February 27, 2020

Dear Chief Executive Officer,

Thank you for submitting Livingston County’s Supervision and Treatment Services for Juveniles Program (STSJP) plan for Program Year (PY) 2018-19. Your plan has been reviewed by the Office of Children and Family Services (OCFS) and I am pleased to inform you that your entire STSJP plan, including the amounts listed for PY 2018-19 STSJP-RTA, has been approved.

Livingston County is eligible to receive 62% State reimbursement for STSJP expenditures up to the capped STSJP allocation amount. Your municipality will continue to receive 49% State reimbursement for eligible detention services expenditures up to the capped allocation amount. If your municipality shifts a portion of its detention allocation into its STSJP plan, your municipality will receive 62% State reimbursement if such shifted funds are spent on STSJP eligible expenditures. A municipality may make a detention allocation shift at the time of the STSJP plan submission or at any time during the program year. If Livingston County plans to shift its detention allocation for STSJP eligible expenses, please submit a request on official letterhead to John Johnson and email it to stsip@ocfs.ny.gov outlining the amount that will be shifted and the type of programming or services the re-purposed detention funds will be used for under STSJP. An amended STSJP plan will also need to be submitted.

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

All STSJP claims must be submitted electronically via the Juvenile Detention Automated System (JDAS) for the service period of October 1, 2018 to September 30, 2019. Questions on all aspects of the claiming process should be directed to Daniel Hulihan at (518) 473-4511 or at Daniel.Hulihan@ocfs.ny.gov.

Thank you for your continued partnership as we reform the juvenile justice practices in New York State by safely engaging youth and their families through innovative alternative to placement and detention programs.

If you have any questions, please email us at stsip@ocfs.ny.gov and write “STSJP Plan Questions” in the subject line so that we may best assist you in a timely manner. You can direct STSJP inquiries to Lynn Tubbs at (518) 473-9116/Lynn.Tubbs@ocfs.ny.gov or Geneva Hilliard at (518) 486-1819/ Geneva.Hilliard@ocfs.ny.gov

Sincerely,

Nina Aledort, Ph.D., LMSW
Deputy Commissioner
NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  

SUPERVISION AND TREATMENT SERVICES FOR JUVENILE PROGRAM (STSJP)  
ANNUAL PLAN  

FOR PROGRAM YEAR OCTOBER 1, 2018 - SEPTEMBER 30, 2019  

STSJP Plans are due to the Office of Children and Family Services (OCFS) by 10/31/2018.  
Plans should be submitted to: stsjp@ocfs.ny.gov  
Please be sure that the title “Supervision and Treatment Services for Juveniles Plan - 2018 - 2019 Annual Plan” and your municipality’s name are in the subject field to facilitate the timely review of your STSJP Plan.  
Note: Program Year (PY) refers to the performance period for STSJP funded programs.  
Please direct any STSJP plan questions to:  
John E. Johnson: Ph. 518-486-4665  

<table>
<thead>
<tr>
<th>Municipality Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Applicant County, Counties or Jurisdiction:</td>
</tr>
<tr>
<td>Livingston County</td>
</tr>
<tr>
<td>Lead Agency for STSJP Submission:</td>
</tr>
<tr>
<td>Department of Social Services</td>
</tr>
<tr>
<td>Name of Contact Person:</td>
</tr>
<tr>
<td>Tracy McCaughey</td>
</tr>
<tr>
<td>Contact Person’s Phone Number:</td>
</tr>
<tr>
<td>585-243-7300</td>
</tr>
<tr>
<td>Contact Person’s Email Address:</td>
</tr>
<tr>
<td><a href="mailto:tmccaughey@co.livingston.ny.us">tmccaughey@co.livingston.ny.us</a></td>
</tr>
</tbody>
</table>

Plan Submission Instructions  
Instructions for submitting an STSJP plan for OCFS review:  
a. Once you have opened this form on your computer, please immediately use the “Save As” function in Microsoft Word to save a copy;  
b. Save your application using the following name “PY 2018 - 2019 STSJP Plan – (Name of municipality)”;  
c. Work from the “saved” application document, using it to record all of your municipality’s information;  
d. Once you have completed entering the required data, save the document;  
e. Prior to submission, review calculation in section eight for accuracy. Complete the “Approval and Certification” section before submission to OCFS;  
Send the completed application to OCFS via the STSJP email address at: stsjp@ocfs.ny.gov  

