



## Office of Children and Family Services

ANDREW M. CUOMO  
Governor

SHEILA J. POOLE  
Commissioner

April 3, 2020

Dear Chief Elected Official,

Thank you for submitting Delaware County's Supervision and Treatment Services for Juveniles Program (STSJP) plan for Program Year (PY) 2019-2020. Your entire STSJP plan, including the amounts listed for PY 2019-2020 STSJP-RTA, has been **approved**.

The County is eligible to receive 62% State reimbursement for STSJP expenditures up to the capped STSJP allocation amount. Your municipality will continue to receive 49% State reimbursement for eligible detention services expenditures up to the capped allocation amount. If your municipality shifts a portion of its detention allocation into its STSJP plan, your municipality will receive 62% State reimbursement if such shifted funds are spent on STSJP eligible expenditures. A municipality may make a detention allocation shift at any time during the program year.

If the 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](mailto:stsjp@ocfs.ny.gov) outlining

1. the amount that will be shifted and
2. the type of programming or services the re-purposed detention funds will be used for under STSJP

Once the shift is approved, an amended STSJP plan will need to be submitted.

As a reminder, to access RTA reimbursement that a municipality may be eligible for, the expenditures must be specifically included in a locality's comprehensive RTA plan. Plan approval for 100% reimbursement is determined by the Office of Children and Family Services, the Department of Criminal Justice Services and the Division of Budget.

All STSJP claims, inclusive of STSJP-RTA 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](mailto:Daniel.Hulihan@ocfs.ny.gov).

If you have any questions, please email us at [stsjp@ocfs.ny.gov](mailto:stsjp@ocfs.ny.gov) and write "STSJP Plan Questions" in the subject line or reach out to Geneva Hilliard at (518)486-1819 or Lynn Tubbs at (518) 473-9116.

Thank you for your continued partnership.

Sincerely,

Nina Aledort, Ph.D., LMSW  
Deputy Commissioner

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**SUPERVISION AND TREATMENT SERVICES**  
**FOR JUVENILE PROGRAM (STSJP) ANNUAL PLAN**  
**FOR PROGRAM YEAR OCTOBER 1, 20 - SEPTEMBER 30, 2020**

**STSJP plans are due to the Office of Children and Family Services (OCFS) by** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Plans should be submitted to: [stsjp@ocfs.ny.gov](mailto: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

| <b>MUNICIPALITY INFORMATION</b>  |  |  |  |
|--|--|--|--|
| NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION:<br>Delaware County |  |  |  |
| LEAD AGENCY FOR STSJP SUBMISSION:<br>Delaware County Probation         |  | NAME OF CONTACT PERSON:<br>Scott Glueckert                           |  |
| CONTACT PERSON'S PHONE NUMBER:<br>607-832-5500                         |  | CONTACT PERSON'S EMAIL ADDRESS:<br>scott.glueckert@co.delaware.ny.us |  |

| <b>PLAN SUBMISSION INSTRUCTIONS</b>   |
|---|
| Instructions for submitting an STSJP plan for OCFS review: <ol style="list-style-type: none"> <li>a. Once you have opened this form on your computer, please immediately use the "Save As" function in Microsoft Word to save a copy;</li> <li>b. Save your application using the file name "STSJP 2019-2020 Annual Plan – (Name of County)";</li> <li>c. Work from the "saved" application document, using it to record all of your municipality information;</li> <li>d. Once you have completed entering the required data, save the document.</li> </ol> <p>Send the completed application to OCFS via the STSJP email address at: <a href="mailto:stsjp@ocfs.ny.gov">stsjp@ocfs.ny.gov</a></p> |

| <b>PART I – STSJP PROGRAMS</b> |
|--------------------------------|
|--------------------------------|

| <b>SECTION 1</b>  |          | <b>PLAN AMOUNTS</b> |
|---|----------|---------------------|
| <b>EXPENSES</b>   |          |                     |
| 1. Total program expenses   |          | \$ 18241            |
| 2. State reimbursement  |          | \$ 11309.42         |
| 3. Local share amount   |          | \$ 6931.58          |
| <b>Reimbursements for the plan (Enter all amounts that are applicable.)</b> |          |                     |
| 4. STSJP allocation amount  | \$ 40000 |                     |
| 5. STSJP local approved plan amount   |          | \$ 11309.42         |
| 6. Detention approved amount shifted to STSJP                               |          | \$                  |
| 7. PY rollover approved amount  |          | \$                  |
| 8. Total approved amounts for state reimbursement                           |          | \$ 11309.42         |

