January 24, 2020

Dear Chief Executive Officer,

Thank you for submitting Allegany 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.

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 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 Allegany 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 sjsjp@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,

[Signature]

Nina Aiedort, PhD
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
STJSJP plans are due to the Office of Children and Family Services (OCFS) by 09/10/19

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

Please be sure that the title "STJSJP 2019-2020 Annual Plan-Municipality Name" are in the Subject Field to facilitate the timely review of your STJSJP plan.

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

Please direct any STJSJP plan questions to:
- Geneva Hilliard: 518-486-1819
- Lynn Tubbs: 518-473-9116

### MUNICIPALITY INFORMATION

**NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION:**
Allegany County

**LEAD AGENCY FOR STJSJP SUBMISSION:**
Allegany County Probation

**NAME OF CONTACT PERSON:**
Robert P. Starks

**CONTACT PERSON'S PHONE NUMBER:**
585.268.9370

**CONTACT PERSON'S EMAIL ADDRESS:**
starksrp@alleganyco.com

### PLAN SUBMISSION INSTRUCTIONS

Instructions for submitting an STJSJP 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 “STJSJP 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 STJSJP email address at: stjsip@ocfs.ny.gov

### PART I – STJSJP PROGRAMS

#### SECTION 1

**PLAN AMOUNTS**

**EXPENSES**

<table>
<thead>
<tr>
<th></th>
<th>PLAN AMOUNTS</th>
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<tbody>
<tr>
<td>1</td>
<td>Total program expenses</td>
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<tr>
<td>2</td>
<td>State reimbursement</td>
</tr>
<tr>
<td>3</td>
<td>Local share amount</td>
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**Reimbursements for the plan (Enter all amounts that are applicable.)**

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<thead>
<tr>
<th></th>
<th>PLAN AMOUNTS</th>
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<tbody>
<tr>
<td>4</td>
<td>STJSJP allocation amount</td>
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<tr>
<td>5</td>
<td>STJSJP local approved plan amount</td>
</tr>
<tr>
<td>6</td>
<td>Detention approved amount shifted to STJSJP</td>
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<td>7</td>
<td>PY rollover approved amount</td>
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<tr>
<td>8</td>
<td>Total approved amounts for state reimbursement</td>
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#### SECTION 2

**LIST OF STJSJP PROGRAMS TO BE FUNDED**

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Local Share (38 percent)</th>
<th>State Share (62 percent)</th>
<th>Total Program Expenses (100 percent)</th>
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<td>MST Program</td>
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<td>STJSJP Program 2</td>
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<td>PINS Probation</td>
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<td>STJSJP Program 3</td>
<td>$ 380</td>
<td>$ 620</td>
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Page 1 of 17
<table>
<thead>
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<td><strong>TOTAL</strong></td>
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**STSJP PROGRAMMING DETAILS**

List the **name of each service and program** that you expect will receive STSJJP funds, along with the **projected amount of STSJJP 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**

<table>
<thead>
<tr>
<th>STSJ Program 1 Name: MST</th>
<th>STSJ Program 1 Type: Early Intervention</th>
</tr>
</thead>
</table>

**STSJP Program 1 Operating Agency:**
Catholic Charities

**Program Mailing Address**
2636 West State Street

**Address Line 2**
Olean

**City**
New York

**State**
NY

**Zip Code**
14760

**Contact Person for Program**
Melissa Sommerville

**Email**
Melissa.Sommerville@ccny.org

**Title**
MST Coordinator

**Phone**
(716) 204 - 0555

**Ext**
328

**STSJP Program 1 Service Detailed Information**

1. The amount of STSJJP funds that your jurisdiction will devote to the services from this program? $153,459

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

3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Provide services to families with youth; 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 from further penetration into the Juvenile Justice System. 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.

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? 22
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) There are instrumental and ultimate outcomes: 90% youth living at home, 90% youth in school/working, and 90% 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.

