



Office of Children
and Family Services

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Acting Commissioner

March 11, 2019

Dear Chief Executive Officer,

Thank you for submitting Washington 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 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.

Washington 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 Washington 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 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.

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 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 John Johnson at (518) 486-4665/John.Johnson@ocfs.ny.gov or Nadine Kayajian at (518) 474-6603/Nadine.Kayajian@ocfs.ny.gov

Sincerely,

Nina Aledort, Ph.D., LMSW
Associate Commissioner, Youth and Young Adult Services
Division of Child Welfare and Community Services & Division of Juvenile Justice and Opportunities for Youth

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 October / 15 / 2018

Plans should be submitted to: 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

MUNICIPALITY INFORMATION	
NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION: Washington County	
LEAD AGENCY FOR STSJP SUBMISSION: Washington County Department of Social Services	NAME OF CONTACT PERSON: Tammy L. Delorme Commissioner
CONTACT PERSON'S PHONE NUMBER: (518)746-2323	CONTACT PERSON'S EMAIL ADDRESS: tammy.delorme@dfa.state.ny.us

Plan Submission instructions

Instructions for submitting an STSJP plan for OCFS review.

- a. Once you have opened this form on your computer, please immediately use the "Save As" function in Microsoft Word to save a copy;
- b. Save your application using the following name "PY 2018 - 2019 STSJP Plan – (Name of municipality)";
- c. Work from the "saved" application document, using it to record all of your municipality's information;
- d. Once you have completed entering the required data, save the document;
- e. Prior to submission, review calculation in section eight for accuracy. Complete the "Approval and Certification" section before submission to OCFS;

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

SECTION ONE - List of programs to be funded

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 Washington County Youth Bureau/ Alternative Sentencing Agency/Juvenile Electronic Monitoring (JEM)	\$ 25,000	\$ 15,500	\$ 9,500
STSJP Program 2 Washington County Youth Bureau/ Alternative Sentencing Agency/Juvenile Community Resoration Program (JCR)	\$ 44,500	\$ 27,590	\$ 16,910
STSJP Program 3	\$ 5,000	\$ 3,100	\$ 1,900

Washington County Youth Bureau/ Alternative Sentencing Agency Adventure Programing			
STSJP Program 4 Washington County Youth Bureau/ Alternative Sentencing Agency Youth Employment	\$ 22,000	\$ 13,640	\$ 8,360
STSJP Program 5 Washington County Youth Bureau/ Alternative Sentencing Agency Incentives	\$ 3,500	\$ 2,170	\$ 1,330
STSJP Program 6 Washington County Youth Bureau/ Alternative Sentencing Agency Parenting Program	\$ 8,000	\$ 4,960	\$ 3,040
STSJP Program 7 Washington County Youth Bureau/ Alternative Sentencing Agency Juvenile Community Resoration Program (JCR)	\$ 44,500	\$ 27,590	\$ 16,910
STSJP Program 8 Washington County Youth Bureau/ Alternative Sentencing Interactive Journaling Program	\$ 12,000	\$ 7,440	\$ 4,560
STSJP Program 9	\$	\$	\$
STSJP Program 10	\$	\$	\$
STSJP Program 11	\$	\$	\$
STSJP Program 12	\$	\$	\$
TOTAL	\$ 164,500	\$ 101,990	\$ 62,510
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Juvenile Community Restoration (JCR)	\$ 26,000		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Community Service	\$ 16,900		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Why Try	\$ 4,200		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Interactive Journaling	\$ 9,100		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$ 8,400		

Thinking for a Change			
TOTAL	\$ 64,600	\$ 0	\$ 0

SECTION TWO – Overall analysis of communities

Discuss and identify the neighborhoods or communities by zip codes or areas from which the highest number of youth offenders (YO), adolescent offenders (AO), and persons in need of supervision (PINS) enter the juvenile justice system and the factors that may be contributing to this.

(500 words or less) The 2018-2019 plan covers all of the communities within Washington County, which encompasses 17 townships and 10 separate school districts. The greatest number of PINS and JD's within the county are from the Town of Kingsbury/ Hudson Falls (12839) and the Town/ Village of Fort Edward (12828). Due in greatest part to having a larger of population than other communities within Washington County and the location's accessibility to both Glens Falls and Saratoga (i.e. the population has a tendency to be more transient on the borders of the two other counties).

