



Office of Children
and Family Services

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Acting Commissioner

May 3, 2019

Dear Chief Executive Officer,

Thank you for submitting Herkimer 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.

Herkimer 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 Herkimer 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
Deputy Commissioner
Division of Youth Development and Partnerships for Success

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**SUPERVISION AND TREATMENT SERVICES FOR JUVENILE PROGRAM (STSJP)
ANNUAL PLAN
FOR PROGRAM YEAR OCTOBER 1, 2018 - SEPTEMBER 30, 2019**

STSJP Plans are due to the Office of Children and Family Services (OCFS) by 10 / 26 / 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: Herkimer County	
LEAD AGENCY FOR STSJP SUBMISSION: Herkimer County Department of Social Services	NAME OF CONTACT PERSON: Lisa Burdick
CONTACT PERSON'S PHONE NUMBER: 315-867-1240	CONTACT PERSON'S EMAIL ADDRESS: lisa.burdick@dfa.state.ny.us

Plan Submission Instructions
<p>Instructions for submitting an STSJP plan for OCFS review.</p> <ol style="list-style-type: none"> Once you have opened this form on your computer, please immediately use the "Save As" function in Microsoft Word to save a copy; Save your application using the following name "PY 2018 - 2019 STSJP Plan – (Name of municipality)"; Work from the "saved" application document, using it to record all of your municipality's information; Once you have completed entering the required data, save the document; Prior to submission, review calculation in section eight for accuracy. Complete the "Approval and Certification" section before submission to OCFS; <p>Send the completed application to OCFS via the STSJP email address at: stsjp@ocfs.ny.gov</p>

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 Kids Herkimer Detention Diversion Program (DDP)	\$ 79620	\$ 49364	\$ 30256
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	\$ 79620	\$ 49364	\$ 30256
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Kids Herkimer Juvenile Justice Collaborative	\$ 13310		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
TOTAL	\$ 13310	\$ 13310	\$ 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)

Local detention and placement data for 2017 which details the community of origin of each youth placed, the number of care days that each youth was in placement, and PINS and JD status for youth admitted to detention was analyzed as part of STSJP Plan development.

Herkimer County Detention Admission and Care Days information provided by OCFS Strategic Planning and Policy Development which illustrates the changes in Detention use between 2013 and 2017, JDAS database detention utilization data for 2017, and PINS and JD Intake data was also reviewed.

There were 19 Herkimer County youth remanded to non-secure detention in 2017, an increase of 12% between 2013 and 2017. These placements came from the following communities: Ilion (9), Herkimer (3), Frankfort (3), Mohawk (2), and Little Falls (2). This data is consistent with the NSD admission data found in previous years, and is proportionally consistent with both PINS and JD placement data for these communities.

In 2017, 62% of all PINS Diversion intakes (73 of 118 intakes) came from the communities of Ilion and Mohawk (which make up the Central Valley School District) and Herkimer. In addition, 30 of 48 JD appearance tickets came from the communities of Ilion/Mohawk (16), Herkimer (8), and Frankfort (6).

These communities are in the southern region of the county surrounding the Mohawk River, referred to as the Mohawk Valley Corridor. The Town of German Flatts (which includes the villages of Ilion and Mohawk), the Town of Herkimer (which includes the village of Herkimer), the Town of Frankfort (which includes the village of Frankfort), and the City of Little Falls make up more than half of the total population in Herkimer County. The largest school district, Central Valley, is located in Ilion. The county seat is the Village of Herkimer.

PINS and JD Diversion Program leadership regularly attend Child Study Team and other planning meetings in the Central Valley, Herkimer, and Frankfort-Schuyler School Districts to provide immediate consultation and facilitate referrals to services. Herkimer County DSS School Intervention Partnership (SIP) caseworkers, working with both Central Valley and Herkimer school districts, work closely with the PINS and JD Diversion Program to refer those youth and their families that are in need of diversion and DDP services. Providers also work closely with Herkimer BOCES and the Pathways Alternative school to ensure ongoing communication and to address service needs.

