



**Office of Children
and Family Services**

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Commissioner

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 stsjp@ocfs.ny.gov outlining the amount that will be shifted and the type of programming or services the re-purposed detention funds will be used for under STSJP. An amended STSJP plan will also need to be submitted.

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

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

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

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

Sincerely,

Nina Aledort, Ph.D., LMSW
Deputy Commissioner

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

MUNICIPALITY INFORMATION			
NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION: Livingston County			
LEAD AGENCY FOR STSJP SUBMISSION: Department of Social Services		NAME OF CONTACT PERSON: Tracy McCaughey	
CONTACT PERSON'S PHONE NUMBER: 585-243-7300		CONTACT PERSON'S EMAIL ADDRESS: tmccaughey@co.livingston.ny.us	

Plan Submission instructions
<p>Instructions for submitting an STSJP plan for OCFS review.</p> <ol style="list-style-type: none"> Once you have opened this form on your computer, please immediately use the "Save As" function in Microsoft Word to save a copy; Save your application using the following name "PY 2018 - 2019 STSJP Plan – (Name of municipality)"; Work from the "saved" application document, using it to record all of your municipality's information; Once you have completed entering the required data, save the document; Prior to submission, review calculation in section eight for accuracy. Complete the "Approval and Certification" section before submission to OCFS; <p>Send the completed application to OCFS via the STSJP email address at: stsjp@ocfs.ny.gov</p>

SECTION ONE - List of programs to be funded			
In this section, list the exact name of each program and Indirect Service that will be funded with STSJP funds, along with the projected amount of Program Expense, State Share and County Share to be used for each. (Program List and Detail Sheet must match)			
Program Name	Total Program Expense (100 percent)	State Share (62 percent)	County Share (38 percent)
STSJP Program 1 Case Management	\$ 10,000	\$ 6,200	\$ 3,800
STSJP Program 2 In Home Family Services	\$ 2,690	\$ 1,668	\$ 1,022
STSJP Program 3 Hillside Skillbuilding	\$ 51,826	\$ 32,132	\$ 19,694
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	\$	\$	\$
TOTAL	\$ 64,516	\$ 40,000	\$ 24,516
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Case Management	\$ 3,000		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) In Home Services	\$ 2,000		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Skillbuilding	\$ 8,500		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
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 JD' 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

Expenses

1. Total Program expenses		\$ 64,516
2. State reimbursement (Program expenses*.62)		\$ 40,000
3. State share amount (Program expenses*.38)		\$ 24,516
Add in Reimbursements for the plan (fill out all that are applicable)		
4. STSJP allocation	\$ 40,000	
5. STSJP approved		\$ 40,000
6. JDAI allocation	\$	
7. JDAI approved		\$
8. Detention approved amount shifted to STSJP		\$

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.**

Program one name:	Case Management	Type of program:	Prevention
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 withing 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? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> 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? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> 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)			
Program two name:	In Home Family Services	Type of program:	Prevention
Program operating agency:	Livingston County DSS-Susan Aeid 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? <input checked="" type="checkbox"/> yes or <input type="checkbox"/> 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? <input checked="" type="checkbox"/> yes or <input type="checkbox"/> 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)		

Program three name:	Skillbuilding	Type of program:	Prevention
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 ar 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 STSJF 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 STSJF 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 STSJF 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? (<input type="checkbox"/> yes or <input type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number)			
If the program received STSJF funds in the previous program year 20 - 20 , answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> 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 STSJF PY? (4 Characters)			
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:	
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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? (<input type="checkbox"/> yes or <input type="checkbox"/> no)		
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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)		
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10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)		

Program six name:	Type of program:
Program operating agency:	
Program mailing address	
Address line 2	
City	State Zip code
Contact person for program	
Title	Phone number () Ext.
Email	
Program service detailed information	
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$	
1. Please indicate the specific zip codes this program will target? Zip Codes	
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)	
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5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.	
6. What projected outcomes were met and how were they met? (100 word or less)	
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)	

8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

Program seven name:		Type of program:	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ()	Ext	
Email			

Program service detailed information

The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$
1. Please indicate the specific zip codes this program will target? Zip Codes
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input type="checkbox"/> no)
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If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.

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Program eight name:		Type of program:	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ()	Ext.	
Email			

Program service detailed information

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

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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)

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

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

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

Program nine name:		Type of program:	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ()		Ext.
Email			
Program service detailed information			
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Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ()		Ext.

Email
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Program operating agency:			

Program mailing address		
Address line 2		
City	State	Zip code
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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? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.		
6. What projected outcomes were met and how were they met? (100 word or less)		
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)		
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)		
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)		

STSJP/RTA Program name:	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? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> 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? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> 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 projects 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)

STSJP/RTA Program name:	Case Management	Type of program:	Prevention
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? \$ 3000			
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 Probation Ifficer with the goal of preventing placement through the use of community based servcies, including identifying familial support systems the youth may have. Intervention resource are accessed within 48 hours with referrals being made to mental health, financial programs, medical/dental, mentoring programs, youth bureau/workforce development and community service.			
3. Does your municipality plan to replicate program across multiple locations? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> 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? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> 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, 70 youth overall were served with a reduction in the amount of detention use occurring during the previous program year.			
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) 60			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)			

STSJP/RTA Program name:	In Home Services	Type of program:	Prevention
Program operating agency:	Livingston County DSS-Susan Aeid 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? \$ 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 creting 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? <input checked="" type="checkbox"/> yes or <input type="checkbox"/> 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? <input checked="" type="checkbox"/> yes or <input type="checkbox"/> 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: 2/26/20		User ID: JTO911	Printed name: Lynn Tibbos