



**Office of Children
and Family Services**

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Commissioner

October 23, 2019

Dear Chief Executive Officer,

Thank you for submitting Hamilton 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

Hamilton 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 Hamilton 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 stsip@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 stsip@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](tel:518-486-1819)
- [Lynn Tubbs: 518-473-9116](tel:518-473-9116)

MUNICIPALITY INFORMATION	
NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION: Hamilton County	
LEAD AGENCY FOR STSJP SUBMISSION: Department of Social Services	NAME OF CONTACT PERSON: Roberta Bly
CONTACT PERSON'S PHONE NUMBER: 5186486131	CONTACT PERSON'S EMAIL ADDRESS: roberta.bly2@dfa.state.ny.us

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		\$ 40,000
2. State reimbursement		\$ 24,800
3. Local share amount		\$ 15,200
Reimbursements for the plan (Enter all amounts that are applicable.)		
4. STSJP allocation amount	\$ 40,000	
5. STSJP local approved plan amount		\$ 24,800
6. Detention approved amount shifted to STSJP		\$ 0
7. PY rollover approved amount		\$ 0
8. Total approved amounts for state reimbursement		\$ 24,800

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 Hone Run - Berkshire	\$ 15,200	\$ 24,800	\$ 40,000
STSJP Program 2	\$	\$	\$
STSJP Program 3	\$	\$	\$

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			\$ 40,000

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: Homerun		STSJP Program 1 Type: Prevention	
STSJP Program 1 Operating Agency: Berkshire			
Program Mailing Address 13640 State Route 22			
Address Line 2			
City Canaan		State NY	Zip Code 12029
Contact Person for Program Shannon Murphy		Email smurphy@berkshirefarm.org	
Title Director of Detention and Prevention		Phone (518) 346 - 6201	Ext

STSJP Program 1	Service Detailed Information
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 40,000	
2. Please indicate the specific zip codes this program will target. 12139, 12864, 12164,12190, 12108, 12847,12134, 12812, 13353, 12842, 13360	
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The Homerun program will be addressing issues that may lead to entering the juvenile justice system with our at risk youth and families. They will also work collaboratively with the school system. Homerun has two family specialists that work intensely with families in need. Without intervention services these youth would potentiallu end up in detention or foster care. The specialist works with the targeted child as well as the siblings and parents.	
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? 20	
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 checked="" 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) We had zero detention 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.) 180
10. Total number of youth served by this program during the previous STSJP PY: 16
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:	STSJP Program 2 Type:	
STSJP Program 2 Operating Agency:		
Program Mailing Address		
Address Line 2		
City	State	Zip Code
Contact Person for Program	Email	
Title	Phone () -	Ext

STSJP Program 2		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 2 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 3		
STSJP Program 3 Name:	STSJP Program 3 Type:	
STSJP Program 3 Operating Agency:		
Program Mailing Address		
Address Line 2		
City	State	Zip Code
Contact Person for Program	Email	

Title	Phone () -	Ext
STSJP Program 3 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 3 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 4

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

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

STSJP Program 5

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

STSJP Program 5 Service Detailed Information

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$
2. Please indicate the specific zip codes this program will target.
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. What is the projected number of youth who will receive services from this program?
If the STSJP Program 5 received STSJP funds in the previous STSJP PY, answer the questions below.
6. Did projected performance outcomes meet expected outcomes? <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? Yes No Partially If Yes, **answer #7**; If No, **skip to #8**; If Partially, **answer #7 and #8**.

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

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

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

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

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

STSJP Program 7

STSJP Program 7 Name:		STSJP Program 7 Type:	
STSJP Program 7 Operating Agency:			
Program Mailing Address			
Address Line 2			
City		State	Zip Code
Contact Person for Program		Email	
Title	Phone () -	Ext	

STSJP Program 7 Service Detailed Information

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

2. Please indicate the specific zip codes this program will target.

3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)

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

STSJP Program 9		
STSJP Program 9 Name:	STSJP Program 9 Type:	
STSJP Program 9 Operating Agency:		
Program Mailing Address		
Address Line 2		
City	State	Zip Code
Contact Person for Program	Email	
Title	Phone () -	Ext

STSJP Program 9 Service Detailed Information		
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$		
2. Please indicate the specific zip codes this program will target.		
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)		
4. Does your municipality plan to replicate the program across multiple locations? <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? 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 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? <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?	

