



Office of Children
and Family Services

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Commissioner

October 10, 2019

Dear Chief Executive Officer,

Thank you for submitting Warren 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

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 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 Warren County plans to shift its detention allocation for STSJP eligible expenses, please submit a request on official letterhead to Lynn Tubbs and email it to stsjp@ocfs.ny.gov outlining the amount that will be shifted and the type of programming or services the re-purposed detention funds will be used for under STSJP. An amended STSJP plan will also need to be submitted.

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

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

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

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

Sincerely,



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

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

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

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

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

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

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

Please direct any STSJP plan questions to:

- Geneva Hilliard: 518-486-1819
- Lynn Tubbs: 518-473-9116

MUNICIPALITY INFORMATION	
NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION: Warren County	
LEAD AGENCY FOR STSJP SUBMISSION: Warren County Probation	NAME OF CONTACT PERSON: ROBERT F. IUSI, JR. Director
CONTACT PERSON'S PHONE NUMBER: (518) 761-6444	CONTACT PERSON'S EMAIL ADDRESS: iusir@warrencountyny.gov

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	\$ 138,003
2. State reimbursement	\$ 85,561.86
3. Local share amount	\$ 52,441.14
Reimbursements for the plan (Enter all amounts that are applicable.)	
4. STSJP allocation amount	\$ 40,476
5. STSJP local approved plan amount	\$ 40,476
6. Detention approved amount shifted to STSJP	\$ 45,085.86
7. PY rollover approved amount	\$ 0
8. Total approved amounts for state reimbursement	\$ 85,561.86

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 Youth Court	\$ 23,832.84	\$ 38,885.16	\$ 62,718.00
STSJP Program 2 WAIT	\$ 3,800	\$ 6,200	\$ 10,000
STSJP Program 3	\$ 24,808.30	\$ 40,476.70	\$ 65,285

Probation Prevention			
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			\$ 138,003

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: Youth Court		STSJP Program 1 Type: Early Intervention	
STSJP Program 1 Operating Agency: Council for Prevention			
Program Mailing Address 214 Main St			
Address Line 2			
City Hudson Falls		State NY	Zip Code 12839
Contact Person for Program Katherine Chambers		Email Katherinechamber@councilforprevention.org	
Title Youth Court Director		Phone (518) 746 - 6059	Ext

STSJP Program 1	Service Detailed Information
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 62,718.00	
2. Please indicate the specific zip codes this program will target. 12801, 12804, 12845, 12885	
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Youth court program is a low risk Alternative to the Criminal justice system that serves youth who have committed a crime, offense or violation but who are identified as low risk for recidivism. The program's 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 volunteers, Youth court provides youth at risk youth with community service, Evidenced Based Botvin Life Skills, and alcohol Literacy challenge class. This will not be an RTA program.	
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? 10	
If the STSJP Program 1 received STSJP funds in the previous STSJP PY, answer the questions below.	
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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**) Some youth referred to the program did complete requirement and were returned for adjustment or diversion serves.

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**) Barriers are that the agency had difficulty scheduling and did not process referrals in a timely manner. The agency did not have full compliance from youth /family. Outcomes not met include Probation referred youth for other services due to the programs inability to process cases . A meeting was conducted and the program was deemed not appropriate for RTA cases, lowest risk case referrals only, and a monthly meeting with probation when there are active cases enrolled. A new contract was made to reflect the changes. DSS approved an increase in STSJP detention funds to help meet outcomes.