| <b>SECTION 2</b>                           |                             |                             |   |
|--|-----------------------------|-----------------------------|---|
| <b>LIST OF STSJP PROGRAMS TO BE FUNDED</b> |                             |                             |   |
| Program Name                               | Local Share<br>(38 percent) | State Share<br>(62 percent) | Total Program Expenses<br>(100 percent) |
| STSJP Program 1<br>Mentoring               | \$ 6931.58                  | \$ 11309.42                 | \$ 18241                                |
| STSJP Program 2                            | \$                          | \$                          | \$                                      |
| STSJP Program 3                            | \$                          | \$                          | \$                                      |

|                  |    |    |          |
|------------------|----|----|----------|
| STSJP Program 4  | \$ | \$ | \$       |
| STSJP Program 5  | \$ | \$ | \$       |
| STSJP Program 6  | \$ | \$ | \$       |
| STSJP Program 7  | \$ | \$ | \$       |
| STSJP Program 8  | \$ | \$ | \$       |
| STSJP Program 9  | \$ | \$ | \$       |
| STSJP Program 10 | \$ | \$ | \$       |
| STSJP Program 11 | \$ | \$ | \$       |
| STSJP Program 12 | \$ | \$ | \$       |
| <b>TOTAL</b>     |    |    | \$ 18241 |

**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**

|   |  |  |                   |
|---|--|--|-------------------|
| <b>STSJP Program 1 Name:</b><br>Mentoring   |  | <b>STSJP Program 1 Type:</b><br>Prevention |                   |
| <b>STSJP Program 1 Operating Agency:</b><br>Catholic Charities of Delaware. Otsego and Schoharie County |  |  |                   |
| Program Mailing Address<br>176 Main Street  |  |  |                   |
| Address Line 2  |  |  |                   |
| City<br>Oneonta   |  | State<br>NY                                | Zip Code<br>13820 |
| Contact Person for Program<br>Christy Houck   |  | Email<br>CHouck@charitiesccdo.org          |                   |
| Title<br>Program Director   |  | Phone<br>(607) 432 - 0061                  | Ext               |

**STSJP Program 1 Service Detailed Information**

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 6931.58

2. Please indicate the specific zip codes this program will target. 13838, 13856, 13753, 12167

3. How will the program be utilized to serve targeted youth in your municipality? **(100 words or less)** Delaware County is a resource poor county with few pro-social opportunities for engagement for at-risk youth. The objective of this program is to afford those at-risk youth with positive community based activities to enhance their self-esteem, community connections, development and to prevent them from entering the juvenile justice system.

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? 12

**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? <b>(100 words or less)</b> The youth referred to the program engaged with their respective mentors very successfully and have remained free of rearrest and police involvement  |
| 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? <b>(100 words or less)</b> Finding suitable mentors in a county the geographic size of Delaware County has proven challenging. Often mentors are screened and trained but are not geographically close enough to the at-risk population centers. We have been focussing on finding mentors closer to population centers in the county to address this issue. |
| 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 365 days   |
| 10. Total number of youth served by this program during the previous STSJP PY: 8   |
| 11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 0  |

|                                   |                          |  |
|-----------------------------------|--------------------------|--|
| <b>STSJP Program 2</b>            |                          |  |
| STSJP Program 2 Name:             |                          | STSJP Program 2 Type:<br><b>JO/JD-Alternative to Detention</b> |
| STSJP Program 2 Operating Agency: |                          |  |
| Program Mailing Address           |                          |  |
| Address Line 2                    |                          |  |
| City                              | State                    | Zip Code   |
| Contact Person for Program        | Email                    |  |
| Title                             | Phone<br>(      )      - | Ext  |

|  |  |                                     |  |
|--|--|-------------------------------------|--|
| <b>STSJP Program 2</b>   |  | <b>Service Detailed Information</b> |  |
| 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? <b>(100 words or less)</b>   |  |                                     |  |
| 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? 5  |  |                                     |  |
| <b>If the STSJP Program 2 received STSJP funds in the previous STSJP PY, answer the questions below.</b>   |  |                                     |  |
| 6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially    If Yes, <b>answer #7</b> ; If No, <b>skip to #8</b> ; If Partially, <b>answer #7 and #8</b> . |  |                                     |  |
| 7. What projected outcomes were met and how were they met? <b>(100 words or less)</b>  |  |                                     |  |
| 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? <b>(100 words or less)</b>   |  |                                     |  |
| 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?  |  |                                     |  |