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

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Total Program Expense (100 percent)</th>
<th>State Share (62 percent)</th>
<th>County Share (38 percent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>STSJP Program 1</td>
<td>$10,000</td>
<td>$6,200</td>
<td>$3,800</td>
</tr>
<tr>
<td>Case Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STSJP Program 2</td>
<td>$2,690</td>
<td>$1,668</td>
<td>$1,022</td>
</tr>
<tr>
<td>In Home Family Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STSJP Program 3</td>
<td>$51,826</td>
<td>$32,132</td>
<td>$19,694</td>
</tr>
<tr>
<td>Hillside Skillbuilding</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STSJP Program 4</td>
<td>$</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>STSJP Program 5</td>
<td>$</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>STSJP Program 6</td>
<td>$</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>STSJP Program 7</td>
<td>$</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>STSJP Program 8</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>STSJP Program 9</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>STSJP Program 10</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>STSJP Program 11</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>STSJP Program 12</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$ 64,516</strong></td>
<td><strong>$ 40,000</strong></td>
<td><strong>$ 24,516</strong></td>
</tr>
</tbody>
</table>

**STSJP RTA Program**
(for expenditures eligible for 100% state reimbursement)

- **Case Management** $3,000
- **In Home Services** $2,000
- **Skillbuilding** $8,500

**STSJP RTA Program**
(for expenditures eligible for 100% state reimbursement)

- **TOTAL** $13,500

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

**(500 words or less)** The following communities were identified as having the highest number of youth who enter the juvenile justice system, Dansville, Mount Morris, Livonia/Lakeville. The contributing factors identified include familial stressors, financial/homelessness, as well as school issues, with 37% of youth having experienced school suspensions and 18% having experienced issues with truancy.

**SECTION THREE – Overall analysis of disparity**
Please provide information indicating whether the use of detention or residential placement in your service area exhibits disparate outcomes for one racial/ethnic group as compared to outcomes for another racial/ethnic group.

**(Please consult with the Detention and Placement data provided by OCFS and the County Profile data provided by DCJS as part of your STSJP plan support documentation).**

**(250 words or less)** Based on a review of the detention data for the time period 10/1/17-9/30/18, Livingston County had 4 distinct youth placed in Non Secure detention. Three JDI and one PINS. Three males and one female, the female racial gender being African American and the three males white. Of the four youth, three were placed in out of home placement in residential facilities, two started with a diagnostic with one eventually being released to a relative and the other remained in placement. One female and one male youth remain in residential placement.

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

**(250 words or less)**
SECTION FOUR – Performance outcomes

For current program year, provide the projected performance outcomes for all of your proposed services and programs, being sure to include: An estimate of the anticipated reductions in detention utilization and residential placements.

(250 word or less) Out of the 70 youth served through Case management, 26 youth were served through Hillside Prevention programming services and, 4 served through intensive in home services, and 3 utilized respite services. Of the four distinct youth remanded to non-secure detention this program year, two youth total ended up being placed residentially this last program year. The number of youth served in the previous plan year was 60, with an increase this year to 70. The number of children referred for case management was higher this year yet in the last 6 months 11 youth were discharged with 9 of them having been compliant and participatory in programming. Of the 22 youth served by Hillside prevention programming, 5 were successfully discharged from programming. In home servicing continues with 4 youth referred to this level of programming, 2 of the youth having remained with this level of programming since December 2017.

SECTION FIVE – Collaboration

As per STSJP legislation, collaboration is required please describe your municipality’s activities in developing this year’s STSJP plan in collaboration with local agencies responsible for probation, law enforcement, detention, diversion, and social services, as well as, with courts, service provider, schools, and youth development programs.

(250 words or less) The Case Management services provided are through a collaboration established between the Department of Social Services and the Probation Department. The case manager and the probation officer coordinate processing the referrals. Services and outcomes are reviewed during monthly meetings that are held with the Hillside who provide skill building services to the youth and family. The Case Manager participates in quarterly meetings with non-secure detention. The Case manager also provides outreach to school districts related to PINS diversion services. The Case manager will also participate on the Single Point of Access committee (SPOA) for those youth on probation with mental health service needs to make that connection for the youth and family. The court system is familiar with the collaboration of the identified service providers, reinforce the availability of this programming and offer feedback.

