



Office of Children  
and Family Services

ANDREW M. CUOMO  
Governor

SHEILA J. POOLE  
Acting Commissioner

January 30, 2020

Dear Chief Executive Officer,

Thank you for submitting Steuben 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 STSJP plan has been **approved**.

**Please note that this approval does not extend to the amount listed for the STSJP RTA programming unless your county has received a NYS Division of Budget approval letter. OCFS will send out a revised STSJP approval letter reflecting the STSJP RTA programming amount approved by NYS DOB.**

Steuben 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 Steuben 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](mailto: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](mailto: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](mailto:stsjp@ocfs.ny.gov) and write "STSJP Plan Questions" in the subject line so that we may best assist you in a timely manner. You can direct STSJP inquiries to Lynn Tubbs at (518) 473-9116 or [Lynn.Tubbs@ocfs.ny.gov](mailto:Lynn.Tubbs@ocfs.ny.gov).

Sincerely,

Nina Aledort, PhD  
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 / 15 / 2018**

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

<b>MUNICIPALITY INFORMATION</b>			
NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION: Steuben County			
LEAD AGENCY FOR STSJP SUBMISSION: Steuben County Probation Department		NAME OF CONTACT PERSON: Cheryl A Crocker	
CONTACT PERSON'S PHONE NUMBER: 607-664-2330		CONTACT PERSON'S EMAIL ADDRESS: CCrocker@SteubenCountyNY.gov	

**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](mailto: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)

Program Name	Total Program Expense (100 percent)	State Share (62 percent)	County Share (38 percent)
STSJP Program 1 PINS/JD Intake/Diversion	\$ 99,656.00	\$ 61,786.72	\$ 37,869.28
STSJP Program 2 PINS/JD Supervision	\$ 99,655.00	\$ 61,786.10	\$ 37,868.90
STSJP Program 3 Pre-Dispositional Supervision	\$ 99,655.00	\$ 61,786.10	\$ 37,868.90
STSJP Program 4	\$	\$	\$
STSJP Program 5	\$	\$	\$
STSJP Program 6	\$	\$	\$
STSJP Program 7	\$	\$	\$

STSSJP Program 8	\$	\$	\$
STSSJP Program 9	\$	\$	\$
STSSJP Program 10	\$	\$	\$
STSSJP Program 11	\$	\$	\$
STSSJP Program 12	\$	\$	\$
<b>TOTAL</b>	<b>\$ 298,966.00</b>	<b>\$ 185,358.92</b>	<b>\$ 113,607.08</b>
STSSJP RTA Program (for expenditures eligible for 100% state reimbursement) Youth WRAP Around Program	\$ 84,000		
STSSJP RTA Program (for expenditures eligible for 100% state reimbursement) Youth Mentoring Program	\$		
STSSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
STSSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
STSSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
<b>TOTAL</b>	<b>\$ 84,000</b>	<b>\$</b>	<b>\$</b>

**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)** Steuben County covers roughly 1397 square miles with a population of approximately 100,000 people living in rural agricultural areas, small towns and villages and two small cities. There are three main population centers in the county from where the majority of our PINS and JD referrals come from, which are the cities of Corning(14830) and Hornell(14843) and the Village of Bath (14810). Steuben County is divided into 32 towns, 14 villages, 2 cities and is governed by a Board of Legislators comprised of 17 elected officials and a County Manager. There are 13 School Districts throughout the County.

The factors that contribute to why the majority of our PINS and JD youth that enter into the juvenile justice system come from the Corning, Hornell and Bath areas are that they have the largest populations and the most school districts and a greater Law Enforcement presence.

Services for Juvenile Delinquency and Person In Need of Supervision (PINS) referrals are provided county wide. All Juvenile Delinquency matters are served by the Steuben County Probation Department. PINS referrals are initiated at the Probation Department, referred to the Designated Assessment Service Team for further assessments with case management services being provided by the Probation Department and/or the Department of Social Services. The Designated Assessment Services Team is made up of a member from Probation, DSS and the County Community Service Department (Mental Health/Substance Abuse).