|                                   |       |                       |
|-----------------------------------|-------|-----------------------|
| <b>STSJP Program 3</b>            |       |                       |
| STSJP Program 3 Name:             |       | STSJP Program 3 Type: |
| STSJP Program 3 Operating Agency: |       |                       |
| Program Mailing Address           |       |                       |
| Address Line 2                    |       |                       |
| City                              | State | Zip Code              |



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

|                                   |                          |                       |
|-----------------------------------|--------------------------|-----------------------|
| <b>STSJP Program 5</b>            |                          |                       |
| STSJP Program 5 Name:             |                          | STSJP Program 5 Type: |
| STSJP Program 5 Operating Agency: |                          |                       |
| Program Mailing Address           |                          |                       |
| Address Line 2                    |                          |                       |
| City                              | State                    | Zip Code              |
| Contact Person for Program        | Email                    |                       |
| Title                             | Phone<br>(      )      - | Ext                   |

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|--|--|
| <b>STSJP Program 5 Service Detailed Information</b>  |  |
| 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? <b>(100 words or less)</b>   |  |
| 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?  |  |
| <b>If the STSJP Program 5 received STSJP funds in the previous STSJP PY, answer the questions below.</b>   |  |
| 6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially      If Yes, <b>answer #7</b> ;<br>If No, <b>skip to #8</b> ; If Partially, <b>answer #7 and #8</b> .<br>If Yes, <b>answer #7</b> . If No, <b>skip to #8</b> . |  |
| 7. What projected outcomes were met and how were they met? <b>(100 words or less)</b>  |  |
| 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? <b>(100 words or less)</b>   |  |
| 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?  |  |

|                                   |                          |                       |
|-----------------------------------|--------------------------|-----------------------|
| <b>STSJP Program 6</b>            |                          |                       |
| 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<br>(      )      - | Ext                   |

|  |  |
|--|--|
| <b>STSJP Program 6 Service Detailed Information</b>  |  |
| 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? <b>(100 words or less)</b> |  |

|   |
|---|
| 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?   |
| <b>If the STSJP Program 6 received STSJP funds in the previous STSJP PY, answer the questions below.</b>  |
| 6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, <b>answer #7</b> ; If No, <b>skip to #8</b> ; If Partially, <b>answer #7 and #8</b> . |
| 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?   |

|                                   |                          |                       |
|-----------------------------------|--------------------------|-----------------------|
| <b>STSJP Program 7</b>            |                          |                       |
| 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<br>(      )      - | Ext                   |

|   |                                     |
|---|-------------------------------------|
| <b>STSJP Program 7</b>  | <b>Service Detailed Information</b> |
| 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?   |                                     |
| <b>If the STSJP Program 7 received STSJP funds in the previous STSJP PY, answer the questions below.</b>  |                                     |
| 6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, <b>answer #7</b> ; If No, <b>skip to #8</b> ; If Partially, <b>answer #7 and #8</b> . |                                     |
| 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?   |                                     |

|                                   |  |                       |
|-----------------------------------|--|-----------------------|
| <b>STSJP Program 8</b>            |  |                       |
| 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<br>(     )     - | Ext      |

| <b>STSJP Program 8 Service Detailed Information</b>   |  |
|---|--|
| 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? <b>(100 words or less)</b>  |  |
| 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?   |  |
| <b>If the STSJP Program 8 received STSJP funds in the previous STSJP PY, answer the questions below.</b>  |  |
| 6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially    If Yes, <b>answer #7</b> ;<br>If No, <b>skip to #8</b> ; If Partially, <b>answer #7 and #8</b> . |  |
| 7. What projected outcomes were met and how were they met? <b>(100 words or less)</b>   |  |
| 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? <b>(100 words or less)</b>  |  |
| 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?   |  |

| <b>STSJP Program 9</b>            |                                     |
|-----------------------------------|-------------------------------------|
| 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<br>(     )     -          Ext |

| <b>STSJP Program 9 Service Detailed Information</b>   |  |
|---|--|
| 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? <b>(100 words or less)</b>  |  |
| 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?   |  |
| <b>If the STSJP Program 9 received STSJP funds in the previous STSJP PY, answer the questions below.</b>  |  |
| 6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially    If Yes, <b>answer #7</b> ;<br>If No, <b>skip to #8</b> ; If Partially, <b>answer #7 and #8</b> . |  |
| 7. What projected outcomes were met and how were they met? <b>(100 words or less)</b>   |  |
| 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? <b>(100 words or less)</b>  |  |
| 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?