SECTION SIX – Cooperative applications submitted jointly by two or more counties

(Complete this section only if this is a joint application)

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

Describe the provisions for the proportionate cost to be borne by each county:

Describe the manner of employment of personnel across and between counties in the cooperative:

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

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

SECTION SEVEN – Plan amounts

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Program expenses</td>
<td>$64,516</td>
</tr>
<tr>
<td>2. State reimbursement (Program expenses*.62)</td>
<td>$40,000</td>
</tr>
<tr>
<td>3. State share amount (Program expenses*.38)</td>
<td>$24,516</td>
</tr>
</tbody>
</table>

Add in Reimbursements for the plan (fill out all that are applicable)

<table>
<thead>
<tr>
<th>Reimbursements</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. STSJP allocation</td>
<td>$40,000</td>
</tr>
<tr>
<td>5. STSJP approved</td>
<td>$40,000</td>
</tr>
<tr>
<td>6. JDAI allocation</td>
<td>$</td>
</tr>
<tr>
<td>7. JDAI approved</td>
<td>$</td>
</tr>
<tr>
<td>8. Detention approved amount shifted to STSJP</td>
<td>$</td>
</tr>
</tbody>
</table>
9. PY rollover approved

10. Total approved amounts for state reimbursement $40,000

11. Total amount of approved STSJP-RTA 100% state reimbursement $13,500

**Program detail inserts**

List the **name of each service and program** who you expect will received STSJP funds, along with the **projected amount of STSJP funds** to be used for each: As a Guide to providing the information needed to properly review your plan, please provide programmatic information in the format listed below; Provide the Name of the Provider of the Service/Program. **Please note there are now 6 types of programming to choose from.**

<table>
<thead>
<tr>
<th>Program one name:</th>
<th>Case Management</th>
<th>Type of program:</th>
<th>Prevention</th>
</tr>
</thead>
</table>

Program operating agency: Livingston County DSS

Program mailing address
1 Murray Hill Drive

Address line 2

City Mount Morris  State NY  Zip code 14510

Contact person for program Tracy McCaughey

Title Director  Phone number (585) 243-7300  Ext. 7437

Email Tmccaughey@co.livingston.ny.us

**Program service detailed information**

The amount of STSJP funds that your jurisdiction will devote to the services from this program? $ 6,200

1. Please indicate the specific zip codes this program will target? Zip Codes 14437, 14510, 14487,

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The case manager customizes plans based on assessment of the youth, the family and input from the Probation Officer with the goal of preventing placement through the use of community based services including identifying any familial support systems the youth and family may have. Intervention resource are accessed within 48 hours with referrals being made to mental health, financial programs, medical/dental, youth court, mentoring programs, parenting and youth bureau/workforce development.

3. Does your municipality plan to replicate program across multiple locations? (☑ yes or □ no)

4. What is the projected number of youth who will receive service from this program? (4-character number) 0075

**If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.**

5. Did projected performance outcome meet expected outcomes? (☑ yes or □ no) If yes, answer # 6, if no, skip to #7.

6. What projected outcomes were met and how were they met? (100 word or less) The projected outcome was 60, 70 were serviced with a reduction in the amount of detention use occurring during this previous program year. And the detention that was used was non-secure.

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

8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 398

9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 0060

10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

<table>
<thead>
<tr>
<th>Program two name:</th>
<th>In Home Family Services</th>
<th>Type of program:</th>
<th>Prevention</th>
</tr>
</thead>
</table>

Program operating agency: Livingston County DSS-Susan Aeld contractual
Program mailing address
1 Murray Hill Drive

Address line 2

City Mount Morris  State NY  Zip code 14510

Contact person for program Tracy McCaughey

Title Director  Phone number (585) 243-7300  Ext. 7437

Email TMcCaughey@co.livingston.ny.us

**Program service detailed information**

The amount of STSJP funds that your jurisdiction will devote to the services from this program? $ 1,668

1. Please indicate the specific zip codes this program will target? Zip Codes 14437,14466,14510

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The program will continue to be used with identified youth and their family to divert placement and maintain youth within the community as opposed to a higher level of care. Education and role modeling is directly provided to the youth as well as the caregivers surrounding each of their responsibilities in creating a healthy and safe environment including the associated behaviors that should be demonstrated in the home as well as in the community.

