December 16, 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) 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.

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

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

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

Thank you for your continued partnership as we reform the juvenile justice practices in New York State by safely engaging youth and their families through innovative programming to reduce out of home placement and detention of youth.
If you have any questions, please email us at 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, LMSW
Deputy Commissioner

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
STJSP 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 "STJSP 2019-2020 Annual Plan-Municipality Name" are in the Subject Field to facilitate the timely review of your STJSP plan.

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

Please direct any STJSP plan questions to:

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

MUNICIPALITY INFORMATION

NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION:
Madison County

LEAD AGENCY FOR STJSP 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

Instructions for submitting an STJSP plan for OCFS review:

a. Once you have opened this form on your computer, please immediately use the “Save As” function in Microsoft Word to save a copy;
b. Save your application using the file name “STJSP 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.

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

PART I – STJSP PROGRAMS

SECTION 1

PLAN AMOUNTS

EXPENSES

1. Total program expenses $ 143,487
2. State reimbursement $ 88,961.94
3. Local share amount $ 54,525.06

Reimbursements for the plan (Enter all amounts that are applicable.)

4. STJSP allocation amount $ 40,000.
5. STJSP local approved plan amount $ 40,000
6. Detention approved amount shifted to STJSP $ 48,961.94
7. PY rollover approved amount $ 0
8. Total approved amounts for state reimbursement $ 88,961.94

SECTION 2

LIST OF STJSP PROGRAMS TO BE FUNDED

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Local Share (40 percent)</th>
<th>State Share (62 percent)</th>
<th>Total Program Expenses (100 percent)</th>
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</thead>
<tbody>
<tr>
<td>STJSP Program 1</td>
<td>$ 54,525.06</td>
<td>$ 88,961.94</td>
<td>$ 143,487</td>
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<tr>
<td>Berkshire Farm-Stepping Stones</td>
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<tr>
<td>STJSP Program 2</td>
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<td>STSJP Program 12</td>
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**TOTAL**

$ 143,487

**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:**
Berkshire Farm-Stepping Stones

**STSJP Program 1 Type:**
Early Intervention

**STSJP Program 1 Operating Agency:**
Berkshire Farm and Services for Youth

**Program Mailing Address:**
945 Palmer Ave

**Address Line 2**

City
945 Palmer Ave

**State**
NY

**Zip Code**
12309

**Contact Person for Program**
Lucas Jacobs

**Email**
ljacobs@berkshirefarm.org

**Title**
VP of Detention and Prevention

**Phone**
(518) 242 - 0578

**Service Detailed Information**

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program?  $ 88,961.94

2. Please indicate the specific zip codes this program will target. 3035; 13163; 13310; 13032; 13346; 13355; 13043; 13408; 13409; 13061; 13484; 13485; 13421; 13314; 13334; 13037; 13364; 13402; 13052; 13418; 13465; 13072; 13122; 13134.

3. 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.

4. Does your municipality plan to replicate the program across multiple locations?  ☑ Yes  ☐ No

5. What is the projected number of youth who will receive services from this program?  30
If the STSJP Program 1 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) We maintained detention utilization at well below 220 care days and the number of JDI/PINS placements in residential care were well below 15 youth.

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) None, please note the data for lines 9 and 10 are for the first half of the year (Oct-April) as the data through the end of September is not yet available. We expect the length of stay to be similar and the number of youth served to be about 30.

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 161

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

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

<table>
<thead>
<tr>
<th>STSJP Program 2</th>
<th>Service Detailed Information</th>
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<tbody>
<tr>
<td>STSJP Program 2 Name:</td>
<td>STSJP Program 2 Type:</td>
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<td>STSJP Program 2 Operating Agency:</td>
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<td>Program Mailing Address</td>
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<td>City</td>
<td>State</td>
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<tr>
<td>Contact Person for Program</td>
<td>Email</td>
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<td>Title</td>
<td>Phone</td>
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</table>

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 2 received STSJP funds in the previous STSJP PY, answer the questions below.

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

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

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?

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<th>STSJP Program 3</th>
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<td>STSJP Program 3 Name:</td>
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<td>STSJP Program 3 Operating Agency:</td>
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<td>Program Mailing Address</td>
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## STSJ Program 3  Service Detailed Information

1. The amount of STSJ 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?  

4. Does your municipality plan to replicate the program across multiple locations?  

5. What is the projected number of youth who will receive services from this program?

If the STSJ Program 3 received STSJ funds in the previous STSJ PY, answer the questions below.

6. Did projected performance outcomes meet expected outcomes?  

7. What projected outcomes were met and how were they met?  

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?  

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

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

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

## STSJ Program 4  Service Detailed Information

1. The amount of STSJ 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?  

4. Does your municipality plan to replicate the program across multiple locations?  

5. What is the projected number of youth who will receive services from this program?

If the STSJ Program 4 received STSJ funds in the previous STSJ PY, answer the questions below.

