NEW YORK STATE | 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 Allegany 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.**

Allegany 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 Allegany 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 10 / 15 / 2018

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

Please be sure that the title "**Supervision and Treatment Services for Juveniles Plan - 2018 - 2019 Annual plan**" and your municipality's name are in the subject field to facilitate the timely review of your STSJP Plan.

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

Please direct any STSJP plan questions to:
John E. Johnson: Ph. 518-486-4665

MUNICIPALITY INFORMATION	
NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION: Allegany County	
LEAD AGENCY FOR STSJP SUBMISSION: Allegany County DSS	NAME OF CONTACT PERSON: Julie Tomasi
CONTACT PERSON'S PHONE NUMBER: (585) 268-9307	CONTACT PERSON'S EMAIL ADDRESS: julie.tomasi@dfa.state.ny.us

Plan Submission Instructions

Instructions for submitting an STSJP plan for OCFS review.

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

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

SECTION ONE - List of programs to be funded

In this section, list the exact name of each program and Indirect Service that will be funded with STSJP funds, along with the projected amount of Program Expense, State Share and County Share to be used for each. (Program List and Detail Sheet must match)

Program Name	Total Program Expense (100 percent)	State Share (62 percent)	County Share (38 percent)
STSJP Program 1 MST	$ 153,459	$ 95,144.58	$ 58,314.42
STSJP Program 2 Kinship Respite Bed	$ 47,150	$ 29,233	$ 17,917
STSJP Program 3 Berkshire Farms Turnabout Program	$ 45,011	$ 27,906.82	$ 17,104.18
STSJP Program 4 Truancy Intervention Program	$ 1,000	$ 620	$ 380
STSJP Program 5 REDY Program	$ 29,101	$ 18,042.62	$ 11,058.38
STSJP Program 6	$	$	$
STSJP Program 7	$	$	$

STSJP Program 8	$	$	$
STSJP Program 9	$	$	$
STSJP Program 10	$	$	$
STSJP Program 11	$	$	$
STSJP Program 12	$	$	$
TOTAL	$ 275,721.00	$ 170,947.02	$ 104,773.98
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Cath.Charities-MST Prog STSJP RTA	$ 8,300		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) R.E.D.Y.Program STSJP RTA	$ 5,088		
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	$ 13,388	$	$

SECTION TWO – Overall analysis of communities

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

(500 words or less) The number of youth referred to the Probation Department from 9/30/17-10/1/18 and the communities they live in (with corresponding zip codes) in Allegany County were:

Cuba-14 14727
Bolivar-12 14715
Wellsville-11 14895
Belfast-10 14711
Belmont-5 14813

Wellsville and Cuba are not surprising as they are the largest two population centers in Allegany County, not including Alfred when the colleges are in session. Thus, one would expect more referrals from larger population bases. There is a park in Cuba where youth tend to hang out and the people they associate with there has led to some of the problems. There is also a community park in Wellsville which hasn't contributed to as much of the problems but in both cases, I think we can attribute the problems to a lack of adult supervision. Bolivar has a smaller community population but there appears to be a large drug problem (per capita) there among the adults which may be affecting the youth of that community. Bullying on social media sites has caused problems as well. Belfast and Belmont are smaller population centers in comparison to the other three villages. So, it is surprising about Belfast's numbers. Bullying issues could be a part of the problem in Belfast as well. Truancy is present in some of the referrals

from all of these communities. Boredom and a lack of things to do (at least as perceived by the youth) also come into play for part of the referral reasons from all of these communities.

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) Allegany County Has a predominately Caucasian population. No racial/ethnic disparity exists within this population of youth.

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

(250 words or less) n/a

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) Refer to programs that have been utilized for outlined performance outcomes. The R.E.D.Y program work with youth to display positive academic reports, improved social interactions with peers and adults, minimal legal restrictions and increased appropriate family dynamics. The youth will decrease their amount of school absences.

Overall, all of these programs will assist in a reduction for the need of detention or residential placements. We would anticipate that 95% of the youth in these programs would not require the use of detention or residential placements if utilized.

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) Meetings have occurred on regular basis with Allegany County Department of Social Services and Probation Department. Collboration has occurred with Social Services, Probation Law enforcement, the courts, schools and the service providers to address the needs of the youth outlined within STSJP funding as well as the RTA population.

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

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

Describe the provisions for the proportionate cost to be borne by each county: Administrative cost will be shared with Cattaragus and Allegany County for the MST program only.

Describe the manner of employment of personnel across and between counties in the cooperative: The administrative staff will be shared between Cattaragus and Allegany County. The MST therapist will be assigned per county.

