



**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 Warren 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.

Warren 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 Warren 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     /     /

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: Warren County			
LEAD AGENCY FOR STSJP SUBMISSION: Department of Social Services		NAME OF CONTACT PERSON: Christian Hanchett	
CONTACT PERSON'S PHONE NUMBER: 518 761-6362		CONTACT PERSON'S EMAIL ADDRESS: Christian.Hanchett@dfa.state.ny.us	

<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 20 - 20 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 KMG Monitoring	\$ 21,000	\$ 13,020	\$ 7,980
STSJP Program 2 Wait House	\$ 20,000	\$ 12,400	\$ 7,600
STSJP Program 3 Youth Court	\$ 51,718	\$ 32,065.16.	\$ 19,652.84
STSJP Program 4 Probation/Preventive	\$ 60,000	\$ 37,200	\$ 22,800
STSJP Program 5	\$	\$	\$
STSJP Program 6	\$	\$	\$
STSJP Program 7	\$	\$	\$

STSJP Program 8	\$	\$	\$
STSJP Program 9	\$	\$	\$
STSJP Program 10	\$	\$	\$
STSJP Program 11	\$	\$	\$
STSJP Program 12	\$	\$	\$
<b>TOTAL</b>	<b>\$ 152,718</b>	<b>\$ 94,685.16</b>	<b>\$ 58,032.84</b>
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Electronic Monitoring RTA 16 year olds only	\$ \$3,375		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
<b>TOTAL</b>	<b>\$ \$3,375</b>	<b>\$</b>	<b>\$ 0</b>

### 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)** Consistently PINS & JD intakes as well as adjudications are highest for the Queensbury & Glens Falls regions. This is due to urban setting & highest population rates in those districts. Both JD and PINS intakes are spread out amongst the other communities in Warren County. Warrensburg is the third highest and a rural community. The implementation of school based officers allows for greater implementation of services to the rural areas. From October 1, 2017 to September 30, 2018 Warren County Probation Placed three Adjudicated youth in VA Agencies. The placed youth were all from the Glens Falls area. Factors that may be contributing to Juvenile Delinquent and PINS rates in the Glens Falls, Queensbury, and Warrensburg areas include that Glens Falls is a walking district increasing truancy rates, single family homes, poverty rates, drug availability, opiate epidemic impact on community, youth's unsupervised and unstructured time in the community, family attitude towards education, lack of mental health services, and lack of community resources for youth.

### 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)** One non-Hispanic white male youth in DSS custody utilized non-secure detention for 4 days following AWOL status from residential and was later placed in OCFS. A JD 30 day evaluation and residential placement is listed as non-Hispanic white male, a JD 30 day placement is listed as non-Hispanic white female and JD placement listed as non-Hispanic black male. There are no identifiable gender, ethnicity, or racial disparities amongst youth placed out of home in Warren County NY.

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)**

Electronic monitoring when ordered by the Family Court is an effective and efficient alternative to detention. Last year Warren County DSS had 2 detention placements when youth were AWOL from residential placement and the Probation Department had 1 youth use EM for a period of 10 days. There continue to be a reduction in the utilization of detention and electronic monitoring in Warren County. The department continues to project 1 detention placement and 2 EM for JD/PINS. The department continues to project 5 youth for WAIT House. Youth Court projected outcome is to reduce recidivism into the legal system. The Probation/Preventive did not reach its projected outcome of 0 placements of youth last year but only 3 out of the 7 youth were placed. Overall outcomes were disrupted by the removal by CDPC of Dr. Braxton for in-house psychological evaluations and therefore increased utilization of 30 day assessments.

**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)** Efforts for at risk youth include the monthly Warren County Interagency Collaboration Committee with representatives from participating Schools, BOCES, Social Services, Probation, Service providers, Warren Washington Association for Mental Health, SPOA and other agencies. A monthly Multi-disciplinary meeting is also held with the Probation, Social services, law enforcement, the Care Center, Pediatricians, Glens Falls Hospital, and District Attorney's office regarding sexual abuse cases and services. Probation and DSS participate in monthly children's SPOA services meetings with multiple mental health service provide. Probation and Preventive meet as needed on a case by case basis. Meetings with Youth Court, Wait House and KMG Monitoring as needed. Last year through the efforts of the Human trafficking summit, Probation and the Victim Service Coordinator for Warren, Washington, Saratoga collaborated to develop and implement a Girl's circle curriculum for at risk female youth in Warren, Washington, and Saratoga Counties. There are ongoing meetings with the Family Court to develop a mentoring program through the NYS school based mentoring program.

