



Office of Children and Family Services

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Commissioner

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 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 or Lynn.Tubbs@ocfs.ny.gov.

Sincerely,



Nina Aledort, 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

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
SUPERVISION AND TREATMENT SERVICES
FOR JUVENILE PROGRAM (STSJP) ANNUAL PLAN
FOR PROGRAM YEAR OCTOBER 1, 2019 - SEPTEMBER 30, 2020

STSJP plans are due to the Office of Children and Family Services (OCFS) by 09/10/19

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

Please be sure that the title "STSJP 2019-2020 Annual Plan-Municipality 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:

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

MUNICIPALITY INFORMATION	
NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION: Allegany County	
LEAD AGENCY FOR STSJP 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 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 file name "STSJP 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 STSJP email address at: stsjp@ocfs.ny.gov

PART I – STSJP PROGRAMS

SECTION 1	PLAN AMOUNTS	
EXPENSES		
1. Total program expenses		\$ 275,721.00
2. State reimbursement		\$ 170,947.02
3. Local share amount		\$ 104,773.98
Reimbursements for the plan (Enter all amounts that are applicable.)		
4. STSJP allocation amount	\$ 40,000	
5. STSJP local approved plan amount		\$ 40,000
6. Detention approved amount shifted to STSJP		\$ 130,947.02
7. PY rollover approved amount		\$ 0
8. Total approved amounts for state reimbursement		\$ 170,947.02

SECTION 2	LIST OF STSJP PROGRAMS TO BE FUNDED		
Program Name	Local Share (38 percent)	State Share (62 percent)	Total Program Expenses (100 percent)
STSJP Program 1 MST Program	\$ 58,314.42	\$ 95,144.58	\$ 153,459
STSJP Program 2 PINS Probation	\$ 35,021.18	\$ 57,139.82	\$ 92,161
STSJP Program 3	\$ 380	\$ 620	\$ 1,000

Truancy Intervention Program			
STSJP Program 4 REDY Program	\$ 6,635.18	\$ 10,825.82	\$ 17,461
STSJP Program 5 REDY	\$ 4,423.20	\$ 7,216.80	\$ 11,640
STSJP Program 6	\$	\$	\$
STSJP Program 7	\$	\$	\$
STSJP Program 8	\$	\$	\$
STSJP Program 9	\$	\$	\$
STSJP Program 10	\$	\$	\$
STSJP Program 11	\$	\$	\$
STSJP Program 12	\$	\$	\$
TOTAL			\$ 275,721

STSJP PROGRAMMING DETAILS

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

STSJP Program 1

STSJP Program 1 Name: MST		STSJP Program 1 Type: Early Intervention	
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 STSJP 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

STSJP Program 2 Name: PINS Probation		STSJP Program 2 Type: Early Intervention	
STSJP Program 2 Operating Agency: Allegany 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 starksrp@alleganyco.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

STSJP Program 3 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

Email

StarksRP@alleganyco.com

Title

Probation Director

Phone

(585) 268 - 9375

Ext

N/A

STSJP Program 3**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 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.

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

STSJP Program 4 Operating Agency:

1206 Shawnee Trail

Program Mailing Address

Address Line 2

City Youngstown	State OH	Zip Code 44511
Contact Person for Program Kurt Dupont	Email Kdupont@redyyouthservices.com	
Title President	Phone (716) 378 - 5878	Ext N/A

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		
Address Line 2		
City Youngstown	State OH	Zip Code 44511
Contact Person for Program Kurt Dupont	Email Kdupont@redyyouthservices.com	
Title President	Phone (716) 378 - 5878	Ext N/A

STSJP Program 5 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 Allegany 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**.
If Yes, **answer #7**. If No, **skip to #8**.

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

8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? **(100 words or less)** 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 6		
STSJP Program 6 Name:		STSJP Program 6 Type:
STSJP Program 6 Operating Agency:		
Program Mailing Address		
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 7		
STSJP Program 7 Name:	STSJP Program 7 Type:	
STSJP Program 7 Operating Agency:		
Program Mailing Address		
Address Line 2		
City	State	Zip Code
Contact Person for Program	Email	
Title	Phone () -	Ext

STSJP Program 7	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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program?	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 8		
STSJP Program 8 Name:	STSJP Program 8 Type:	
STSJP Program 8 Operating Agency:		
Program Mailing Address		
Address Line 2		
City	State	Zip Code
Contact Person for Program	Email	
Title	Phone () -	Ext

STSJP Program 8	Service Detailed Information
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$	
2. Please indicate the specific zip codes this program will target.	
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)	

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

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

If the STSJP Program 8 received STSJP funds in the previous STSJP PY, answer the questions below.

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

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

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

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

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

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

STSJP Program 9

STSJP Program 9 Name:		STSJP Program 9 Type:	
STSJP Program 9 Operating Agency:			
Program Mailing Address			
Address Line 2			
City		State	Zip Code
Contact Person for Program		Email	
Title		Phone () -	Ext

STSJP Program 9 Service Detailed Information

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

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

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

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

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

If the STSJP Program 9 received STSJP funds in the previous STSJP PY, answer the questions below.

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

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

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

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

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

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

STSJP Program 10

STSJP Program 10 Name:		STSJP Program 10 Type:	
STSJP Program 10 Operating Agency:			
Program Mailing Address			
Address Line 2			

City	State	Zip Code
Contact Person for Program	Email	
Title	Phone () -	Ext

STSJP Program 10 Service Detailed Information

- The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$
- Please indicate the specific zip codes this program will target.
- How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
- Does your municipality plan to replicate the program across multiple locations? Yes No
- 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.