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) N/A

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 72

10. Total number of youth served by this program during the previous STSJP PY: 23

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

STSJP Program 2

<table>
<thead>
<tr>
<th>STSJP Program 2 Name:</th>
<th>STSJP Program 2 Type:</th>
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</thead>
<tbody>
<tr>
<td>PINS Probation</td>
<td>Early Intervention</td>
</tr>
</tbody>
</table>

STSJP Program 2 Operating Agency:
Allegheny County Department of Probation

Program Mailing Address
7 Court Street

Address Line 2
City
Belmont
State
NY
Zip Code
14813
Contact Person for Program
Robert P Starks
Email
starksp@alleghanyc.co.com

Title
Probation Director
Phone
(585) 268 - 7375
Ext
N/A

STSJP Program 2 Service Detailed Information

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? $ 92,161

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

3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Referrals received by the Probation Department will be assigned to an Probation Officer who will monitor the case, attend meetings, and make referrals to contracted agencies. The Officer will provide diversion supervision for youth needing PINS prevention or reform services. The Officer will attend the Juvenile Screening Team meeting (JUST). The Just meeting is utilized to assign cases and develop a plan for the youth. The services will be utilized to prevent further penetration into the Juvenile Justice System. The Officer will work to assist at risk youth to be stable.

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? 25

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) N/A

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) N/A

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

10. Total number of youth served by this program during the previous STSJP PY: 0
11. What amount of rollover funds from the previous STSJP PY will be spent on this program? N/A

### STSJP Program 3

**STSJP Program 3 Name:** Court Solutions Truancy Intervention Program  
**STSJP Program 3 Type:** Early Intervention

**Program Operating Agency:** Allegany County Probation Department

**Program Mailing Address:**  
7 Court Street

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belmont</td>
<td>NY</td>
<td>14813</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact Person for Program</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robert Starks</td>
<td><a href="mailto:StarksRP@alleghanyco.com">StarksRP@alleghanyco.com</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Phone (585) 268 - 9375</th>
<th>Ext</th>
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</thead>
<tbody>
<tr>
<td>Probation Director</td>
<td>N/A</td>
<td></td>
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</table>

### Service Detailed Information

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? $1,000

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

3. 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 at risk youth and one for the parent/guardian. Both youth and parent will access the program online. The goal is to prevent further penetration into the Juvenile Justice System. Court Solutions Online will provide the Probation Officer working with the youth to have access to view their progress 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.

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? 25

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

6. Did projected performance outcomes meet expected outcomes?  
   - 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) The Probation Department began using the website “Court Classes Online” in April 2018. Youth can participate in the following courses: “Bullying, Sexting, and Cyber Safety”, “Decision Making Skills” and Truancy course. Five of the six youth completed the on-line course and none of the youth have been placed.

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) The program is not being utilized as much as it could be and the youth who are starting the program are not completing it.

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 96

10. Total number of youth served by this program during the previous STSJP PY: 6

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

### STSJP Program 4

**STSJP Program 4 Name:** REDY  
**STSJP Program 4 Type:** Prevention

**Program Operating Agency:**  
1206 Shawnee Trail

**Program Mailing Address:**  
Address Line 2
### STSJP Program 4

**Service Detailed Information**

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program?  $17,461

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

3. 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.

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? 6

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

6. Did projected performance outcomes meet expected outcomes?  [ ] 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) This program was not able to start due to delays in obtaining the contract and then the lengthy process of hiring staff. The REDY program is prepared to service youth in this next plan year.

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

10. Total number of youth served by this program during the previous STSJP PY: 0

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

### STSJP Program 5

**STSJP Program 5 Name:** REDY  
**STSJP Program 5 Type:** Early Intervention

**STSJP Program 5 Operating Agency:**  
1206

**Program Mailing Address**

**City:** Youngstown  
**State:** OH  
**Zip Code:** 44511

**Contact Person for Program**  
Kurt Dupont  
Email: Kdupont@redyyouthservices.com

**Title**  
President

**Phone**  
(716) 378 - 5878

**Service Detailed Information**

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program?  $11,640

2. Please indicate the specific zip codes this program will target.  ALL.
3. 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 Allegheny County community-based resources thru their satellite office (including providers specializing in mental health, developmental disability, special education, recovery/addiction services), to prevent further penetration in to the Juvenile Justice System. Work within the community, schools, home environments to assist at risk youth to be stable.