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

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

SECTION SEVEN– Plan amounts

Expenses

1. Total Program expenses		$ 275,721.00
2. State reimbursement (Program expenses*.62)		$ 170,947.02

3. State share amount (Program expenses*.38)		$ 104,773.98
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	$	
7. JDAI approved		$
8. Detention approved amount shifted to STSJP		$ 130,947.02
9. PY rollover approved		$ 0
10. Total approved amounts for state reimbursement		$ 170,947.02
11. Total amount of approved STSJP-RTA 100% state reimbursement		$ 13,388.00

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:	MST	**Type of program:**	Early Intervention
Program operating agency:	Catholic Charities		
Program mailing address 2636 West State Street			
Address line 2			
City Olean	State NY	Zip code 14760	
Contact person for program Melissa Sommerville			
Title MST Coordinator	Phone number (716) 204.0555	Ext. 328	
Email Melissa.Sommerville@ccny.org			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? $ 153,459			
1. Please indicate the specific zip codes this program will target? Zip Codes all			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Families with youth in danger of placement; who are behavior-disordered with a history of involvement with law enforcement agencies social services system, a history of placement, multiple court petitions, and/or academic, attendance, and discipline problems in school. An effort to divert from Court activity with time-limited (3-5 months) intervention, provided in the field (home, school, neighborhood, and community), with rigorous attention to goal attainment and supervision.			
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) 22			
If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (☒ yes or ☐ no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less) The instrumental and ultimate outcomes are based on 10 families: 100% youth living at home, 100% youth in school/working, and 100% youth with no new arrests during treatment upon discharge. At six month follow up, 2/6 families responded. 2/ 2 of the youth are in school, have not been arrested or placed outside of home. For one year follow up, 3/10 responded. 3/3 of the youth are in school, 2/3 of the youth have been arrested since treatment.			

7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) n/a
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 71.60
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) n/a

Program two name:	Respite Bed	**Type of program:**	Early Intervention
Program operating agency:	Catholic Charities - Kinship Family and Youth Services		
Program mailing address 1 Schuyler Street			
Address line 2			
City Belmont	State NY	Zip code 14813	
Contact person for program Michelle Hollier			
Title Respite Coordinator	Phone number (585) 2685616	Ext.	
Email Michelle.Hollier@dor.org			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? $ 47,150			
1. Please indicate the specific zip codes this program will target? Zip Codes all			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Respite services are provided to youth and families who voluntarily agree to participate. Services include intensive case management and case management service, casework services and any necessary emergency services. Youth in respite will be working to be reunited with their family as soon as possible not to exceed 21 days. Referrals will be made to support the youth in families to continue to have the youth remain safely within their home and their community.			
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) 10			
If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (☒ yes or ☐ no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less) Youth who voluntarily participated in the program were reunited with supportive services and plans made by the family to support the youth to not require further court intervention or out-of-home placement.			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) n/a			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 10			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 3			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) n/a			

Program three name:	Turnabout Program	**Type of program:**	Prevention
Program operating agency:	Berkshire Farms		
Program mailing address 975 Hertel Avenue			
Address line 2			
City Buffalo	State NY	Zip code 14216	

Contact person for program Scott Hallock		
Title Program Coordinator	Phone number (585) 474-5421	Ext.
Email dhallock@berkshirefarm.org		
Program service detailed information		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? $ 173,671		
1. Please indicate the specific zip codes this program will target? Zip Codes all		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) A school and home-based program that provides services to youth in grades 5-8 who have been identified as being chronically truant, or have other issues and barriers impacting their ability to attend school on a regular basis. This program is provided within two school systems; Bolivar-Richburg and Genesee Valley. It works with families to establish linkages with numerous community outreach resources and prevent further system involvement while identifying youth strengths.		
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) 24		
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) At least 85% was met on all outcomes: Youth will remain successfully in their homes and communities. 100% avoided out-of-home placement. Youth and family functioning will improve avoiding the filling of a PINS Petition. 96% avoided PINS Petitions. Youth will improve their attendance at school and be less tardy when attending. 98% of youth improved. Parents/guardians referred for lack of involvement with the school or turnabout program. 98% of parents increased their involvement.		
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) n/a		
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 330		
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 45		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) n/a		

Program four name:	Truancy Intervention Program	**Type of program:**	Early Intervention
Program operating agency:	Allegany County Probation Department		
Program mailing address 7 Court Street			
Address line 2			
City Belmont	State NY	Zip code 14813	
Contact person for program Robert Starks			
Title Probation Director	Phone number (585) 268.9375	Ext.	
Email StarksRP@alleganyco.com			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? $ 1,000			
1. Please indicate the specific zip codes this program will target? Zip Codes all			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The Truancy intervention on-line program has two components; one for the youth and one for the parent/guardian. Both youth and parent will access the program online. Court Solutions Online will provide the Probation Officer working with the			

youth to have access to view their progress to determine when they have completed the course. There is also a "Life Skills Plus" course which may be of benefit to youth wherein truancy is not the primary issue.
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) 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? (☒ 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) The Probation Department began using the website "Court Classes Online" in April 2018. Three youth have completed the "Bullying, Sexting, and Cyber Safety" course. One youth completed the "Decision Making Skills "course and one youth completed the Truancy course. This youth's mother also completed the parent's partner course for truancy. Three of these youth have successfully completed their diversion supervision program. Two youth are still under supervision. None of the youth have been placed.
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) n/a
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 124
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 5
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) n/a