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) Washington County does not have disparate outcomes for one racial/ ethnic group as compared to outcomes for another racial/ ethnic group.

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) It is expected that STSJP funded programs will continue to reduce the likelihood of youth being placed in Detention of Residential Placements. STSJP funded Programs result in positive outcomes including improvements in academic performance, school attendance, positive communication skills with parents, and enhanced life skills which have led to very few youth being placed in Detention or Placement.

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) On a frequent and ongoing basis, the Department of Social Services (DSS) and the Washington County Youth Bureau/ Alternative Sentencing work in partnership to develop individualized treatment plans that provide better outcomes to families. DSS receives weekly progress reports from the Youth Bureau/ Alternative Sentencing on the youth that are being served through STSJP funded programs. Ongoing collaboration continues with the District Attorney, County Attorney, Washington County Youth Bureau/ Alternative Sentencing Director, Probation Director, Chairman of the Board of Supervisors and the DSS Commissioner regarding the needs of the Raise the Age (RTA) population.

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		\$ 164,500
2. State reimbursement (Program expenses* .62)		\$ 101,990
3. State share amount (Program expenses* .38)		\$ 62,510

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

4. STSJP allocation	\$ 41,107	
5. STSJP approved		\$ 41,107
6. JDAI allocation	\$	
7. JDAI approved		\$
8. Detention approved amount shifted to STSJP		\$ 52,883
9. PY rollover approved		\$ 8,000
10. Total approved amounts for state reimbursement		\$ 101,990
11. Total amount of approved STSJP-RTA 100% state reimbursement		\$ 64,600

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.**

Program one name:	Washington County Youth Bureau/ Alternative Sentencing Juvenile Electronic Monitoring (JEM)	Type of program:	ATD
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Program operating agency: Washington County Youth Bureau/ Alternative Sentencing

Program mailing address
383 Broadway

Address line 2

City Fort Edward	State NY	Zip code 12828
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Contact person for program Mike Gray

Title Director	Phone number (518) 747 2330	Ext.
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Email mgray@co.washington.ny.us

Program service detailed information

The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 25,000

1. Please indicate the specific zip codes this program will target? Zip Codes 12809, 12827, 12832, 12838, 12865, 12816, 12828, 12834, 12839, 12887

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) JEM targets Washington County's highest risk youth. JEM is used as a graduated sanction that allows youth to remain in the community as opposed to detention placement. The JEM Program reduces the need for detention, ensures there are

no new arrests while the case is pending, and results in no failure to appear warrants issued. The individual serviced by JEM remains in the community and can continue to utilize family and community resources.

3. Does your municipality plan to replicate program across multiple locations? (yes or no)

4. What is the projected number of youth who will receive service from this program? (4-character number) 35

If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.

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

6. What projected outcomes were met and how were they met? (100 word or less) During PY 2017-2018 Washington County had only one youth that was placed in Detention for a total of three days.

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) 39

9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 28

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

Program two name:

Washington County Youth Bureau/
Alternative Sentencing
Agency Juvenile Community
Restoration Program (JCR)

Type of program: ATD

Program operating agency:

Washington County Youth Bureau/ Alternative Sentencing

Program mailing address
383 Broadway

Address line 2

City Fort Edward

State NY

Zip code 12828

Contact person for program Mike Gray

Title Director

Phone number (518) 746 2330

Ext.

Email mgray@co.washington.ny.us

Program service detailed information

The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 44,500

1. Please indicate the specific zip codes this program will target? Zip Codes 12809, 12827, 12832, 12838, 12865, 12816, 12828, 12834, 12839, 12887

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) JCR is utilized as an ATD program. The program was designed using the Restorative Justice Model, Social Learning Theory and the eight evidence based principles that have been found to reduce risk of reoffending. Youth that are at risk of Detention Placement are often referred to the JCR Program to prevent future arrests and reducing the probability of a Violation of Probation petition.

3. Does your municipality plan to replicate program across multiple locations? (yes or no)

4. What is the projected number of youth who will receive service from this program? (4-character number) 20

If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.