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)

The race/ethnicity of the 19 Herkimer County youth that were admitted to non-secure detention in 2017 was documented by OCFS Strategic Planning and Policy Development as follows: White (68%), Black (11%), Hispanic (0%), and Other (21%). Further analysis was performed which compared the data above to JDAS Database statistics and local admission/placement data to identify those youth whose race was not identified or was misidentified. This analysis found that of the 19 Detention admissions in 2017, 14 youth were identified as White (73.7%) and 5 youth were identified as biracial/multiple races (26.3%). There were no youth whose race was identified as Black (only) or Hispanic.

The percentage of detention admissions by race/ethnicity in Herkimer County (73.7% White, 26.3% Two or More races) differs from the overall percentage of racial diversity that exists in the general population in Herkimer County. 2016 U.S. Census ACS Estimates report that 96.1% of Herkimer County's 62,479 residents are White.

If such disparity exists, describe how the service/program addresses issues described above. (250 words or less)
As part of their training and orientation, employees of the Kids Herkimer Detention Diversion Program (DDP) participate in cultural sensitivity training annually that will support them in making positive decisions and choices with the families that respect their backgrounds, beliefs and cultural diversity. Kids Onelda, Inc., the parent agency of Kids Herkimer, has a very diverse staff and provider network, and should the need arise, will make every effort to meet the cultural needs of families.

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)

- 1. Detention admissions will decrease by 10% in 2018, as measured by JDAS and OCFS reports.
Baseline: There were 19 admissions to non-secure detention in 2017
- 2. Detention care days will decrease by 20% in 2018, as measured by JDAS and OCFS reports.
Baseline: 269 NSD care days were utilized in 2017
- 3. 90% of children enrolled in the Kids Herkimer Detention Diversion Program in 2018 will be diverted from entering Detention

Baseline: 82.4% of children enrolled in the Kids Herkimer DDP Program were diverted from entering detention in 2017

4. 90% of children enrolled in Kids Herkimer DDP in 2018 will return to all court appearances

Baseline: 100% of children enrolled in Kids Herkimer DDP in 2017 returned to all court appearances

5. 90% of all children enrolled in KH DDP in 2018 will not have police contact which results in additional charges.

Baseline 88.2% of all children enrolled in KH DDP in 2017 did not have police contact which resulted in additional charges.

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)

Leaders from Herkimer County DSS, Probation, the Family Support PINS and JD Diversion Program, the Youth Bureau, Mental Health, and Kids Herkimer participated in the preparation and review of this plan.

These key stakeholders, along with other government and community agency representatives (including individuals from family court, school districts, and law enforcement) continue to be involved in the ongoing identification of needs for the PINS/JD population and have been integral to the planning and development of a comprehensive system of care for the Juvenile Justice population in Herkimer County. Herkimer County utilizes existing collaborative planning groups such as the PINS and JD Assessment and Review Committee and the PINS and JD Quarterly Planning Committee to communicate and share information across agencies and program providers, review data, discuss needs and gaps in services, and identify strategies that reduce risks and improve outcomes.

Immediate, intensive intervention for youth (and their families), when the youth is at risk of a detention placement, continues to be the identified strategy to address immediate youth and family needs, maintain safety, and help avoid an NSD placement.

**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		\$ 79620
2. State reimbursement (Program expenses*.62)		\$ 49364
3. State share amount (Program expenses*.38)		\$ 30256

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

4. STSJP allocation	\$ 49364	
5. STSJP approved		\$ 49364
6. JDAI allocation	\$	
7. JDAI approved		\$

8. Detention approved amount shifted to STSJP		\$
9. PY rollover approved		\$
10. Total approved amounts for state reimbursement		\$
11. Total amount of approved STSJP-RTA 100% state reimbursement		\$ 13310