|                                    |                        |                        |
|------------------------------------|------------------------|------------------------|
| <b>STSJP Program 10</b>            |                        |                        |
| 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<br>(     )     - | Ext                    |

|   |                                     |
|---|-------------------------------------|
| <b>STSJP Program 10</b>   | <b>Service Detailed Information</b> |
| 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? <b>(100 words or less)</b>  |                                     |
| 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?   |                                     |
| <b>If the STSJP Program 10 received STSJP funds in the previous STSJP PY, answer the questions below.</b>   |                                     |
| 6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially     If Yes, <b>answer #7</b> ; If No, <b>skip to #8</b> ; If Partially, <b>answer #7 and #8</b> . |                                     |
| 7. What projected outcomes were met and how were they met? <b>(100 words or less)</b>   |                                     |
| 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? <b>(100 words or less)</b>  |                                     |
| 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?   |                                     |

|                                    |                        |                        |
|------------------------------------|------------------------|------------------------|
| <b>STSJP Program 11</b>            |                        |                        |
| 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<br>(     )     - | Ext                    |

|   |                                     |
|---|-------------------------------------|
| <b>STSJP Program 11</b>   | <b>Service Detailed Information</b> |
| 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? <b>(100 words or less)</b>                                |                                     |
| 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 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?

|                                    |                          |          |
|------------------------------------|--------------------------|----------|
| <b>STSJP Program 12</b>            |                          |          |
| 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<br>(      )      - | Ext      |

|   |                                     |
|---|-------------------------------------|
| <b>STSJP Program 12</b>   | <b>Service Detailed Information</b> |
| 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? <b>(100 words or less)</b>  |                                     |
| 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?   |                                     |
| <b>If the STSJP Program 12 received STSJP funds in the previous STSJP PY, answer the questions below.</b>   |                                     |
| 6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, <b>answer #7</b> ; If No, <b>skip to #8</b> ; If Partially, <b>answer #7 and #8</b> . |                                     |
| 7. What projected outcomes were met and how were they met? <b>(100 words or less)</b>   |                                     |
| 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? <b>(100 words or less)</b>  |                                     |
| 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?   |                                     |

|                                     |  |
|-------------------------------------|--|
| <b>PART II – STSJP-RTA PROGRAMS</b> |  |
| <b>SECTION 1</b>                    | <b>STSJP RTA PLAN AMOUNTS</b>                  |
| <b>Expenses</b>                     |  |
| 1. RTA-approved plan amount         | \$ 18999                                       |
| 2. Total program expenses           | \$ 18999                                       |
| <b>SECTION 2</b>                    | <b>LIST OF STSJP-RTA PROGRAMS TO BE FUNDED</b> |
| <b>Program Name</b>                 | <b>Total Program Expenses</b>                  |

|                                  |                 |
|----------------------------------|-----------------|
| STSJP-RTA Program 1<br>Mentoring | \$ 18999        |
| STSJP-RTA Program 2              | \$              |
| STSJP-RTA Program 3              | \$              |
| STSJP-RTA Program 4              | \$              |
| STSJP-RTA Program 5              | \$              |
| STSJP-RTA Program 6              | \$              |
| <b>TOTAL</b>                     | <b>\$ 18999</b> |