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? 4

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.

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) This program was not able to start due to delays in obtaining the contract and then the lengthy process of hiring staff. The REDY program is prepared to serve youth in this next plan year.

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

10. Total number of youth served by this program during the previous STSJP PY: 0

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

---

**STSJP Program 6**

**STSJP Program 6 Name:**

**STSJP Program 6 Type:**

**STSJP Program 6 Operating Agency:**

**Program Mailing Address**

**Address Line 1**

**Address Line 2**

**City**

**State**  

**Zip Code**

**Contact Person for Program**

**Email**

**Title**

**Phone**

( )

-  

Ext

---

**STSJP Program 6**  

**Service Detailed Information**

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

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

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

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

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

If the STSJP Program 6 received STSJP funds in the previous STSJP PY, answer the questions below.

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

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

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

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
10. Total number of youth served by this program during the previous STSJP PY:

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

<table>
<thead>
<tr>
<th>STSJP Program 7</th>
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<td>STSJP Program 7 Operating Agency:</td>
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</tr>
<tr>
<td>2. Please indicate the specific zip codes this program will target.</td>
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</tr>
<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>
<tr>
<td>4. Does your municipality plan to replicate the program across multiple locations? Yes No</td>
<td></td>
</tr>
<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 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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<td>Zip Code</td>
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<td></td>
</tr>
<tr>
<td>2. Please indicate the specific zip codes this program will target.</td>
<td></td>
</tr>
<tr>
<td>3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)</td>
<td></td>
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</tbody>
</table>
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?

STSJP Program 10

STSJP Program 10 Name: 

STSJP Program 10 Type:

STSJP Program 10 Operating Agency:

Program Mailing Address

Address Line 2
### STSJP Program 10 Service Detailed Information

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

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

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

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

---

### STSJP Program 11

**STSJP Program 11 Name:**

**STSJP Program 11 Type:**

**STSJP Program 11 Operating Agency:**

**Program Mailing Address:**

**Address Line 1:**

**City:**

**State:**

**Zip Code:**

**Contact Person for Program:**

**Email:**

**Title:**

**Phone** ( ) ________

### STSJP Program 11 Service Detailed Information

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

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

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

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

**STSJP Program 12**

<table>
<thead>
<tr>
<th>STSJP Program 12 Name:</th>
<th>STSJP Program 12 Type:</th>
</tr>
</thead>
</table>

- **STSJP Program 12 Operating Agency:**
- **Program Mailing Address:**
- **Address Line 2:**

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Phone</th>
<th>Ext</th>
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<tbody>
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</tbody>
</table>

**STSJP Program 12 Service Detailed Information**

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

<table>
<thead>
<tr>
<th>Expenses</th>
<th>STSJP RTA PLAN AMOUNTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. RTA-approved plan amount</td>
<td>$ 24,332</td>
</tr>
<tr>
<td>2. Total program expenses</td>
<td>$ 24,332</td>
</tr>
</tbody>
</table>

**SECTION 2**

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

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Total Program Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>STSJP-RTA Program 1</td>
<td>$ 16,700</td>
</tr>
<tr>
<td>MST Program</td>
<td></td>
</tr>
<tr>
<td>STSJP-RTA Program 2</td>
<td>$ 7,632</td>
</tr>
<tr>
<td>REDY Program</td>
<td></td>
</tr>
<tr>
<td>STSJP-RTA Program 3</td>
<td>$</td>
</tr>
<tr>
<td>STSJP-RTA Program 4</td>
<td>$</td>
</tr>
<tr>
<td>STSJP-RTA Program 5</td>
<td>$</td>
</tr>
<tr>
<td>STSJP-RTA Program 6</td>
<td>$</td>
</tr>
</tbody>
</table>
## STSJP-RTA Programming Details