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 250 days

10. Total number of youth served by this program during the previous STSJP PY: 7

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

STSJP Program 2

STSJP Program 2 Name: Wait House		STSJP Program 2 Type: Prevention	
STSJP Program 2 Operating Agency: Wait House			
Program Mailing Address 10-12 Wait St. PO Box 3252			
Address Line 2			
City Glens Falls		State NY	Zip Code 12801
Contact Person for Program Margaret DeVries		Email mdevries@hycwaithouse.org	
Title Executive Director		Phone (518) 798 - 4384	Ext

STSJP Program 2 Service Detailed Information

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 10,000

2. Please indicate the specific zip codes this program will target. 12801, 12804, 12856, 12885

3. How will the program be utilized to serve targeted youth in your municipality? (**100 words or less**) Wait house provides respite, support services, education, out reach, and Safe Harbour services for homeless youth and at risk youth in the community. The outcome is to prevent at risk youth from entering the juvenile justice system. This will not be an RTA program.

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? 10

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**) Youth provided services were diverted from runaway status, petitions, homelessness, and placements.

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 days

10. Total number of youth served by this program during the previous STSJP PY: 1

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

STSJP Program 3

STSJP Program 3 Name:
Probation Prevention

STSJP Program 3 Type:
Prevention

STSJP Program 3 Operating Agency:
Warren County Probation Department

Program Mailing Address
1340 State Route 9

Address Line 2

City
Lake George

State
NY

Zip Code
12845

Contact Person for Program
ROBERT F. IUSI, JR.

Email
iusir@warrencountyny.gov

Title
Director

Phone
(518) 761 - 6444

Ext

STSJP Program 3**Service Detailed Information**

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 65,285

2. Please indicate the specific zip codes this program will target. 12801, 12804, 12856, 12885

3. How will the program be utilized to serve targeted youth in your municipality? **(100 words or less)** Probation officers will meet with schools, youth and families identified as at risk of status offenses or delinquency. The services will provide immediate recommendations for service providers based upon identified needs and presenting behaviors. The program provides families and School Districts immediate referrals and recommendations to evidenced based services that assist them in better monitoring the at risk youth within the community, home, and school thus reducing the need for Family Court intervention. This will not be an RTA program.

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 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)** New Program

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

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? 0

STSJP Program 4

STSJP Program 4 Name:

STSJP Program 4 Type:

STSJP Program 4 Operating Agency:

Program Mailing Address

Address Line 2

City

State

Zip Code

Contact Person for Program

Email

Title

Phone

Ext

() -

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

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

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

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

STSJP Program 8

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

STSJP Program 8 Service Detailed Information

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

If the STSJP Program 8 received STSJP funds in the previous STSJP PY, answer the questions below.

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

STSJP Program 9

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

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

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

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

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

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

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

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

If the STSJP Program 12 received STSJP funds in the previous STSJP PY, answer the questions below.

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

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

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

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

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

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

PART II – STSJP-RTA PROGRAMS

SECTION 1 STSJP RTA PLAN AMOUNTS

Expenses	
1. RTA-approved plan amount	\$ 0
2. Total program expenses	\$ 0

SECTION 2 LIST OF STSJP-RTA PROGRAMS TO BE FUNDED

Program Name	Total Program Expenses
STSJP-RTA Program 1	\$
STSJP-RTA Program 2	\$
STSJP-RTA Program 3	\$
STSJP-RTA Program 4	\$
STSJP-RTA Program 5	\$
STSJP-RTA Program 6	\$
TOTAL	\$

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: e		Program 1 Type:	
Program 1 Operating Agency:			
Program Mailing Address			
Address Line 2			
City		State	Zip Code
Contact Person for Program		Email	
Title	Phone () -	Ext	

STSJP-RTA Program 1 Service Detailed Information

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

STSJP-RTA Program 2

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

STSJP-RTA Program 2 Service Detailed Information

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

STSJ-RTA Program 3

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

STSJ-RTA Program 3 Service Detailed Information

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

STSJ-RTA Program 4

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

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

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

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

below.

