



Office of Children
and Family Services

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Acting Commissioner

July 23, 2019

Dear Chief Executive Officer,

Thank you for submitting Madison County's Supervision and Treatment Services for Juveniles Program (STSJP) plan for Program Year (PY) 2018-19. Your plan has been reviewed by the Office of Children and Family Services (OCFS) and I am pleased to inform you that your entire STSJP plan, including the amounts listed for PY 2018-19 STSJP-RTA, has been approved.

Madison 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 Madison 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 Lynn Tubbs at (518) 473-9116/Lynn.Tubbs@ocfs.ny.gov or Geneva Hilliard at (518) 486-1819/Geneva.Hilliard@ocfs.ny.gov

Sincerely,

Nina Aledort, Ph.D., LMSW
Deputy Commissioner
Division of Youth Development and Partnerships for Success

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

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

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

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: Madison County			
LEAD AGENCY FOR STSJP SUBMISSION: DSS		NAME OF CONTACT PERSON: Melissa M. Maine	
CONTACT PERSON'S PHONE NUMBER: 315-366-2665		CONTACT PERSON'S EMAIL ADDRESS: melissa.maine@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 20 - 20 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 Berkshire Farm Stepping Stones	\$ 148,232.25	\$ 91,904	\$ 56,328.25
STSJP Program 2	\$	\$	\$
STSJP Program 3	\$	\$	\$
STSJP Program 4	\$	\$	\$
STSJP Program 5	\$	\$	\$
STSJP Program 6	\$	\$	\$
STSJP Program 7	\$	\$	\$
STSJP Program 8	\$	\$	\$

STSSJP Program 9	\$	\$	\$
STSSJP Program 10	\$	\$	\$
STSSJP Program 11	\$	\$	\$
STSSJP Program 12	\$	\$	\$
TOTAL	\$ 148,232.25	\$ 91,904	\$ 56,328.25
STSSJP RTA Program (for expenditures eligible for 100% state reimbursement) Berkshire Stepping Stones	\$		
STSSJP RTA Program (for expenditures eligible for 100% state reimbursement) Petosa Life Skills	\$		
STSSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
STSSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
STSSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
TOTAL	\$	\$	\$

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) Madison County does not receive a disproportionate number of youth with JD appearance tickets or PINS petitions from any one particular zip code or area. We do receive more youth from the zip codes with the highest populations such as the City of Oneida (13421), the Village of Canastota (13032) and the Village of Chittenago (13037) but this is simply due to the higher populations in those areas.

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 STSSJP plan support documentation).

(250 words or less) Madison County places so few children in non-secure detention each year, and even fewer in secure detention, that any percentages on disparity can appear grossly out of alignment with our population. With an overall population that is 95% caucasian the placement of any youth who is other than caucasian makes the percentage for that youth's racial or ethnic group seem indicative of a problem when in reality it is not. When our detention statistics were given to us by OCFS for 2017 8 youth had been placed in detention, 7 were caucasian and 1 was black/african american.

If such disparity exists, describe how the service/program addresses issues described above.

(250 words or less) This program will work with all youth regardless of race or ethnicity and will do so in a culturally competent manner so that youth of color are not over represented in our detention placements.

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) Madison County does not propose a reduction in detention utilization or residential placements. Several years ago we made a commitment to reducing detention and residential stays and we have greatly reduced the use of both of those types of programs. We propose that we will maintain our present us of detention and residential placements as we do not believe we can go much lower; also realizing that because we have gone so low there may be individual years where we go above our present useage.

Our goal is to have no more than 220 care days in non-secure/secure detention combined in any given calendar year and to have no more than 15 youth placed in the custody of DSS on either a PINS or JD petition. We achieved these goals in 2017 with only 122 detention care days (66 days less than 2016) and only 6 youth placed in the custody of DSS (7 less than 2016). We count youth placed in DSS custody rather than residential placements as most of our youth placed due to a PINS or JD go to residential placement and any youth placed in residential care due to abuse or maltreatment would not be involved in this program therefore this program has no impact on those placements.

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) Madison County has a Juvenile Justice planning committee that meets every quarter to discuss services for PINS and JD youth. Members of this committee are: DSS staff, Probation staff, County Attorney, local voluntary agencies that provide prevention services; court personnel; law enforcement and school staff. The STSJP plan has been discussed with this group at length over the years and has been in agreement with the services provided. Also, there are monthly meetings between DSS, Probation and Berkshire Farm regarding this program and Probation staff have repeatedly said how pleased they are with the program.