During the 2018/2019 year, Steuben County had 6 JDs and 1 PINS placed in DSS custody. These numbers do not include any juvenile already in DSS custody as the result of a neglect/abuse matter and had a PINS petition filed against them as requested by DSS.

**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)** The data for Steuben County provided by OCFS and DCJS identifies that there does not appear to be any disparities or disproportionalities in our system in regards to racial/ethnic groups. Although the data shows that there was a decrease in the percentage of Caucasian detention admissions from 2013-2017 and an increase in the number of Blacks, the overall number of detention admissions decreased from 37 in 2013 to 29 in 2017 which includes 26 Caucasian, 3 Black, 0 Hispanic and 0 Other.

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)** Of the 90 PINS and JD cases supervised by Probation, (90%) will actively participate in diversion services and want to avoid being petitioned into Family Court thus avoiding the risk of being remanded to detention. These youth and their families will be provided supervision services and referrals to other appropriate treatment/services as determined by YASI identifying areas of strength and risks.

Outcome 2:

Target: Of the 30 PINS and JD juveniles placed under court ordered Probation supervision, (100%) will be supervised and seen as required by State OPCA rules and regulations. These JD and PINS juveniles with their families will be referred for services as recommended from the YASI assessment results and monitored for compliance of the court orders and cooperation with all agencies involved to avoid further court appearances, remand to detention and residential placement.

Outcome3:

Target: The number of juveniles remanded to non-secure detention will be reduced by 10% over the next 12 months.

**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 consensus of major stake holders in Steuben County is to continue operating as we are with the current STSJP Plan, utilizing Probation Officers who have dedicated caseloads of PINS and JD youth, conduct intakes, perform assessments with the use of YASI and focus on those juveniles who are at greatest risk of being referred to Family Court therefore at greatest risk of being placed in detention and subsequently placed in residential placement. Probation Officers will provide diversion services, Pre-dispositional Supervision, court ordered Probation Supervision, utilize GPS electronic monitoring, and continue working closely with other agencies such as- Department of Social Services, Steuben County Mental Health, Steuben County Alcohol and Substance Abuse Services, and Local private counseling agencies.

In addition Probation will continue working with the 13 local area school districts and continue utilizing other preventive services such as WRAP, Family Focus through Family Service Society and SHAPE parenting education through Kinship agency. Probation will continue to work on reducing juvenile justice placements in detention and residential placement.

**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		\$ 298,966.00
2. State reimbursement (Program expenses*.62)		\$ 185,358.92
3. State share amount (Program expenses*.38)		\$ 113,607.08

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

4. STSJP allocation	\$ 53,207	
5. STSJP approved		\$ 53,207
6. JDAI allocation	\$	
7. JDAI approved		\$
8. Detention approved amount shifted to STSJP		\$ 132,151.92
9. PY rollover approved		\$
10. Total approved amounts for state reimbursement		\$ 185,358.92
11. Total amount of approved STSJP-RTA 100% state reimbursement		\$ 84,000

**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.**

<b>Program one name:</b>	PINS and JD Intake/Diversion	<b>Type of program:</b>	Early Intervention
<b>Program operating agency:</b>	Steuben County Probation Department		
Program mailing address 3 East Pulteney Sq.			
Address line 2			
City Bath		State NY	Zip code 14810
Contact person for program Craig Pomplas			
Title Probation Deputy Director		Phone number (607) 664-2330	Ext.
Email CPomplas@SteubenCountyNY@gov			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program?			\$ 99,656.00