**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.**

|  |  |                                   |                   |
|--|--|-----------------------------------|-------------------|
| <b>STSJP-RTA Program 1</b>   |  |                                   |                   |
| Program 1 Name:<br>Mentoring   |  | Program 1 Type:<br>Prevention     |                   |
| Program 1 Operating Agency:<br>Catholic Charities of Delaware. Otsego and Schoharie County |  |                                   |                   |
| Program Mailing Address<br>176 Main Street   |  |                                   |                   |
| Address Line 2<br>Oneonta  |  |                                   |                   |
| City<br>New York   |  | State<br>NY                       | Zip Code<br>13820 |
| Contact Person for Program<br>Christy Houck  |  | Email<br>chouck@charitiesccdo.org |                   |
| Title<br>Program Director  |  | Phone<br>(607) 432 - 0061         | Ext               |

|  |                                     |
|--|-------------------------------------|
| <b>STSJP-RTA Program 1</b>   | <b>Service Detailed Information</b> |
| 1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 18899  |                                     |
| 2. Please indicate the specific zip codes this program will target. 13856, 13838, 12167, 13753   |                                     |
| 3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b> This program will attempt to focus mentoring services for older youth who are in need of more attention dedicated to their transisiton from youth to early adult. Mentoring services in this age group will involve more guidance toward career goals and education/vocation needs for the at risk teens.   |                                     |
| 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? 24   |                                     |
| <b>If the STSJP-RTA Program 1 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.</b>   |                                     |
| 6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially If Yes, <b>answer #7</b> ; If No, <b>skip to #8</b> ; If Partially, <b>answer #7 and #8</b> .   |                                     |
| 7. What projected outcomes were met and how were they met? <b>(100 word or less)</b> The program was referred appropriate youth who were screened by Probation, but the challenge of finding suitable mentors in such a large geogrpahic region has been a difficult one. Mentors tend to be concentrated in the villages but many youth in the outlying parts of the towns are difficult to reach. Therefore the number of referred youth was successful, but the number of matches fell short due to a lack of saturation of approved mentors. |                                     |
| 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? <b>(100 words or less)</b> As stated above, finding mentors who can reach at risk youth in the outlying areas of the county has been challenging. The operating agency has made a concentrated effort to perform more outreach using television, print, radio, and public appearances in an attempt to locate more mentors.                                  |                                     |
| 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 365  |                                     |
| 10. Total number of youth served by this program during the previous STSJP-RTA PY: 8   |                                     |
| 11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program? 0  |                                     |

|                            |                 |
|----------------------------|-----------------|
| <b>STSJP-RTA Program 2</b> |                 |
| Program 2 Name:            | Program 2 Type: |

|  |                          |          |
|--|--------------------------|----------|
| <b>Program 2 Operating Agency:</b>   |                          |          |
| Program Mailing Address  |                          |          |
| Address Line 2   |                          |          |
| City   | State                    | Zip Code |
| Contact Person for Program   | Email                    |          |
| Title  | Phone<br>(      )      - | Ext      |
| <b>STSJP-RTA Program 2                      Service Detailed Information</b>   |                          |          |
| 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? <b>(100 words or less)</b>   |                          |          |
| 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?  |                          |          |
| <b>If the STSJP-RTA Program 2 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.</b>   |                          |          |
| 6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially    If Yes, <b>answer #7</b> ; If No, <b>skip to #8</b> ; If Partially, <b>answer #7 and #8</b> . |                          |          |
| 7. What projected outcomes were met and how were they met? <b>(100 word or less)</b>   |                          |          |
| 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? <b>(100 words or less)</b>   |                          |          |
| 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?  |                          |          |

|   |                          |          |
|---|--------------------------|----------|
| <b>STSJP-RTA Program 3</b>  |                          |          |
| Program 3 Name:   | Program 3 Type:          |          |
| <b>Program 3 Operating Agency:</b>  |                          |          |
| Program Mailing Address   |                          |          |
| Address Line 2  |                          |          |
| City  | State                    | Zip Code |
| Contact Person for Program  | Email                    |          |
| Title   | Phone<br>(      )      - | Ext      |
| <b>STSJP-RTA Program 3                      Service Detailed Information</b>  |                          |          |
| 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? <b>(100 words or less)</b>                                |                          |          |
| 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?   |                          |          |
| <b>If the STSJP-RTA Program 3 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.</b>                        |                          |          |

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?