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:	Kids Herkimer Detention Diversion Program (DDP)	Type of program:	ATD
Program operating agency:	Kids Oneida, Inc.		
Program mailing address 310 Main Street			
Address line 2			
City Utica	State NY	Zip code 13501	
Contact person for program Steve Yaworski			
Title Kids Herkimer Program Manager	Phone number (315) 867-1332	Ext.	
Email syaworski@kidsoneida.org			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 49364			
1. Please indicate the specific zip codes this program will target? Zip Codes 13357,13350,13329,13365,13340,13407,13406,13431,13439,13491			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Kids Herkimer DDP provides a comprehensive array of short-term, intensive community-based services and supports designed to address immediate needs and help prevent alleged or adjudicated PINS and JD youth from being remanded to Detention. DDP works closely with DSS and Probation to identify PINS and JD youth at the highest risk of detention placement, and provides multiple contacts per week with youth and family to address needs and maintain safety between court appearances.			
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) 25			
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 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) In 2017, 100% of children enrolled in Kids Herkimer DDP returned to all court appearances, 88.2% of youth enrolled did not incur additional criminal charges, and 82% of youth enrolled in DDP were not remanded to Detention. Each child enrolled in DDP receives multiple contacts per week and has access to an array of intensive supportive services including home and school visits, curfew and school attendance checks, Rise and Shine services, referrals to community based services, and Respite.			
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) Non-secure Detention admissions and care days did not decrease by 10% as proposed. One barrier identified was that the majority of youth			

remanded to detention in 2017 (16 of 19 remands) did not receive DDP services prior to an appearance in court. As a result of this, improved communication, assessment and referral procedures have been implemented in 2018 as part of a larger county PINS and JD Diversion services redesign to ensure that more youth can receive and benefit from DDP intervention.

8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 74.8

9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 21

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

Program two name:		Type of program:	
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Program operating agency:	
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Program mailing address

Address line 2

City	State	Zip code
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Contact person for program

Title	Phone number ()	Ext.
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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 three name:		Type of program:	
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Program operating agency:	
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Program mailing address

Address line 2

City	State	Zip code
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Contact person for program

Title	Phone number ()	Ext.
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Email

Program service detailed information		
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Program four 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		
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Program five 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		
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Address line 2			
City	State	Zip code	
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Email			
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Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
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Email			
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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? (yes or no)

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

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Address line 2			
City	State	Zip code	
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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:	Kids Herkimer Juvenile Justice Collaborative	Type of program:	STSJP-RTA
Program operating agency:	Kid's Oneida, Inc.		
Program mailing address			
310 Main Street			
Address line 2			
City Utica	State New York	Zip code 13501	
Contact person for program Steve Yaworski			
Title Program Manager	Phone number (315) 867-1332	Ext.	
Email syaworski@kidsoneida.org			
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 13357,13350,13329,13365,13340,13407,13406,13431,13439,13491			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The KO Collaborative provides a means to deliver innovative HCBS in response to NY's Raise the Age initiative. Providing on demand, client focused individualized services through a coordinated care model. Services include but are not limited to: Family Engagement specialists, Vocational Skill Building, Supportive Work environments, Life Coaching, Juvenile Justice specific interventions: Skill Building, Mentoring, Family Therapy. Other Service Provision for Individual Need (SPIN) services.			
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) 10			

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)

STSJP/RTA Program 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)			
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STSJP/RTA Program 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)
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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.
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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 Herkimer County municipality, I certify that the CEO
Bernard Peplinski <i>Bernard Peplinski ds</i> has reviewed and approved the 2018 - 2019 STSJP plan.
Date: 4/24/2019 <i>BP</i> STSJP Lead User ID 21A422
STSJP Lead printed name: Lisa M. Burdick
Approval of the OCFS STSJP Program Lead
As OCFS STSJP reviewer. I certify that I approve of this STSJP plan for
municipality, for 2018 - 2019.
Date: 5/7/19 User ID: <i>AK 4352</i> Printed name <i>John Johnson</i>