PART II – STSJP-RTA PROGRAMS	
SECTION 1	STSJP RTA PLAN AMOUNTS
Expenses	
1. RTA-approved plan amount	\$ 161,676
2. Total program expenses	\$ 161,676
SECTION 2	LIST OF STSJP-RTA PROGRAMS TO BE FUNDED
Program Name	Total Program Expenses
STSJP-RTA Program 1 HomeRun	\$ 81,676

STSJP-RTA Program 2 Community Services	\$ 80,000
STSJP-RTA Program 3	\$
STSJP-RTA Program 4	\$
STSJP-RTA Program 5	\$
STSJP-RTA Program 6	\$
TOTAL	\$ 161,676

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: HomeRun		Program 1 Type: Prevention	
Program 1 Operating Agency: Berkshire			
Program Mailing Address 13640 State Route 22			
Address Line 2			
City Canaan		State NY	Zip Code 12029
Contact Person for Program Scherer, Robert <RobertScherer@berkshirefarm.org>		Email	
Title Coordinator		Phone (518) 367 - 1211	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? \$ 81,676
2. Please indicate the specific zip codes this program will target. 13353, 12842, 13360, 12108
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) HomeRun has two family specialists that will be working intensively with Raise the Age targeted youth and their families. The family specialist will be working collaboratively with the school districts, probation, parents and DSS preventative staff. The projected goal is to identify behaviors and familial issues early.
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? 20
If the STSJP-RTA Program 1 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input 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?

STSJP-RTA Program 2

Program 2 Name: Hamilton County Community Services		Program 2 Type: Prevention	
Program 2 Operating Agency: Community Services			
Program Mailing Address White Birch Lane			
Address Line 2			
City Indian Lake		State NY	Zip Code 12842

Contact Person for Program Robert Kleppang	Email robertkleppang@communityservices.com	
Title Mental Health Director	Phone (518) 648 - 5355	Ext
STSJP-RTA Program 2 Service Detailed Information		
1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 80,000		
2. Please indicate the specific zip codes this program will target. 13353, 12842, 13360, 12108		
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The Community Services team will consist of a social worker and a law enforcement resource officer as well as coordinating with our HomeRun worker to provide supportive services in school and at home to prevent placements. They will address issues that could lead to criminal activity and provide mental health in the school to engage those youth and families that are not able to meet this need outside the school environment due to the rural nature of the county and location of providers.		
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-RTA Program 2 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.		
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input 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?		

STSJP-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

STSJP-RTA Program 3 Service Detailed Information		
1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$		
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 3 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.		

6. Did projected performance outcomes meet expected outcomes? Yes No Partially If Yes, **answer #7**; If No, **skip to #8**; If Partially, **answer #7 and #8**.
7. What projected outcomes were met and how were they met? (**100 word or less**)
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (**100 words or less**)
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 4

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

STSJP-RTA Program 4 Service Detailed Information

1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$
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-RTA Program 4 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.**
6. Did projected performance outcomes meet expected outcomes? Yes No Partially If Yes, **answer #7**; If No, **skip to #8**; If Partially, **answer #7 and #8**.
7. What projected outcomes were met and how were they met? (**100 word or less**)
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (**100 words or less**)
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 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
STSJP-RTA Program 5 Service Detailed Information		
1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$		
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 5 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?		

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

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. 12847 - Alcohol use, mental health issues, parenting and lack of kin resources. Collaboration with Community Services for Mental Health and substance abuse treatment and the Sheriff's department for preventative services and positive school engagement in the school districts and community

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 are no disparities according to our data

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)** We do not currently have any youth in detention and one child in placement residencially. we would like to have no children in any placement due to juvenile justice issues.

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. We collaborate heavily with the probation department, the sheriff department and community services for mental health and addiction treatment. All departments are aware of the plan, help strategize and implement ti reach our goals.

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 the Hamilton County Department of Social Services municipality, I certify that the CEO Roberta Bly has reviewed and approved the 2020 STSJP plan.

Date: 08 / 09 / 2019 User ID: 20a073

Print name: Roberta Bly

SECTION 2 APPROVAL OF THE OCFS PROGRAM LEAD

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

Date: 10 / 23 / 19	User ID: IT1619
Print name: Geneva Hilliard	