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

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

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

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

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

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

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

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

PART III – STSJP-RTA PROGRAM ANALYSIS

SECTION 1	Overall Analysis
A. Overall Analysis of Communities	
<p>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. Probation has seen a dramatic increase in youth arrest and PINS complaints who have mental health diagnosis with and without treatment. In addition, there has been a significant increase of youth arrests with diagnosed or suspect autistic disorder,</p>	

Asperger's syndrome, pervasive developmental disorder (PDD-NOS) without treatment or appropriate services. The areas resources and services are inadequate to meet the community's needs. Without local services adjudicated Warren County youth are being placed. This past year multiple placements were Court ordered based upon youth not being able to receive mental health treatment in the community or being released from hospitalizations without support services. Warren County has one adjudicated AO intrastate transfer case from zip code 12801. The highest rates of PINS and JD intakes come from this zip code as well. The second highest for PINS and JD intakes is 12804. Warren County has 12 RTA cases from various parts of the County. The implementation of school based officers allows for greater awareness of services to the rural areas. 12801 is a walking district increasing truancy rates. Other factors contributing to high risk placements in Warren County are chronic unresolved neglect, high 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, lack of ABA (Applied Behavior Analysis) Therapy, death of parent, 1 or both parents incarceration and criminal history, primary care giver a relative, and lack of evidenced based community resources and early intervention prevention programs for children and families.

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. There is no evidence of racial/ethnic disparity in Warren County. If such disparity exists, describe how this STSJP plan addresses the issues of disparity.

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)** Program 1 is low risk early intervention program where youth would not be considered for detention. It is hoped that by providing youth with early intervention this will prevent recidivism that may result in detention or placement. Zero Detention/Placements for those in program projected. Program 2 is a respite program that is voluntary and it is hoped by providing an alternative residence youth will be able to manage crisis without the need for homelessness or detention. Zero Detention/Placements for those in program projected. Program 3 is for youth in hopes of preventing the need for Court intervention, pre dispositional placement or placement. Zero Detention for those in program projected.

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, the District Attorney's Office, and the County Attorney's office provided training on Raise the Age and PINS for the Sheriffs Department and the Glens Falls Police Department. Probation and Queensbury School host an ongoing PINS Diversion task force meeting for Service Providers, DSS, and School Districts to develop a community collaborative effort in reducing truancy rates, increasing graduation rates, and reducing PINS petitions into Family Court. Probation and the County Attorney conduct individualized meetings with school administration and staff to review programs and changes. School based officers allow for an open communication and ongoing collaboration. Probation and LDSS attend monthly OMH meetings. Probation in collaboration with Mediation Matters is hosting a parent circle for parents of youth who have gone through the school PINS process to provide feedback and recommendations for more impactful and meaningful change. LDSS and BOCES co facilitate a monthly interagency meeting. Probation facilitates a monthly speaker series for at risk youth and guardian education made up of local community members and service providers for at risk youth and guardians with the Family Court Judge and meets with the Family Court Judge. Probation collaborates with victim services to conduct Girls Circle and Boys council. Probation collaborates with Big Brothers Big Sisters and the New York State Mentoring program. Probation collaborates with other surrounding probation departments regarding services and planning on a monthly basis.

SECTION 4 COOPERATIVE APPLICATIONS SUBMITTED JOINTLY BY TWO OR MORE COUNTIES

(Complete this section only if this is a joint application.)

Two or more eligible local jurisdictions (counties) may join together to establish, operate and maintain Supervision

and treatment services for juvenile programs, and may enter into agreements in connection therewith. Counties submitting such applications must provide the following information:

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

PART IV – PLAN APPROVAL

SECTION 1 APPROVAL OF THE CHIEF EXECUTIVE OFFICER

As STSJP Lead for Warren County municipality, I certify that the CEO Ronald Conover has reviewed and approved the 2020 STSJP plan.

Date: 10 / 3 / 2019 User ID: lusir@warrencountyny.gov

Print name: Robert F. lusi, Jr

SECTION 2 APPROVAL OF THE OCFS PROGRAM LEAD

As OCFS STSJP reviewer. I certify that I approve of this STSJP plan for Warren County municipality, for 2019-~~20~~20

Date: 10 / 04 / 2019 User ID: gg8790

Print name: Matthew Beck