**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		\$ 152,718
2. State reimbursement (Program expenses*.62)		\$ 94,685.16
3. State share amount (Program expenses*.38)		\$ 58,032.84
<b>Add in Reimbursements for the plan (fill out all that are applicable)</b>		
4. STSJP allocation	\$ 40,476	
5. STSJP approved		\$ 40,476
6. JDAI allocation	\$	
7. JDAI approved		\$
8. Detention approved amount shifted to STSJP		\$ 54,209.16
9. PY rollover approved		\$
10. Total approved amounts for state reimbursement		\$ 94,685.16
11. Total amount of approved STSJP-RTA 100% state reimbursement		\$ 3.375

**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>	KMG Monitoring Services	<b>Type of program:</b>	ATD
<b>Program operating agency:</b>	KMG Monitoring Services		
Program mailing address 9 Cranberry Lane			
Address line 2			
City Queensbury	State NY	Zip code 12801	
Contact person for program Mike Gray			
Title Director	Phone number (518) 744-7282	Ext.	
Email KMGmonitoring@gmail.com			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program?		\$ 21,000	
1. Please indicate the specific zip codes this program will target?	Zip Codes 12808,12810,12811,12814,12815,12817,12824,12843,12801,12804,12853,12843,12845, 12846,12853,12844,12860,12801,12804,12862,12878, 12885,12886		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The service provides Probation with on call after-hours responses for PINS/ JD Law Enforcement referrals, completes the DRAI instrument, determines ATDs, locates and arranges alternatives to detention when Probation is closed. It provides the ATD Electronic Monitoring ankle bracelet and serves youth at risk of being placed outside of their home preventing detention and promoting compliance in addition to making after hours referrals for services.			
3. Does your municipality plan to replicate program across multiple locations? ( <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 1-10			

<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) 1 detention stay used for a JD placement that was awol & 1 EM was used for 1 JD for a total of 9 days. No PINS detention.			
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) Less than 30 days			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 1			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0			
<b>Program two name:</b>	Wait House	<b>Type of program:</b>	ATD
<b>Program operating agency:</b>	Wait House		
Program mailing address 16 Wait Street			
Address line 2			
City Glens Falls	State NY	Zip code 12801	
Contact person for program Margaret DeVries			
Title Program Director	Phone number (518) 798-4284	Ext.	
Email mdevries@hucwaithouse.org			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 20,000			
1. Please indicate the specific zip codes this program will target? Zip Codes 12808,12810,12811,12814,12815,12817,12824,12843,12801,12804,12853,12843, 12845, 12846,12853,12844,12860,12801,12804,12862,12878, 12885,12886			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Wait house allows at risk youth unable to reside in their home the opportunity to reside in safe housing within their community, with support and supervision of professionals while maintaining services, treatment, and education in the community and near family/natural supports. It offers a wide range of outreach services and respite services to all youth whom would not have access to services if the program did not exist. The Program is utilized by probation and DSS for PINS/JD populat			
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) 3-15			
<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) Youth receiving services did not access detention or placement and eventually returned to their home with skills that furthered their success in the home , school, and community.			
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) n/a			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 1-30 days			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 4			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0			

<b>Program three name:</b>	Warren County Youth Court	<b>Type of program:</b>	Early Intervention
<b>Program operating agency:</b>	Council for Prevention		
Program mailing address 10 LaCross Street			
Address line 2			
City Hudson Falls		State NY	Zip code 12839
Contact person for program Katherine Chambers			
Title Director		Phone number (518) 746-1527	Ext.
Email katherinechambers@councilforprevention.org			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program?		\$ 51,538	
1. Please indicate the specific zip codes this program will target?		Zip Codes 12808,12810,12811,12814,12815,12817,12824,12843,12801,12804,12853,12843,12845, 12846,12853,12844,12860,12801,12804,12862,12878, 12885,12886	
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) An alternative to the Criminal justice system that serves youth who have committed a crime, offense or violation but who are identified as low to moderate risk for recidivism. The goal is to reduce the incidence of delinquent behavior by having youth recognize the impact of their actions and ask youth to accept responsibility for their actions before a jury of their peers. It also provides Botvin Life Skills, Alcohol Literacy Challenge, and community service for all PINS/JD.			
3. Does your municipality plan to replicate program across multiple locations? ( <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 10			
<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 type="checkbox"/> yes or <input checked="" 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) 3 youth completed the youth court program last year. 2 youth completed the alcohol literacy challenge only.			
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) Last year Youth Court had several errors with their email address and their mailing address which hindered processing of referrals for youth. This year that has been addressed and it is hoped that better communication will affect change in the programs processing of referrals.			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 90 days			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 5			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0			
<b>Program four name:</b>	Warren County Preventive/Probation Collaborative Program	<b>Type of program:</b>	Prevention
<b>Program operating agency:</b>	Warren Co Dept. of Social Services Preventive Services Unit		
Program mailing address 1340 State Route 9			