1. Please indicate the specific zip codes this program will target?		Zip Codes 14830, 14843, 14810, 14870,14572,14823,14821	
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The Steuben County Probation Department will provide direct services to PINS and JD youth from the Intake stage through the diversion process by providing assessments, case management and supervision . During the diversion process, the Probation Department will work diligently with the youth and his/her family by making referrals for needed services/treatment based on a YASI assessment , and then provide close supervision to assure that these needed services/treatment are followed.			
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) 80			
<b>If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.</b>			
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 Probation Department provided diversion services to 85 JD and PINS youth and all 85 or 100% actively participated with services, wanting to avoid being petitioned into Family Court and remanded to detention. YASI assessments were done on all 85 youth and referrals made for treatment/services as deemed appropriate by the YASI assessments identifying their areas of strengths and weaknesses.			
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) 101			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 70			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0			
<b>Program two name:</b>	PINS and JD Supervision	<b>Type of program:</b>	ATP
<b>Program operating agency:</b>	Steuben County Probation Department		
Program mailing address 3 East Pulteney Sq.			
Address line 2			
City Bath		State NY	Zip code 14810
Contact person for program Craig Pomplas			
Title Probation Deputy Director		Phone number (607) 664-2330	Ext.
Email CPomplas@SteubenCountyNY.gov			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 99,655.00			
1. Please indicate the specific zip codes this program will target?		Zip Codes 14830,14843,14810,14870,14572,14823,14821	
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Court ordered Probation Supervision for PINS and JD cases provides close monitoring of the youth by a Probation Officer as well as referrals for identified services / treatment as determined by a YASI assessment and reassessments. In addition, the Probation Officer works with the family, school and service providers to facilitate compliance from the juvenile in following the court ordered Probation conditions to avoid further court involvement, detention and/or out of home placement.			
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) 35			

**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. There were 31 JD and PINS youth on Probation Supervision, and all 31 or 100% were supervised as required by State OPCA rules and regulations. These 31 youth Probationers were referred for services as recommended from the YASI assessments and monitored for compliance of the court orders.
- 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) 365
- 9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 31
- 10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0

<b>Program three name:</b>	Pre-Dispositional Supervision	<b>Type of program:</b>	ATD
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<b>Program operating agency:</b>	Steuben County Probation Department
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Program mailing address  
3 East Pulteney Sq.

Address line 2

City Bath	State NY	Zip code 14810
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Contact person for program Craig Pomplas

Title Probation Deputy Director	Phone number (607) 664-2330	Ext.
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Email CPomplas@SteubenCountyNY.gov

**Program service detailed information**

The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 99,655.00

1. Please indicate the specific zip codes this program will target? Zip Codes 14830,14843,14810,14572,14870,14823

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The Probation Department screens all youth petitioned into Family Court for alternatives to detention. If there appears to be a high risk of remand, an assessment is done determining if court ordered Pre-Dispositional Supervision is appropriate and /or the use of GPS Monitoring. If Pre-Dispositional Supervision is ordered by the court, the Probation Department provides intensive supervision, monitors the juveniles compliance with court orders as while their matter is pending disposition.

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) 6

**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) According to the data, the the number of juveniles remanded to detention was not reduced by 10%, however the overall average length of stay (days) was reduced by 14%. The barriers appeared to be the difficulty of the cases and type of offenses committed. No changes have been made thus far as our overall number of placements in a VA for 2017/18 were 6 JDs and 1 PINS. The 2 OCFS placements and 4 PINS placements were juveniles already in DSS custody that needed a higher level of care.

8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 30

9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 6
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0

<b>Program four name:</b>		<b>Type of program:</b>	
<b>Program operating agency:</b>			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ( )	Ext.	
Email			
<b>Program service detailed information</b>			
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)			
4. What is the projected number of youth who will receive service from this program? (4-character number)			
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>			
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)			

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

<b>Program six name:</b>		<b>Type of program:</b>	
<b>Program operating agency:</b>			
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 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)

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

<b>Program service detailed information</b>	
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)	
4. What is the projected number of youth who will receive service from this program? (4-character number)	
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>	
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)	

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

<b>Program service detailed information</b>	
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)	
4. What is the projected number of youth who will receive service from this program? (4-character number)	
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>	
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)	

<b>Program nine name:</b>			<b>Type of program:</b>	
<b>Program operating agency:</b>				
Program mailing address				

Address line 2		
City	State	Zip code
Contact person for program		
Title	Phone number ( )	Ext.
Email		
<b>Program service detailed information</b>		
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)		
4. What is the projected number of youth who will receive service from this program? (4-character number)		
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>		
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)		