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

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

JCR participants showed increased school attendance, improved GPS, lower risk scores, and established increased positive parental relationships.

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) 180

9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 17
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

Program three name:	Washington County Youth Bureau/ Alternative Sentencing Agency Adventure Programing	Type of program:	ATP
Program operating agency:	Washington County Youth Bureau/ Alternative Sentencing Agency		
Program mailing address 383 Broadway			
Address line 2			
City Fort Edward		State NY	Zip code 12828
Contact person for program Mike Gray			
Title Director		Phone number (518) 746 2330	Ext.
Email mgray@co.washington.ny.us			

Program service detailed information

The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 5,000

1. Please indicate the specific zip codes this program will target? Zip Codes 12809, 12827, 12832, 12838, 12865, 12816, 12828, 12834, 12839, 12887

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Adventure Programing will support the enhancement of appropriate life skills, including decision making, problem solving, goal setting, team building, and communication. The skills learned during Adventure Programing will reduce the reliance on residential care, lower recidivism, reduce criminogenic risk and need, and reduce Violation of Probation petitions.

3. Does your municipality plan to replicate program across multiple locations? (yes or no)

4. What is the projected number of youth who will receive service from this program? (4-character number) 40

If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.

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

6. What projected outcomes were met and how were they met? (100 word or less) Youth that participated in Adventure Programing worker with their family in challenge based activities, which allow participants to interact as a family, work on various life skills, and improve communication.

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) 30

9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 33

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

Program four name:	Washington County Youth Bureau/ Alternative Sentencing Agency Youth Employment	Type of program:	ATP
Program operating agency:	Washington County Youth Bureau/ Alternative Sentencing Agency		
Program mailing address 383 Broadway			
Address line 2			

City Fort Edward	State NY	Zip code 12828
Contact person for program Mike Gray		
Title Director	Phone number (518) 746 2330	Ext.
Email mgray@co.washington.ny.us		
Program service detailed information		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 22,000		
1. Please indicate the specific zip codes this program will target? Zip Codes 12809, 12827, 12832, 12838, 12865, 12816, 12828, 12834, 12839, 12887		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Individuals that are in good standing and compliant with the JCR Program are eligible to participate in the Youth Employment Program as a form of incentive. These participants are less likely to be placed in residential care along with showing a reduction in re-arrest and Violation of Probation petitions. The financial incentive also teaches the participants valuable like skills such as money management.		
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) 15		
If the program received STSJP funds in the previous program year 2017 - 2019, answer the questions below.		
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) Participants learned valuable like skills such as money management and independent life skills.		
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) 270		
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 8		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)		

Program five name:	Washington County Youth Bureau/ Alternative Sentencing Agency Incentives	Type of program:	ATP
Program operating agency:	Washington County Youth Bureau/ Alternative Sentencing Agency		
Program mailing address 383 Broadway			
Address line 2			
City Fort Edward	State NY	Zip code 12828	
Contact person for program Mike Gray			
Title Director	Phone number (518) 746 2330	Ext.	
Email mgray@co.washington.ny.us			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 3,500			
1. Please indicate the specific zip codes this program will target? Zip Codes 12809, 12827, 12832, 12838, 12865, 12816, 12828, 12834, 12839, 12887			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Incentives will be used to reinforce positive behavior. Positive behavior reduces risk or re-arrest, and reduces Violation of Probation petitions. A youth that displays positive behavior will also lower their criminogenic risk and need. Incentives provided			

will vary by the inclination of the youth but can include movie tickets, food gift cards (i.e. McDonald's) and recreational gift cards for activities such as go carts or roller skating.

3. Does your municipality plan to replicate program across multiple locations? (yes or no)

4. What is the projected number of youth who will receive service from this program? (4-character number) 40

If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.

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

6. What projected outcomes were met and how were they met? (100 word or less) All youth received at least one incentive in the calendar year.

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) 180

9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 33

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

Program six name:	Washington County Youth Bureau/ Alternative Sentencing Agency Parenting Program	Type of program:	Prevention
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Program operating agency:

Program mailing address
383 Broadway

Address line 2

City Fort Edward

State NY

Zip code 12828

Contact person for program Mike Gray

Title Director

Phone number (518) 746 2330

Ext.