3. Does your municipality plan to replicate program across multiple locations? (✓ yes or □ no)

4. What is the projected number of youth who will receive service from this program? (4-character number) 0005

**If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.**

5. Did projected performance outcome meet expected outcomes? (✓ yes or □ no) If yes, answer # 6. If no, skip to #7.

6. What projected outcomes were met and how were they met? (100 word or less) Yes, the youth referred remain in program and have not required out of home placement.

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

8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 275

9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 0004

10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

<table>
<thead>
<tr>
<th>Program three name:</th>
<th>Skillbuilding</th>
<th>Type of program:</th>
<th>Prevention</th>
</tr>
</thead>
</table>

**Program operating agency:** Hillside Children’s Center

Program mailing address
Contracted through Livingston County Department of Social Services

Address line 2
1 Murray Hill Drive

City Mount Morris  State NY  Zip code 14510

Contact person for program Tracy McCaughey

Title Director  Phone number (585) 243-7300  Ext. 7437

Email TMcCaughey@co.livingston.ny.us

**Program service detailed information**

The amount of STSJP funds that your jurisdiction will devote to the services from this program? $ 32,132

1. Please indicate the specific zip codes this program will target? Zip Codes 14466,14437,14487

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) This program is chosen for identified youth in need of learning alternative ways to manage the issues they are presenting with. Role modeling, community outreach interactions, and group activity opportunities are provided to youth to assist them...
with developing healthy life skills as well as coping skills. Program plans can include all family members particularly parents to assist them with setting reasonable expectations and consequences for the youth when appropriate.

3. Does your municipality plan to replicate program across multiple locations? (☒ yes or ☐ no)

4. What is the projected number of youth who will receive service from this program? (4-character number) 0040

If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.

5. Did projected performance outcome meet expected outcomes? (☒ yes or ☐ no) If yes, answer #6; if no, skip to #7.

6. What projected outcomes were met and how were they met? (100 word or less) The youth in receipt of this diversionary service were not placed in detention, not was there a transfer to out of home placement. The youth involved and those discharged consistently complied with the rules of the program.

7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) The number of youth served was less than 40, in part due to service provider staffing availability due to vacancies as well as the increase in the length of stay we observed some youth having in this program. One youth in particular since 2016, and 5 other since 2017. The provider has since hired to address the staffing barrier.

8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 330

9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 0040

10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

Program four name:

Type of program:

Program operating agency:

Program mailing address

Address line 2

City State Zip code

Contact person for program

Title Phone number ( ) Ext.

Email

Program service detailed information

The amount of STSJP funds that your jurisdiction will devote to the services from this program? $ 0040

1. Please indicate the specific zip codes this program will target? Zip Codes

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

3. Does your municipality plan to replicate program across multiple locations? (☒ yes or ☐ no)

4. What is the projected number of youth who will receive service from this program? (4-character number) 0040

If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.

5. Did projected performance outcome meet expected outcomes? (☒ yes or ☐ no) If yes, answer #6; if no, skip to #7.

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

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

8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)

9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 0040

10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

Program five name:

Type of program:
**Program operating agency:**

Program mailing address

<table>
<thead>
<tr>
<th>Address line 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
</tr>
</tbody>
</table>

Contact person for program

<table>
<thead>
<tr>
<th>Title</th>
<th>Phone number ( )</th>
<th>Ext.</th>
</tr>
</thead>
</table>

**Program service detailed information**

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

1. Please indicate the specific zip codes this program will target? Zip Codes
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
3. Does your municipality plan to replicate program across multiple locations? (☐ yes or ☐ no)
4. What is the projected number of youth who will receive service from this program? (4-character number)

**If the program received STSJP funds in the previous program year 2019 - 2020, answer the questions below.**

5. Did projected performance outcome meet expected outcomes? (☐ yes or ☐ no) If yes, answer # 6. If no, skip to #7.
6. What projected outcomes were met and how were they met? (100 word or less)
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)