<b>Program ten name:</b>		<b>Type of program:</b>	
<b>Program operating agency:</b>			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ( )	Ext.	
Email			
<b>Program service detailed information</b>			
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)			
4. What is the projected number of youth who will receive service from this program? (4-character number)			
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>			
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)

<b>Program eleven name:</b>		<b>Type of program:</b>	
<b>Program operating agency:</b>			
Program mailing address			
Address line 2			
City		State	Zip code
Contact person for program			
Title		Phone number ( )	Ext.
Email			
<b>Program service detailed information</b>			
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)			
4. What is the projected number of youth who will receive service from this program? (4-character number)			
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>			
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)			

<b>Program twelve name:</b>		<b>Type of program:</b>	
<b>Program operating agency:</b>			
Program mailing address			
Address line 2			
City		State	Zip code
Contact person for program			
Title		Phone number ( )	Ext.
Email			
<b>Program service detailed information</b>			
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)			
4. What is the projected number of youth who will receive service from this program? (4-character number)			
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>			

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)

<b>STSJP/RTA Program name:</b>	Youth WRAP Around Program	<b>Type of program:</b>	STSJP-RTA
<b>Program operating agency:</b>	Pathways, Inc.		
Program mailing address 33 Denison Parkway West			
Address line 2			
City Corning		State NY	Zip code 14830
Contact person for program Lynn Goodwin			
Title Executive VP Program Operations		Phone number (607) 937-3221	Ext.
Email lgoodwin@pathwaysforyou.org			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 84,000			
1. Please indicate the specific zip codes this program will target? Zip Codes 14830,14843,14810,14572,14870,14823			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Youth WRAP Around program is a program operated by Pathways, Inc.that provides community based, family focused, comprehensive services to high-risk youth and their families.This program utilizes a strengths-based assessment and develops a comprehensive, realistic family focused treatment plan based on identified strengths and needs of the youth and family. Services available to all families participating in this program include Intensive Case Management, Respite Services, Skill Building 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) 6			
<b>If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.</b>			
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)			

<b>STSJP/RTA Program name:</b>	Youth Mentoring	<b>Type of program:</b>	New Program STSJP-RTA
<b>Program operating agency:</b>	Family Service Society, Inc.		
Program mailing address 280 Princeton Ave. Ext.			
Address line 2			

City Corning	State NY	Zip code 14830
Contact person for program Harmony Ayers-Friedlander		
Title Executive Director	Phone number (607) 962-3148	Ext.
Email harmonyaf@familyservicesociety.org		
<b>Program service detailed information</b>		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 0		
1. Please indicate the specific zip codes this program will target? Zip Codes 14830,14843,14810,14572,14870,14823		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) At risk youth in these communities will be referred to the Youth Mentoring Program to help prevent said youth from entering into the juvenile justice system and/or prevent them from being referred to Family Court as PINS or JD's. This is a new program and plans are to have it up and running in May 2019. The partial cost of the program is \$24,750 which is part of a Sheriff Deputy's salary and the mentoring program utilizes Law Enforcement as mentors.		
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) 24		
<b>If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.</b>		
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)		

<b>STSJP/RTA Program name:</b>	<b>Type of program:</b>	
<b>Program operating agency:</b>		
Program mailing address		
Address line 2		
City	State	Zip code
Contact person for program		
Title	Phone number ( )	Ext.
Email		
<b>Program service detailed information</b>		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 0		
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 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) 12		
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>		
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)   |

<b>SECTION EIGHT – Plan Approval</b>
<b>Approval of the Chief Executive Officer</b>
As STSJP Lead for Steuben County municipality, I certify that the CEO Jack Wheeler has reviewed and approved the 2018 - 2019 STSJP plan.
Date: 10 / 15 / 2018 STSJP Lead User ID 46A816
STSJP Lead printed name: Cheryl Crocker
<b>Approval of the OCFS STSJP Program Lead</b>
As OCFS STSJP reviewer. I certify that I approve of this STSJP plan for Steuben municipality, for 2018 - 2019.
Date: 1 / 15 / 2020 User ID: kk4352 Printed name John Johnson //jej//