week and serves both male and female youth. Weekly supervision includes evenings and weekends and is coordinated and implemented by the treatment team led by a Service Navigator (Master's level clinician), a Team Leader, Therapeutic Support Workers (TSW) and staff from the Boy's and Girl's Club.
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? 8

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? 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) We did not implement program for the 2018-2019 programming year. This program will be an expansion of an existing program delivered in

- Schenectady County. It will also be located in the new Boys and Girls Club of Schenectady.
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? N/A

STSJP-RTA Program 6

Program 6 Name: Respite Services		Program 6 Type: JO/JD-Alternative to Detention	
Program 6 Operating Agency: 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		Email www.captaincares.org	
Title Associate Executive Director		Phone (518) 371 - 1185	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? \$ 54,000.00
2. Please indicate the specific zip codes this program will target. 12303, 12304, 12307, 12308
3. How will the program be utilized to serve targeted youth in your municipality? **(100 words or less)** CAPTAIN Services will be expanded to include the addition of group home respite for higher level RTA 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, case management services, individual and group counseling, tutoring, advocacy and structured activities, as well as transportation.
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? 18
- 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? 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)** We did not implement program for the 2018-2019 programming year. This is one of our four priority programs that we hope to begin delivering by the end of this programming year (2018-2019) or the start of 2019-2020 programming year. This will be an expansion of an existing contract.
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? N/A

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 communities which encompass the highest number of at risk youth and young adults reside in zip codes 12303, 12304, 12307 and 12308. The challenges our families face remain highly complex and as a result this Department continues strives to adress 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; approximately 23% of families fall below the poverty level while New York State, as a whole, has an average of 16% falling below the poverty level. High crime, domestic violence rates, Child Protective Services involvement, high poverty, 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.

In the City of Schenectady, there are numerous risk factors for youth, particularly in these three neighborhoods. The highest number of PINS applications, 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 schools in these neighborhoods have the highest rates of youth in detention, CSE classifications, and rates of suspensions, truancy and adolescent pregnancy.

Our Juvenile Justice Center now supervises a large percentage of our County's Youthful Offenders which historically was supervised by Adult Probation. With this change comes enhanced screenings and assessments, targeted case planning, wrap around services and a higher level of community supervision.

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, our placements remained consistent with the previous year placing twelve JDs and two PINS. One youth went directly to OCFS custody while the other youths placed with OCFS were referred after failed attempts at Residential Treatment Centers. The gender and race of those placed consisted of five females 36% (three white 60%/two black 40%) and nine males 64% (five black 55%, two white 22%, and two hispanic 22%). According to our detention profile data provided by OCFS, there was a notable increase in the total numbers of female (41%), white (111%), and Hispanic (21%) youth admitted to detention. The average and median lengths of stay increased for both facility types, with non-secure average length increasing by 33% and median by 22%, while Secure/Mixed Average length only went up 5% and median 4%. There was a 23% decrease in admission of black youth, while white youth increase by 18%. Our county's average and median lengths of stays are slightly higher then the rest of the state. In 2018, we had five female youth who's detention admissions far exceeded our average length of stay (days). This was due to awaiting placement and replacement in another Residential Treatment Center.

If such disparity exists, describe how this STSJP plan addresses the issues of disparity. We continue to invest and support measures to reduce reliance on detention and out of home placements. Our plan includes numerous Alternative to Detention and Alternative to Placement Programs supporting our goals of reducing detention care days and out of home placements while addressing racial/ethnic disparity within our 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)** As an agency, our overall use of non-secure detention decreased as well as the use of secure detention. From 2017 - 2018, non-secure detention admissions decreased 14% from 70 to 60 and secure detention admissions decreased 7% from 56 to 52. Overall detention admissions decreased by 11% from 126 to 112. The average length of stay in Non-secure decreased from 17.4 to 16.2 days and secure detention decreased from 25.2 days to 18.1. 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 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. Probation has 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. We have also partnered with numerous agencies and grassroots organizations to develop and enhance programming for Raise the Age Youth. Our goals are to enhance services to engage justice involved youth, strengthen and target community based services to improve youth outcomes, and reduce reliance on detention and placement.

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: N/A
2. Describe how personnel will be compensated across and between counties in the cooperative: N/A
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: N/A

PART IV – PLAN APPROVAL

SECTION 1 APPROVAL OF THE CHIEF EXECUTIVE OFFICER

As STSJP Lead for Schenectady County municipality, I certify that the CEO Rory Fluman, County Manager has reviewed and approved the 2019 STSJP plan.

Date: 9 / 11 / 2019 User ID: 42a303

Print name: Timothy Ferrara, Deputy Director

SECTION 2 APPROVAL OF THE OCFS PROGRAM LEAD

As OCFS STSJP reviewer, I certify that I approve of this STSJP plan for Schenectady municipality, for 2019-20

Date: 10 / 31 / 19 User ID: JT0911

Print name: Lynn Tubbs