Address line 2 HSB		
City Lake George	State NY	Zip code 12845
Contact person for program Christian Hanchett		
Title Commissioner	Phone number (518) 761-6362	Ext.
Email Christian.Hanchett@dfa.state.ny.us		
<b>Program service detailed information</b>		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 60,000		
1. Please indicate the specific zip codes this program will target? Zip Codes 12801 & 12885		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) This program is a team approach between a school based probation officer and a DSS Preventive caseworker conducting a YASI case plan and a FASP plan for families and youth who are at risk of placement. The program starts with pre adjudicated youth and will carry over into youth who have been adjudicated and placed on probation. Together they develop a case plan with goals and implement services and behavioral modification steps focused on reducing risks that lead to detention and placement.		
3. Does your municipality plan to replicate program across multiple locations? ( <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no)		
4. What is the projected number of youth who will receive service from this program? (4-character number) 15		
<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 checked="" 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) Multiple targeted youth and families were identified and services implemented through this program. Goals met through case plans.		
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) This program did not meet expected projections as two of the JD youth receiving the service were placed and one was placed in a 30 day assessment. More focus on parenting instruction, parent guidance, and parent accountability will be implemented as part of the program in addition to expedited service referrals for high risk youth enrolled in the program is expected to assist with reaching projected outcomes and reducing placement rates. The addition of a school district may vary results.		
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 180-300 days		
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 7		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0		

<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>	<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 nine 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 ten 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 eleven 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 twelve 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>STSJP/RTA Program name:</b>	KMG Monitoring Services	<b>Type of program:</b>	STSJP-RTA
<b>Program operating agency:</b>	KMG Monitoring Service		
Program mailing address 9 Cranberry Lane			
Address line 2 KMG Monitoring Services			
City Queensbury	State NY	Zip code 12801	
Contact person for program Mike Gray			
Title Director	Phone number (518) 744-7282	Ext.	
Email KMGmonitoring@gmail.com			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program?		\$ \$3,375 is anticipated to be used for 16 year olds only under RTA)	
1. Please indicate the specific zip codes this program will target?	Zip Codes 12808,12810,12811,12814,12815,12817,12824,12843,12801,12804,12853,12843,12845, 12846,12853,12844,12860,12801,12804,12862,12878, 12885,12886		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The service provides Probation with on call after-hours responses for PINS/ JD / AO matters and Law Enforcement referrals, completes the DRAI instrument, determines ATDs, locates and arranges ATDs, when Probation is closed. Is the Probation Department's after hours contact for all Raise the Age Adolescent Youth Part arrignments and all after hours on call magistrates. Provides Electronic monitoring ankle bractlet if court ordered as an ATD.			
3. Does your municipality plan to replicate program across multiple locations? ( <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 0-5			
<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 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) n/a RTA only			
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) n/a RTA only			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) n/a RTA only			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) n/a			

10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0

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

**SECTION EIGHT – Plan Approval**

**Approval of the Chief Executive Officer**

As STSJP Lead for Warren County municipality, I certify that the CEO  
 Ronald Conover has reviewed and approved the 2018 - 2019 STSJP plan.

Date: 11 / 27 / 2018 STSJP Lead User ID 52a553

STSJP Lead printed name: Christian Hanchett

**Approval of the OCFS STSJP Program Lead**

As OCFS STSJP reviewer, I certify that I approve of this STSJP plan for

municipality, for 2018-2019

Date: 2/2/19 User ID: K1C4352 Printed name John Johnson