Email mgray@co.washington.ny.us

Program service detailed information

The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 8,000

1. Please indicate the specific zip codes this program will target? Zip Codes 12809, 12827, 12832, 12838, 12865, 12816, 12828, 12834, 12839, 12887

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The Parenting Program will be specifically targeted for the needs of the individual family. Classes will target individual risk factors and issues affecting the families. New parenting strategies will reduce the number of PINS referrals, in school suspensions, school drop outs, and reduce Truancy, thus reducing the youth's potential involvement with the justice system.

3. Does your municipality plan to replicate program across multiple locations? (yes or no)

4. What is the projected number of youth who will receive service from this program? (4-character number) 40

If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.

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

6. What projected outcomes were met and how were they met? (100 word or less) Individuals obtained various new life skills and coping mechanisms. Thus, participants could employ new parenting strategies during difficult situations.

- 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) 8 weeks
- 9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 16
- 10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

Program seven name:	Washington County Youth Bureau/ Alternative Sentencing Agency/Juvenile Community Restoration Program (JCR)	Type of program:	ATP
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Program operating agency: Washington County Youth Bureau/ Alternative Sentencing

Program mailing address
383 Broadway

Address line 2

City Fort Edward	State NY	Zip code 12828
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Contact person for program Mike Gray

Title Director	Phone number (518) 746 2330	Ext
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Email mgray@co.washington.ny.us

Program service detailed information

The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 44,500

1. Please indicate the specific zip codes this program will target? Zip Codes 12809, 12827, 12832, 12838, 12865, 12816, 12828, 12834, 12839, 12887

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) JCR is utilized as an ATP program. The program was designed using the Restorative Justice Model, Social Learning Theory and the eight evidence based principles that have been found to reduce risk of reoffending. PINS youth are often referred to the JCR Program to prevent justice involvement, reduce recidivism, and to prevent the risk of an out of home placement.

3. Does your municipality plan to replicate program across multiple locations? (yes or no)

4. What is the projected number of youth who will receive service from this program? (4-character number) 20

If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.

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

6. What projected outcomes were met and how were they met? (100 word or less)
JCR participants showed increased school attendance, improved GPS, lower risk scores, and established increased positive parental relationships.

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) 180

9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 16

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

Program eight name:	Washington County Youth Bureau/ Alternative Sentencing Interactive Journaling Program	Type of program:	ATP
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Program operating agency: Washington County Youth Bureau/ Alternative Sentencing

Program mailing address 383 Broadway		
Address line 2		
City Fort Edward	State NY	Zip code 12828
Contact person for program Mike Gray		
Title Director	Phone number (518) 746 2330	Ext.
Email mgray@co.washington.ny.us		
Program service detailed information		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 12,000		
1. Please indicate the specific zip codes this program will target? Zip Codes 12809, 12827, 12832, 12838, 12865, 12816, 12828, 12834, 12839, 12887		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The Interactive Journaling Program is cognitive-behavioral series that uses evidence-based strategies to assist youth involved in making positive changes to their thoughts, feelings and behaviors. Applying the information presented in the Interactive Journals to their own lives helps participants achieve their goals for responsible living.		
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) 40		
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.		
5. Did projected performance outcome meet expected outcomes? (<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)		
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) The Interactive Journaling Program is new addition.		
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) N/A		
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)		

Program nine name:		Type of program:	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ()	Ext.	
Email			
Program service detailed information			
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)			

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

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

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

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

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

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

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

Program ten name:		Type of program:	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ()	Ext.	
Email			

Program service detailed information

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? (yes or no)

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

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

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

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

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

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

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

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

Program eleven name:		Type of program:	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ()	Ext.	
Email			

Program service detailed information	
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)	
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.	
5. Did projected performance outcome meet expected outcomes? (<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)	

Program twelve name:			Type of program:	
Program operating agency:				
Program mailing address				
Address line 2				
City	State	Zip code		
Contact person for program				
Title	Phone number ()		Ext.	
Email				

Program service detailed information	
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)	
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.	
5. Did projected performance outcome meet expected outcomes? (<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)	