Program five name:	R.E.D.Y Program	**Type of program:**	Prevention
Program operating agency:	REDY Program		
Program mailing address 1206 Shawnee Trail			
Address line 2			
City Youngstown	State OH	Zip code 44511	
Contact person for program Kurt Dupont			
Title President	Phone number (716) 378-5878	Ext.	
Email kdupont@redyyouthservices.com			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? $ 96,537			
1. Please indicate the specific zip codes this program will target? Zip Codes all			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Referral made by Probation or DSS for a mentor to assist with stabilization of academic, interpersonal, legal and familial issues. Provides individualized supportive interactions; linkage and referral to Allegany County community-based resources thru their satellite office (including providers specializing in mental health, developmental disability, special education, recovery/addiction services). Work within the community, schools, home environments to assist at-risk youth to be stable.			
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) 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? (☐ 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 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? (☐ 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 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? (☐ 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 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? (☐ 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 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)		
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.		
5. Did projected performance outcome meet expected outcomes? (☐ yes or ☐ no) If yes, answer # 6, If no, skip to #7.		
6. What projected outcomes were met and how were they met? (100 word or less)		
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)		
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)		
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)		

Program ten name:		**Type of program:**	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ( )	Ext.	
Email			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? $			
1. Please indicate the specific zip codes this program will target? Zip Codes			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)			
3. Does your municipality plan to replicate program across multiple locations? (☐ yes or ☐ no)			
4. What is the projected number of youth who will receive service from this program? (4-character number)			
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (☐ yes or ☐ no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less)			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)			

Program eleven name:		**Type of program:**	

Program operating agency:		
Program mailing address		
Address line 2		
City	State	Zip code
Contact person for program		
Title	Phone number ( )	Ext.
Email		
Program service detailed information		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? $		
1. Please indicate the specific zip codes this program will target? Zip Codes		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)		
3. Does your municipality plan to replicate program across multiple locations? (☐ 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 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? (☐ 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)

STSJP/RTA Program name:	MST Program	**Type of program:**	STSJP-RTA
Program operating agency:	Catholic Charities		
Program mailing address 2636 West State Street			
Address line 2			
City Olean	State NY	Zip code 14760	
Contact person for program Melissa Sommerville			
Title MST Coordinator	Phone number (716) 204-0555	Ext.	
Email Melissa.Sommerville@ccny.org			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? $ 8,300			
1. Please indicate the specific zip codes this program will target? Zip Codes all			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Families with RTA youth in danger of placement; who are behavior-disordered with a history of involvement with law enforcement agencies social services system, a history of placement, multiple court petitions, and/or academic, attendance, and discipline problems in school. An effort to divert from Court activity with time-limited (3-5 months) intervention, provided in the field (home, school, neighborhood, and community), with rigorous attention to goal attainment and supervision.			
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) 2			
If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (☐ yes or ☐ no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less)			
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:	R.E.D.Y Program	**Type of program:**	New Program STSJP-RTA
Program operating agency:	R.E.D.Y Program		
Program mailing address 1206 Shawnee Trail			
Address line 2			
City Youngstown	State OH	Zip code 44511	
Contact person for program Kurt Dupont			
Title President	Phone number (716) 378-5878	Ext.	

Email kdupont@redyyouthservices.com
Program service detailed information
The amount of STSJP funds that your jurisdiction will devote to the services from this program? $ 5,088
1. Please indicate the specific zip codes this program will target? Zip Codes all
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Referral made by Probation or DSS for a mentor to assist with stabilization of academic, interpersonal, legal and familial issues. Provides individualized supportive interactions; linkage and referral to Allegany County community-based resources thru their satellite office (including providers specializing in mental health, developmental disability, special education, recovery/addiction services). Work within the community, schools, home environments to assist at-risk youth to be stable.
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) 2
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)			
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)

SECTION EIGHT – Plan Approval	
Approval of the Chief Executive Officer	
As STSJP Lead for Allegany County	municipality, I certify that the CEO
Timothy Boyde	has reviewed and approved the 2018 - 2019 STSJP plan.
Date: 10 / 15 / 2018	STSJP Lead User ID 02a519
STSJP Lead printed name: Julie A. Tomasi, LCSW-R, ACSW	
Approval of the OCFS STSJP Program Lead	
As OCFS STSJP reviewer. I certify that I approve of this STSJP plan for Allegany	
municipality, for 2018 - 2019	
Date: 7/22/19 User ID: LT0911	Printed name Lynn Tubbs