List the **name of each service and program** that you expect will receive STSJP funds, along with the **projected amount of STSJP funds** to be used for each. Please provide programmatic information in the format listed below. Provide the name of the provider of the service program. **Please note there are now 7 types of programming to choose from.**

### STSJP-RTA Program 1

<table>
<thead>
<tr>
<th>Program 1 Name:</th>
<th>MST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program 1 Operating Agency:</td>
<td>Catholic Charities</td>
</tr>
<tr>
<td>Program Mailing Address:</td>
<td>2636 West State Street</td>
</tr>
<tr>
<td>Address Line 2</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>Olean</td>
</tr>
<tr>
<td>State</td>
<td>NY</td>
</tr>
<tr>
<td>Zip Code</td>
<td>14760</td>
</tr>
<tr>
<td>Contact Person for Program</td>
<td>Melissa Sommerville</td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:Melissa.Sommerville@ccny.org">Melissa.Sommerville@ccny.org</a></td>
</tr>
<tr>
<td>Title</td>
<td>MST Coordinator</td>
</tr>
<tr>
<td>Phone</td>
<td>(716) 204 - 0555</td>
</tr>
<tr>
<td>Ext</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### Service Detailed Information

1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? $16,700

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

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

   Families with RTA youth 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.

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? 2

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.) N/A

10. Total number of youth served by this program during the previous STSJP-RTA PY: 0

11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program? 25,000

### STSJP-RTA Program 2

<table>
<thead>
<tr>
<th>Program 2 Name:</th>
<th>REDY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program 2 Operating Agency:</td>
<td>REDY Program</td>
</tr>
<tr>
<td>Program Mailing Address:</td>
<td>1206 Shawnee Trall</td>
</tr>
<tr>
<td>Address Line 2</td>
<td></td>
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</table>
### STSJP-RTA Program 2

<table>
<thead>
<tr>
<th>Service Detailed Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? $7,632</td>
</tr>
</tbody>
</table>

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

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

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

| 5. What is the projected number of youth who will receive services from this program? | 2 |

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 |

| 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)** The program was not utilized in the previous STSJP plan year. The contract was no in place and no youth were eligible. |

| 9. What was the average length of stay (ALOS) for youth in this program? **(Calculate by days.)** 0 |

| 10. Total number of youth served by this program during the previous STSJP-RTA PY: | 0 |

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

---

### STSJP-RTA Program 3

<table>
<thead>
<tr>
<th>Program 3 Name:</th>
<th>Program 3 Type:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program 3 Operating Agency:</td>
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<table>
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<table>
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<tr>
<th>Address Line 2</th>
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<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<table>
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<tr>
<th>Contact Person for Program</th>
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<table>
<thead>
<tr>
<th>Title</th>
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<th>Ext</th>
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</table>

<table>
<thead>
<tr>
<th>STSJP-RTA Program 3</th>
<th>Service Detailed Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program?</td>
<td>$</td>
</tr>
</tbody>
</table>

| 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 |

---

*Page 13 of 17*
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) The program was not used during the previous STSJP plan year. The contract was not in place no youth were eligible to be referred.

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>
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<table>
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<table>
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<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<table>
<thead>
<tr>
<th>Contact Person for Program</th>
<th>Email</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Phone</th>
<th>Ext.</th>
</tr>
</thead>
</table>

## Service Detailed Information

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

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

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

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

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

If the STSJP-RTA Program 4 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.

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

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

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

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

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

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

## STSJP-RTA Program 5

<table>
<thead>
<tr>
<th>Program 5 Name:</th>
<th>Program 5 Type:</th>
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</thead>
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<table>
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<th>Program 5 Operating Agency:</th>
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<table>
<thead>
<tr>
<th>Program Mailing Address</th>
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</thead>
</table>

Page 14 of 17
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
Program 6 Name: Program 6 Type:    
Program 6 Operating Agency:    
Program Mailing Address:    
Address Line 2:    
City State Zip Code:    
Contact Person for Program: Email:    
Title Phone Ext:    

STSJP-RTA Program 6   Service Detailed Information
1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? $    
2. Please indicate the specific zip codes this program will target.    
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)    
4. Does your municipality plan to replicate the program across multiple locations?  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. 