STSJP/RTA Program name:	Washington County Youth Bureau/ Alternative Sentencing Agency/Juvenile Community Restoration Program (JCR)	Type of program:	STSJP-RTA
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Program operating agency: Washington County Youth Bureau/ Alternative Sentencing		
Program mailing address 383 Broadway		
Address line 2		
City Fort Edward	State NY	Zip code 12828
Contact person for program Mike Gray		
Title Director	Phone number (518) 746-2330	Ext.
Email mgray@co.washington.ny.us		
Program service detailed information		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 0		
1. Please indicate the specific zip codes this program will target? Zip Codes 12809, 12827, 12832, 12838, 12865, 12816, 12828, 12834, 12839, 12887		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) JCR is utilized as an STSJP program. It will continue to serve the STSJP population and will be expanded to include the RTA population. The program was designed using the Restorative Justice Model, Social Learning Theory and the eight evidence based principles that have been found to reduce risk of reoffending. Youth that are at risk of Detention Placement are often referred to the JCR Program to prevent future arrests and reducing the probability of a Violation of Probation petition.		
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) 13		
If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.		
5. Did projected performance outcome meet expected outcomes? (<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) CR participants showed increased school attendance, improved GPS, lower risk scores, and established increased positive parental relationships.		
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) 180		
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 20		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0		

STSJP/RTA Program name:	Community Service	Type of program:	New Program STSJP-RTA
Program operating agency: Washington County Youth Bureau/Alternative Sentencing			
Program mailing address 383 Broadway			
Address line 2			
City Fort Edward	State NY	Zip code 12828	
Contact person for program Mike Gray			
Title Director	Phone number (518) 746-2330	Ext.	
Email mgray@co.washington.ny.us			

Program service detailed information	
The amount of STSJP funds that your jurisdiction will devote to the services from this program?	\$ 0
1. Please indicate the specific zip codes this program will target?	Zip Codes 12809, 12827, 12832, 12838, 12865, 12816, 12828, 12834, 12839, 12887
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Community Service is work performed by a juvenile for the benefit of the community. The emphasis is not on punishment but strives to reinforce personal accountability. Community restoration also provides opportunities to increase participants work and social skills, to become more employable and offers opportunities to build positive connections with community members. This is included within JCR for youth that are referred for the complete program and can be a stand alone program as well.	
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) 13	
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.	
5. Did projected performance outcome meet expected outcomes? (<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)	

STSJP/RTA Program name:	Why Try	Type of program:	STSJP-RTA
Program operating agency:	Washington County Youth Bureau/Alternative Sentencing		
Program mailing address 383 Broadway			
Address line 2			
City Fort Edward		State NY	Zip code 12828
Contact person for program Mike Gray			
Title Director		Phone number (518) 746-2330	Ext.
Email			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 0			
1. Please indicate the specific zip codes this program will target? Zip Codes 12809, 12827, 12832, 12838, 12865, 12816, 12828, 12834, 12839, 12887			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Why Try is a resilience education curriculum that utilizes ten visual analogies that teach life skills such as: decisions have consequences, dealing with peer pressure, obeying laws and rules, and plugging in to support systems. The trained facilitators use hands on activities, current music and videos to enhance the visual analogies that are illustrated in the curriculum. This is included within JCR for youth that are referred for the complete program and can be a stand alone program as well.			
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) 7			
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.			

5. Did projected performance outcome meet expected outcomes? (<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)

SECTION EIGHT – Plan Approval	
Approval of the Chief Executive Officer	
As STSJP Lead for Washington County	municipality, I certify that the CEO
Chairman of the Washington County Board of Supervisors	has reviewed and approved the 2018 - 2019 STSJP plan.
Date: 10 / 22 / 2018	STSJP Lead User ID 53a384
STSJP Lead printed name: Tammy L. DeLorme	
Approval of the OCFS STSJP Program Lead	
As OCFS STSJP reviewer. I certify that I approve of this STSJP plan for	<i>Washington County</i>
municipality, for 2018 - 2019.	
Date: <i>3 11 2019</i> User ID: <i>xm8439</i>	Printed name <i>Nadine Kayajian</i>