**SECTION SIX – Cooperative applications submitted jointly by two or more counties
(Complete this section only if this is a joint application)**

Two or more eligible local jurisdictions (counties) may join together to establish, operate, and maintain supervision and treatment services for juveniles' programs and may make and perform agreements in connection therewith. Counties submitting such applications must provide the following information:

Describe the provisions for the proportionate cost to be borne by each county:

Describe the manner of employment of personnel across and between counties in the cooperative:

Identify whether a single fiscal officer shall be the custodian of the funds made available for STSJP:

PLEASE DO NOT INCLUDE ANY RTA PROGRAM FUNDING IN SECTION SEVEN (section directly below)

SECTION SEVEN– Plan amounts

Expenses

1. Total Program expenses		\$ 148,232.25
2. State reimbursement (Program expenses*.62)		\$ 91,904
3. State share amount (Program expenses*.38)		\$ 56,328.25

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

4. STSJP allocation	\$ 40,000	
5. STSJP approved		\$ 40,000

6. JDAI allocation	\$ 0	
7. JDAI approved		\$ 0
8. Detention approved amount shifted to STSJJP		\$ 37,157
9. PY rollover approved		\$ 14,747
10. Total approved amounts for state reimbursement		\$ 91,904
11. Total amount of approved STSJJP-RTA 100% state reimbursement	\$ 0	\$

Program detail inserts

List the **name of each service and program** who you expect will received STSJJP funds, along with the **projected amount of STSJJP 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:	Berkshire Stepping Stones	Type of program:	Early Intervention
Program operating agency:	Berkshire Farm and Services for Youth		
Program mailing address 945 Palmer Ave			
Address line 2			
City Schenectady		State NY	Zip code 12309
Contact person for program Lucas Jacobs			
Title VP of Detention and Prevention		Phone number (518) 242-0578	Ext.
Email ljacobs@berkshirefarm.org			
Program service detailed information			
The amount of STSJJP funds that your jurisdiction will devote to the services from this program? \$ 91,904			
1. Please indicate the specific zip codes this program will target? Zip Codes 13035; 13163; 13310; 13032; 13346; 13355; 13043; 13408; 13409; 13061; 13484; 13485; 13421; 13314; 13334; 13037; 13364; 13402; 13052; 13418; 13465; 13072; 13122; 13134			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) All youth who receive a JD appearance ticket in Madison County will be referred to the program; it will be voluntary on the part of the family if they choose to participate. The youth counselor will then completed a structured assessment for the youth to determine their treatment needs. The youth counselor will provide individual and/or family treatment to the youth and his or her family to help correct the behavior and situation that lead to the JD charge.			
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) 30			
If the program received STSJJP 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) We maintained detention utilization at well below 220 care days and the number of JD/PINS placements in residential care were will below 15 youth.			
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) None			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 60			

9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 10		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) \$4,747		
Program two 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 three 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 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			
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 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			

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 six 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 seven 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 eight 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 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? (<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 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? (<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 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	Berkshire Stepping Stones	Type of program:	STSJP-RTA
Program name:			
Program operating agency:	Berkshire Farm and Services for Youth		
Program mailing address			
945 Palmer Ave			
Address line 2			
City Schenectady		State NY	Zip code 12309
Contact person for program Lucas Jacobs			
Title VP of Detention and Prevention		Phone number (518) 242-0578	Ext.
Email ljacobs@berkshirefarm.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 13035; 13163; 13310; 13032; 13346; 13355; 13043; 13408; 13409; 13061; 13484; 13485; 13421; 13314; 13334; 13037; 13364; 13402; 13052; 13418; 13465; 13072; 13122; 13134		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) ll youth who receive a JD appearance ticket in Madison County will be referred to the program; AOs may also be referred; it will be voluntary on the part of the family if they choose to participate. The youth counselor will then completed a structured assessment for the youth to determine their treatment needs. The youth counselor will provide individual and/or family treatment to the youth and his or her family to help correct the behavior and situation that lead to the JD charge.			
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 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:	Petosa Life Skills	Type of program:	New Program STSJP-RTA
Program operating agency:	KAG Consulting		
Program mailing address 1310 Bargeview Drive			
Address line 2			
City Chittenango		State NY	Zip code 13037
Contact person for program Dr. Scott Petosa			
Title Director		Phone number (315) 436-8261	Ext.
Email petosasp@juno.com			
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 13035; 13163; 13310; 13032; 13346; 13355; 13043; 13408; 13409; 13061; 13484; 13485; 13421; 13314; 13334; 13037; 13364; 13402; 13052; 13418; 13465; 13072; 13122; 13134			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Providing one on one life skills coaching in a non-traditional setting; Dr. Petosa will work with youth at the local YMCA and while they work on physical fitness they will also discuss and work on goals regarding decision making, life choices, consequences and impact of behavior on others.			
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) 5			
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:		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)

SECTION EIGHT – Plan Approval
Approval of the Chief Executive Officer
As STSJP Lead for Madison County municipality, I certify that the CEO
John Becker has reviewed and approved the 2018 - 2019 STSJP plan.
Date: 10 / 15 / 2018 STSJP Lead User ID 25A190
STSJP Lead printed name: Melissa M. Maine, LCSW-R
Approval of the OCFS STSJP Program Lead
As OCFS STSJP reviewer. I certify that I approve of this STSJP plan for Madison municipality, for 2018 - 2019.
Date: 7/22/19 User ID: JTD911 Printed name Lynn Tibbels