9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)

10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

<table>
<thead>
<tr>
<th>Program seven name:</th>
<th>Type of program:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Program operating agency:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Program mailing address</td>
<td></td>
</tr>
<tr>
<td>Address line 2</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Contact person for program</td>
<td>Title</td>
</tr>
<tr>
<td>Email</td>
<td></td>
</tr>
</tbody>
</table>

**Program service detailed information**

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

1. Please indicate the specific zip codes this program will target? Zip Codes

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

3. Does your municipality plan to replicate program across multiple locations? (☐ yes or ☐ no)

4. What is the projected number of youth who will receive service from this program? (4-character number)

If the program received STSJP funds in the previous program year 20__-20__, answer the questions below.

5. Did projected performance outcome meet expected outcomes? (☐ yes or ☐ no) If yes, answer # 6. If no, skip to #7.

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

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

8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)

9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)

10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)
4. What is the projected number of youth who will receive service from this program? (4-character number)

**If the program received STSJP funds in the previous program year 2019-20, answer the questions below.**

5. Did projected performance outcome meet expected outcomes? (☐ yes or ☐ no) If yes, answer #6. If no, skip to #7.

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

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

8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)

9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)

10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

---

### Program nine

<table>
<thead>
<tr>
<th>Program nine name:</th>
<th>Type of program:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program operating agency:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program mailing address</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address line 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Contact person for program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email</th>
<th>Phone number ( )</th>
<th>Ext.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

### Program service detailed information

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

1. Please indicate the specific zip codes this program will target? Zip Codes

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

3. Does your municipality plan to replicate program across multiple locations? (☐ yes or ☐ no)

4. What is the projected number of youth who will receive service from this program? (4-character number)

**If the program received STSJP funds in the previous program year 2019-20, answer the questions below.**

5. Did projected performance outcome meet expected outcomes? (☐ yes or ☐ no) If yes, answer #6. If no, skip to #7.

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

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

8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)

9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)

10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)
**Program service detailed information**

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

1. Please indicate the specific zip codes this program will target? Zip Codes 

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

3. Does your municipality plan to replicate program across multiple locations? (☐ yes or ☐ no) 

4. What is the projected number of youth who will receive service from this program? (4-character number) 

**If the program received STSJP funds in the previous program year 2019 - 2020, answer the questions below.**

5. Did projected performance outcome meet expected outcomes? (☐ yes or ☐ no) If yes, answer #6, If no, skip to #7. 

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

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

8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 

9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 

10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 

<table>
<thead>
<tr>
<th>Program eleven name:</th>
<th>Type of program:</th>
</tr>
</thead>
</table>

**Program operating agency:**

Program mailing address 

Address line 2 

City State Zip code 

Contact person for program 

Title Phone number ( ) Ext. 

Email 

**Program service detailed information**

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

1. Please indicate the specific zip codes this program will target? Zip Codes 

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

3. Does your municipality plan to replicate program across multiple locations? (☐ yes or ☐ no) 

4. What is the projected number of youth who will receive service from this program? (4-character number) 

**If the program received STSJP funds in the previous program year 2019 - 2020, answer the questions below.**

5. Did projected performance outcome meet expected outcomes? (☐ yes or ☐ no) If yes, answer #6, If no, skip to #7. 

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

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

8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 

9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 

10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 

<table>
<thead>
<tr>
<th>Program twelve name:</th>
<th>Type of program:</th>
</tr>
</thead>
</table>

**Program operating agency:**
Program mailing address

Address line 1

Address line 2

City
State
Zip code

Contact person for program

Title

Phone number ( )

Ext.

Email

Program service detailed information

The amount of STSJP funds that your jurisdiction will devote to the services from this program? $ 8500

1. Please indicate the specific zip codes this program will target? Zip Codes 14437, 14487, 14466, 14414

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The program will be used for youth who are identified as needing guidance with learning alternative ways to manage the behaviors they are demonstrating either at home or within the community. Role modeling, community outreach interactions, and group activity opportunities are provided to assist youth with developing healthy life skills and coping skills. The programming will serve Raise the Age Youth.

3. Does your municipality plan to replicate program across multiple locations? (☐ yes or ☐ no)

4. What is the projected number of youth who will receive service from this program? (4-character number) 5

If the program received STSJP funds in the previous program year 2018-2019, answer the questions below.