6. Did projected performance outcomes meet expected outcomes?  

7. What projected outcomes were met and how were they met?  

Page 4 of 15
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

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### 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 5 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.

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

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### STSJP Program 6

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

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### STSJP Program 7

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

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STSJP Program 8 Operating Agency:

Program Mailing Address

Address Line 2

City

State

Zip Code

Contact Person for Program

Email

Title

Phone

Ext

STSJP Program 8 Service Detailed Information

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

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

STSJP Program 9

STSJP Program 9 Name:  
STSJP Program 9 Type:  

STSJP Program 9 Operating Agency:

Program Mailing Address

Address Line 2

City

State

Zip Code

Contact Person for Program

Email

Title

Phone

Ext

STSJP Program 9 Service Detailed Information

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

STJP Program 10

STJJP Program 10 Name:     STSJP Program 10 Type:

STJJP Program 10 Operating Agency:

Program Mailing Address

Address Line 2

City  State  Zip Code

Contact Person for Program  Email

Title

Phone  Ext

(   )  -

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 10 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?

STJJP Program 11

STJJP Program 11 Name:     STSJP Program 11 Type:

STJJP Program 11 Operating Agency:

Program Mailing Address

Address Line 2

City  State  Zip Code

Contact Person for Program  Email

Title

Phone  Ext

(   )  -

Page 8 of 15
STJS 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? ☐ Yes ☐ 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?

STJS Program 12

STJS Program 12 Name:

STJS Program 12 Type:

STJS Program 12 Operating Agency:

Program Mailing Address

Address Line 2

City

State

Zip Code

Contact Person for Program

Email

Title

Phone ( ) -

Ext

STJS 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? ☐ Yes ☐ No

5. What is the projected number of youth who will receive services from this program?

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

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

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

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

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

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

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

PART II – STSJP-RTA PROGRAMS

SECTION 1 STSJP RTA PLAN AMOUNTS
### Expenses

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

### SECTION 2

**LIST OF STSJP-RTA PROGRAMS TO BE FUNDED**

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Total Program Expenses</th>
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<tbody>
<tr>
<td>STSJP-RTA Program 1</td>
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<td>STSJP-RTA Program 5</td>
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<td>STSJP-RTA Program 6</td>
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**TOTAL** $  

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**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. Please 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

<table>
<thead>
<tr>
<th>Program 1 Name:</th>
<th>Program 1 Type:</th>
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<tr>
<td>Program 1 Operating Agency:</td>
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<td>Contact Person for Program</td>
<td>Email</td>
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<td>Title</td>
<td>Phone</td>
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</table>

### STSJP-RTA Program 1 Service Detailed Information

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

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

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

4. Does your municipality plan to replicate the program across multiple locations? Yes No

5. What is the projected number of youth who will receive services from this program? 

If the STSJP-RTA Program 1 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.

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

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

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

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

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

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

### STSJP-RTA Program 2

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<td>Title</td>
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</table>

### 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? $ 

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 2 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 3

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<tr>
<th>Phone</th>
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### 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? Yes 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

<table>
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<th>Program 4 Name:</th>
<th>Program 4 Type:</th>
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</table>

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**Program 4 Operating Agency:**

**Program Mailing Address**

**Address Line 2**

**City**

**State**

**Zip Code**

**Contact Person for Program**

**Email**

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<tr>
<th>Title</th>
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<th>Ext</th>
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**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?

---

**Program 5 Name:**

**Program 5 Operating Agency:**

**Program Mailing Address**

**Address Line 2**

**City**

**State**

**Zip Code**

**Contact Person for Program**

**Email**

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<tr>
<th>Title</th>
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<th>Ext</th>
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**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? ☐ Yes ☐ 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? □ Yes □ No □ Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.

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

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

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

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

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

### STSJP-RTA Program 6

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### 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 6 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?

### 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.

**B. Overall Analysis of Disparity**

Page 14 of 15
Please provide information indicating whether there is evidence of racial/ethnic disparity in your local system's use of detention or residential placement. 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)

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 supervision, law enforcement, detention, diversion, social services, courts, services providers, schools, and youth development programs.

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 Madison County municipality, I certify that the CEO Mark Scimone has reviewed and approved the 2020 STSJP plan.
Date: 09 / 19 / 2019  User ID: 25A190
Print name: Melissa M. Maine, LCSW-R

SECTION 2  APPROVAL OF THE OCFS PROGRAM LEAD
As OCFS STSJP reviewer, I certify that I approve of this STSJP plan for Madison municipality, for 2019-2020
Date: 12 / 13 / 2019  User ID: JM9737
Print name: Karen Sessions