Page 15 of 17
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

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.

Probation opened the following JD and PINS cases:
23 JD diversion cases between 10/1/18 and 8/31/19. Average length of stay was 73 days.
51 PINS diversion cases between 10/1/18 and 8/31/19. Average length of stay was 119 days.

Number of youth referrals from their respective communities between 10/1/18 and 8/31/19:
Wellsville-25
Bolivar-21
Friendship-13 *
Belmont-9
Cuba-9

* this number seems abnormally high and there is a concern that the data wasn’t captured correctly but this is the number captured by the Youth Assessment Screening Instrument (YASI).

There is no surprise about the high numbers from Wellsville and Bolivar. Wellsville is our largest community, population wise. Bolivar is much smaller but there appears to be a “pall” over that area as we have consistently received higher numbers from them as compared to like size villages in Allegany County. There seems to be a drug culture in the southwestern part of our county that is probably impacting the high referral rate from the Bolivar area. Cuba is either the second or third largest municipality in the county but its numbers are lower. However, its socioeconomic class appears to be higher than that of Bolivar so I think this may contribute to a lower number of referrals. Their school district might also have better in-school procedures to address PINS issues.

B. Overall Analysis of Disparity

Please provide information indicating whether there is evidence of racial/ethnic disparity in your local system’s use of detention or residential placement. Allegany County has a predominately Caucasian population. No racial/ethnic disparity exists within this population of youth.

If such disparity exists, describe how this STSJP plan addresses the issues of disparity. N/A

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)

P1/Goal: Youth served will attend school 85% of the time with a 10% increase in the youth’s grade point average. 85% of the youth served will be able to remain in the home and avert placement. P2/Goal: 100% of the referrals received will be assessed for diversion services and assigned to a Probation Officer who will monitor the case and will provide diversion services to avert placement and further involvement in the juvenile justice system.
P3/Goal: The use of the online courses will increase by 85%. The youth that complete the course will use appropriate decision-making skills at least 80% of the time. P4/Goal: The Youth will participate in the mentoring relationship at least 85% of the time and will also demonstrate improved interpersonal interactions. P5/Goal: The youth will participate in the mentoring relationship at least 85% of the time and will also demonstrate improved interpersonal skills. RTA-P1/Goal: Youth will be diverted from Court activity 85% of time with the use of the MST Program. The
goals established between the youth and the counselor will be successful 80% of the time. RTA-P2/Goal: The youth will participate with the mentor at least 85% of the visits and participate 85% of the time in other program referrals. 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 85% of the youth in these programs would not require the use of detention or residential placements if utilized.

SECTION 3  
COLLABORATION SECTION
As per STSJP legislation, collaboration is required. Please describe your municipality’s activities in developing this year’s STSJP plan in collaboration with local agencies responsible for probation, law enforcement, detention, diversion, social services, courts, services providers, schools, and youth development programs. Meetings have occurred on regular basis with Allegheny County Department of Social Services and Probation Department. Collaboration 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 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: N/A
2. Describe how personnel will be compensated across and between counties in the cooperative: N/A
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: N/A

PART IV – PLAN APPROVAL

SECTION 1  
APPROVAL OF THE CHIEF EXECUTIVE OFFICER
As STSJP Lead for Allegheny County municipality, I certify that the CEO Carissa Knapp, Esq. has reviewed and approved the 2020 STSJP plan.
Date: 01 / 14 / 2020 User ID: 02a604
Print name: Edna B. Kayes, Commissioner

SECTION 2  
APPROVAL OF THE OCFS PROGRAM LEAD
As OCFS STSJP reviewer, I certify that I approve of this STSJP plan for Allegheny municipality, for 2019-2020
Date: 1 / 21 / 2020 User ID: IT0911
Print name: [Signature]