5. Did projected performance outcome meet expected outcomes? (☐ yes or ☐ no) If yes, answer #6. If no, skip to #7.

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

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

8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)

9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)

10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

STSJP/RTA Program name: Hillside Skillbuilding  Type of program: Prevention

Program operating agency: Hillside Children’s Center contracted by Livingston County DSS

Program mailing address
1 Murray Hill Drive

Address line 2

City Mount Morris State NY Zip code 14510

Contact person for program Tracy McCaughey

Title Director

Phone number (585) 243-7300 Ext. 7437

Email tmccaughey@co.livingston.ny.us

Program service detailed information

The amount of STSJP funds that your jurisdiction will devote to the services from this program? $ 8500

1. Please indicate the specific zip codes this program will target? Zip Codes 14437, 14487, 14466, 14414

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The program will be used for youth who are identified as needing guidance with learning alternative ways to manage the behaviors they are demonstrating either at home or within the community. Role modeling, community outreach interactions, and group activity opportunities are provided to assist youth with developing healthy life skills and coping skills. The programming will serve Raise the Age Youth.

3. Does your municipality plan to replicate program across multiple locations? (☐ yes or ☐ no)

4. What is the projected number of youth who will receive service from this program? (4-character number) 5

If the program received STSJP funds in the previous program year 2018-2019, answer the questions below.
5. Did projected performance outcome meet expected outcomes? (☐ yes or ☐ no) If yes, answer # 6, If no, skip to #7.

6. What projected outcomes were met and how were they met? (100 word or less) Although not for RTA youth, STSJP funds through the program served 49 youth. Of the youth discharged from these programming services, 70% attended the required program activities and consistently complied with program rules and standards.

7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) We experienced an increase in the average length of stay. During the next program period we will be formalizing meetings with this project's stakeholder along with Probation to discuss youth and strategize further.

8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 340

9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 49

10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)
<table>
<thead>
<tr>
<th>STSJP/RTA Program name:</th>
<th>In Home Services</th>
<th>Type of program:</th>
<th>Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program operating agency:</td>
<td>Livingston County DSS-Susan Aeid contractual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program mailing address</td>
<td>1 Murray Hill Drive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address line 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City Mount Morris</td>
<td>State NY</td>
<td>Zip code 14510</td>
<td></td>
</tr>
<tr>
<td>Contact person for program Tracy McCaughey</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title Director</td>
<td>Phone number (585) 243-7300</td>
<td>Ext. 7437</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:tmcaughey@co.livingston.ny.us">tmcaughey@co.livingston.ny.us</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Program service detailed information**

The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 2000

1. Please indicate the specific zip codes this program will target? Zip Codes 14437,14466,14510

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The program is to be used with identified youth to divert placement and maintain youth within the community. Education and role modeling surrounding personal responsibility in creating a healthy and safe environment including the associated behaviors/actions that should be demonstrated in the home as well as the community with be the focus.

3. Does your municipality plan to replicate program across multiple locations? \( \square \) yes or \( \square \) no

4. What is the projected number of youth who will receive service from this program? (4-character number) 5

**If the program received STSJP funds in the previous program year 2018 - 2019, answer the questions below.**

5. Did projected performance outcome meet expected outcomes? \( \square \) yes or \( \square \) no If yes, answer # 6, If no, skip to #7.

6. What projected outcomes were met and how were they met? (100 word or less) Although no RTA youth at that time, the youth referred remain in the program and have not required out of home placement.

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

8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 275

9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 4

10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

**SECTION EIGHT – Plan Approval**

**Approval of the Chief Executive Officer**

As STSJP Lead for Livingston County municipality, I certify that the CEO David LeFeber has reviewed and approved the 2018 - 2019 STSJP plan.

Date: 02 / 13 / 2020 STSJP Lead User ID 24A318

STSJP Lead printed name: Tracy McCaughey

**Approval of the OCFS STSJP Program Lead**

As OCFS STSJP reviewer, I certify that I approve of this STSJP plan for Livingston municipality, for 2018 - 2019.

Date: 02 / 13 / 2020 User ID IT0911 Printed name Lynn Tildos