|                             |                        |          |
|-----------------------------|------------------------|----------|
| <b>STSJP-RTA Program 4</b>  |                        |          |
| 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<br>(     )     - | Ext      |

|   |                                     |
|---|-------------------------------------|
| <b>STSJP-RTA Program 4</b>  | <b>Service Detailed Information</b> |
| 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? <b>(100 words or less)</b>  |                                     |
| 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?   |                                     |
| <b>If the STSJP-RTA Program 4 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.</b>  |                                     |
| 6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, <b>answer #7</b> ; If No, <b>skip to #8</b> ; If Partially, <b>answer #7 and #8</b> . |                                     |
| 7. What projected outcomes were met and how were they met? <b>(100 word or less)</b>  |                                     |
| 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? <b>(100 words or less)</b>  |                                     |
| 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?   |                                     |

|                             |                 |          |
|-----------------------------|-----------------|----------|
| <b>STSJP-RTA Program 5</b>  |                 |          |
| Program 5 Name:             | Program 5 Type: |          |
| Program 5 Operating Agency: |                 |          |
| Program Mailing Address     |                 |          |
| Address Line 2              |                 |          |
| City                        | State           | Zip Code |



- 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. Delaware County encompasses a large geographic region between the southern tier and captial district. Within Delaware County there are 19 towns and 10 villages. The primary locations of populations that involve youth engaged in at risk behavior are the villages, such as Walton (13856), Sidney (13838), and Stamford (12167). Local municipalities that have their own police department tend to be more likely to respond to incidents of alleged criminal conduct committed by youth. These neighborhoods are characterized by low per capita income, poor housing options, and very few prosocial programming oportunties. They are also frequently areas where the families are transient, moving from one apartment to another within the same zip code within the same year due to housing issues. The lack of prosocial oportunties, adequate affordable housing, and educational/vocational oportunties all contribute to the at risk behavior of youth in those communities.

**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. There does not appear to be any racial/ethnic disparity in the use of placement or detention in Delaware County.  
 If such disparity exists, describe how this STSJP plan addresses the issues of disparity.

**SECTION 2 PERFORMANCE OUTCOMES**

For current program year, provide the projected performance outcomes for all of your proposed services and programs. Be sure to include an estimate of the anticipated reductions in detention utilization and residential placements. **(250 words or less)** The expectation is that programming will reduce the use of detention and placement significantly. Providing youth mentors to allow positive growth and self esteem development is a vital factor in keep youth from engaging in criminal activity. Youth referred to the program and matched with the appropriate mentor will have the benefit of exploring their neighborhoods and nearby communities and not associate as often with more disreputable individuals. They will also be exposed to more positive and socially enriching oportunties that they may not have had prior to their involvement with the mentoring program.

**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. The Probation Department is working with a local NGO, Catholic Charities, to implement this program in Delaware County. Referrals are made to a dedicated caseworker after being screened by the Probation Officer at intake for suitability based on factors such as offense committed and willingness on behalf of the youth. The Probation Officer and the caseworker communicate regularly through email, text, and telephone to ensure the youth and their family are treated with respect and dignity throughout the matching process. After being matched the Probation Officer and caseworker continue to assess the youths engagement and the benefits for the youth or reassess to determine if changes need to be made. Meetings are held every other month between Catholic Charities staff and Probation Department staff to ensure the program is operating as intended. Also attending those meetings are mental health professionals from Huntington Family Centers to provide feedback and assistance as needed. The youths involvement with substance abuse education/training or DSS programming are also discussed in an effort to have as comprehensive a review of the program as possible. The youths participation and benefits are considerations when determining how to proceed with case closings during consultation with the County Attorneys Office.

**SECTION 4 COOPERATIVE APPLICATIONS SUBMITTED JOINTLY BY TWO OR MORE COUNTIES****(Complete this section only if this is a joint application.)**

Two or more eligible local jurisdictions (counties) may join together to establish, operate and maintain Supervision and treatment services for juvenile programs, and may enter into agreements in connection therewith.

Counties submitting such applications must provide the following information:

1. Describe the provisions for the proportionate cost to be borne by each county:
2. Describe how personnel will be compensated across and between counties in the cooperative:
3. If a single fiscal officer will be the custodian of the funds made available for STSJP, please provide the officer's name and contact information:

**PART IV – PLAN APPROVAL****SECTION 1 APPROVAL OF THE CHIEF EXECUTIVE OFFICER**

As STSJP Lead for DelawareCounty municipality, I certify that the CEO Tina Mole has reviewed and approved the 2020 STSJP plan.

Date: 2 / 14 / 2020 User ID: sg

Print name: Scott Glueckert

**SECTION 2 APPROVAL OF THE OCFS PROGRAM LEAD**

As OCFS STSJP reviewer. I certify that I approve of this STSJP plan for Delaware municipality, for 2020.

Date: 4 / 3 / 20 User ID: IT0911

Print name: Lynn Tubbs