- 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.
- What projected outcomes were met and how were they met? (100 words or less)
- 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)
- What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
- Total number of youth served by this program during the previous STSJP PY:
- 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 2		
City	State	Zip Code
Contact Person for Program	Email	
Title	Phone () -	Ext

STSJP Program 11 Service Detailed Information

- The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$
- Please indicate the specific zip codes this program will target.
- How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
- Does your municipality plan to replicate the program across multiple locations? Yes No
- 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.

- 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.
- What projected outcomes were met and how were they met? (100 words or less)
- 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)
- What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
- 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

STSJP Program 12 Name:		STSJP Program 12 Type:	
STSJP Program 12 Operating Agency:			
Program Mailing Address			
Address Line 2			
City		State	Zip Code
Contact Person for Program		Email	
Title	Phone () -	Ext	

STSJP Program 12 Service Detailed Information

- The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$
- Please indicate the specific zip codes this program will target.
- How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
- Does your municipality plan to replicate the program across multiple locations? Yes No
- 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.

- 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.
- What projected outcomes were met and how were they met? (100 words or less)
- 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)
- What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
- Total number of youth served by this program during the previous STSJP PY:
- What amount of rollover funds from the previous STSJP PY will be spent on this program?

PART II – STSJP-RTA PROGRAMS

SECTION 1 STSJP RTA PLAN AMOUNTS

Expenses

1. RTA-approved plan amount	\$ 24,332
2. Total program expenses	\$ 24,332

SECTION 2 LIST OF STSJP-RTA PROGRAMS TO BE FUNDED

Program Name	Total Program Expenses
STSJP-RTA Program 1 MST Program	\$ 16,700
STSJP-RTA Program 2 REDY Program	\$ 7,632
STSJP-RTA Program 3	\$
STSJP-RTA Program 4	\$
STSJP-RTA Program 5	\$
STSJP-RTA Program 6	\$

TOTAL	\$ 24,332
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STSJP-RTA PROGRAMMING DETAILS

List the **name of each service and program** that you expect will receive STSJP funds, along with the **projected amount of STSJP funds** to be used for each. Please provide programmatic information in the format listed below. 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

Program 1 Name: MST		Program 1 Type: Early Intervention	
Program 1 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		Email Melissa.Sommerville@ccny.org	
Title MST Coordinator		Phone (716) 204 - 0555	Ext N/A

STSJP-RTA Program 1**Service Detailed Information**

1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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. No youth were referred.
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

Program 2 Name: REDY		Program 2 Type: Early Intervention	
Program 2 Operating Agency: REDY Program			
Program Mailing Address 1206 Shawnee Trail			
Address Line 2			

City Youngstown	State NY	Zip Code 44511
Contact Person for Program Kurt Dupont	Email Kdupont@redyyouthservices.com	
Title President	Phone (716) 378` - 5878	Ext N/A
STSJP-RTA Program 2 Service Detailed Information		
1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 7,632		
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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 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		
Program 3 Name:	Program 3 Type:	
Program 3 Operating Agency:		
Program Mailing Address		
Address Line 2		
City	State	Zip Code
Contact Person for Program	Email	
Title	Phone () -	Ext
STSJP-RTA Program 3 Service Detailed Information		
1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$		
2. Please indicate the specific zip codes this program will target.		
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)		
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No		

5. What is the projected number of youth who will receive services from this program?
If the STSJP-RTA Program 3 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.

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

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

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

Program 4 Name:		Program 4 Type:	
Program 4 Operating Agency:			
Program Mailing Address			
Address Line 2			
City	State	Zip Code	
Contact Person for Program		Email	
Title	Phone () -	Ext	

STSJP-RTA Program 4 Service Detailed Information

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

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

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

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

5. What is the projected number of youth who will receive services from this program?
If the STSJP-RTA Program 4 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.

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

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

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

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

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

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

STSJP-RTA Program 5

Program 5 Name:		Program 5 Type:	
Program 5 Operating Agency:			
Program Mailing Address			

Address Line 2		
City	State	Zip Code
Contact Person for Program	Email	
Title	Phone () -	Ext

STSJP-RTA Program 5 Service Detailed Information

- The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$
- Please indicate the specific zip codes this program will target.
- How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
- Does your municipality plan to replicate the program across multiple locations? Yes No
- 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.

- 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.
- What projected outcomes were met and how were they met? (100 word or less)
- 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)
- What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
- Total number of youth served by this program during the previous STSJP-RTA PY:
- 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

- The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$
- Please indicate the specific zip codes this program will target.
- How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
- Does your municipality plan to replicate the program across multiple locations? Yes No
- 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.

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

7. What projected outcomes were met and how were they met? (100 word or less)
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
10. Total number of youth served by this program during the previous STSJP-RTA PY:
11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program?

PART III – STSJP-RTA PROGRAM ANALYSIS

SECTION 1 Overall Analysis

A. Overall Analysis of Communities

Discuss and identify the neighborhoods or communities by zip codes or areas from which the highest number of Youthful Offenders (YO), Adolescent Offenders (AO), Juvenile Delinquents (JD) and Persons in Need of Supervision (PINS) enter the youth justice system, and the factors that may be contributing.

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 "pull" 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 Allegany 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 Allegany 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 Allegany municipality, for 2019-2020

Date: 1 / 21 / 2020 User ID: JT0911

Print name: Lynn Tibbbs