



**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 Steuben County's Supervision and Treatment Services for Juveniles Program (STSJP) plan for Program Year (PY) 2019-20. Your plan has been reviewed by the Office of Children and Family Services (OCFS), and we are pleased to inform you that your STSJP plan has been **approved**.

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

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 non-Raise The Age detention services expenditures up to the capped allocation amount. If your municipality shifts a portion of its detention allocation into its STSJP plan, your municipality will receive 62% State reimbursement if such shifted funds are spent on STSJP eligible expenditures. A municipality may make a detention allocation shift at the time of the STSJP plan submission or up until 6/30/20, unless otherwise approved by the Office of Children and Family Services. If Steuben County plans to shift its detention allocation for STSJP eligible expenses, please submit a request on official letterhead to Lynn Tubbs and email it to stsjp@ocfs.ny.gov outlining the amount that will be shifted and the type of programming or services the re-purposed detention funds will be used for under STSJP. An amended STSJP plan will also need to be submitted.

As a reminder, to access RTA reimbursement for which a municipality may be eligible, the expenditures must be specifically included in a locality's Division of Budget approved comprehensive RTA plan.

All STSJP claims must be submitted electronically via the Juvenile Detention Automated System (JDAS) for the service period of October 1, 2019 to September 30, 2020. Questions on all aspects of the claiming process should be directed to Daniel Hulihan at (518) 473-4511 or at Daniel.Hulihan@ocfs.ny.gov.

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

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

Sincerely,



Nina Aledort, PhD, LMSW
Deputy Commissioner

cc: Derek Holtzclaw, OCFS Deputy Commissioner for Administration
Lynn Tubbs, Director of Cross-System Supports, YDAPS
OCFS Child Welfare and Community Services Regional Office Directors
Municipality STSJP Leads

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

STSJP plans are due to the Office of Children and Family Services (OCFS) by 08/19/19

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

Please be sure that the title "STSJP 2019-2020 Annual Plan-Municipality Name" are in the Subject Field to facilitate the timely review of your STSJP plan.

Note: Program Year (PY) refers to the performance period for STSJP-funded programs.

Please direct any STSJP plan questions to:

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

MUNICIPALITY INFORMATION	
NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION: 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.us

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

PART I – STSJP PROGRAMS

SECTION 1	PLAN AMOUNTS
EXPENSES	
1. Total program expenses	\$ 310,041.00
2. State reimbursement	\$ 192,225.42
3. Local share amount	\$ 117,815.58
Reimbursements for the plan (Enter all amounts that are applicable.)	
4. STSJP allocation amount	\$ 53,207.00
5. STSJP local approved plan amount	\$ 53,207.00
6. Detention approved amount shifted to STSJP	\$ 139,018.42
7. PY rollover approved amount	\$ 00
8. Total approved amounts for state reimbursement	\$ 192,225.42

SECTION 2 LIST OF STSJP PROGRAMS TO BE FUNDED			
Program Name	Local Share (38 percent)	State Share (62 percent)	Total Program Expenses (100 percent)
STSJP Program 1 PINS/JD Intake/Diversion	\$ 39,271.86	\$ 64,074.14	\$ 103,347.00
STSJP Program 2 PINS/JD Supervision	\$ 39,271.86	\$ 64,074.14	\$ 103,347.00
STSJP Program 3	\$ 39,271.86	\$ 64,074.14	\$ 103,347.00

Pre-Dispositional Supervision			
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			\$ 310,041

STSJP PROGRAMMING DETAILS

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

STSJP Program 1			
STSJP Program 1 Name: PINS/JD Intake/Diversion		STSJP Program 1 Type: Early Intervention	
STSJP Program 1 Operating Agency: 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		Email CPomplas@SteubenCountyNY.us	
Title Probation Deputy Director		Phone (607) 664 - 2330	Ext

STSJP Program 1	Service Detailed Information
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 103,347.00	
2. Please indicate the specific zip codes this program will target. 14810, 14830, 14843, 14870	
3. 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.	
4. Does your municipality plan to replicate the program across multiple locations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program? 80	
If the STSJP Program 1 received STSJP funds in the previous STSJP PY, answer the questions below.	

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

7. What projected outcomes were met and how were they met? (100 words or less) Yes. The Probation Department provided diversion services to JD and PINS youth and all or 100% actively participated with services, wanting to avoid being petitioned into Family Court and remanded to detention. YASI assessments were done on all youth and referrals made for treatment/services as deemed appropriate by the YASI assessments identifying their areas of strengths and weaknesses.

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

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 74

10. Total number of youth served by this program during the previous STSJP PY: 85

11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 0

STSJP Program 2		
STSJP Program 2 Name: PINS and JD Supervision	STSJP Program 2 Type: Alternative to Placement	
STSJP Program 2 Operating Agency: 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	Email CPomplas@SteubenCountyNY.us	
Title Probation Deputy Director	Phone (607-664-2330)	Ext

STSJP Program 2	Service Detailed Information
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 103,347	
2. Please indicate the specific zip codes this program will target. 14810, 14830, 14843, 14870	
3. 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.	
4. Does your municipality plan to replicate the program across multiple locations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program? 30	
If the STSJP Program 2 received STSJP funds in the previous STSJP PY, answer the questions below.	
6. Did projected performance outcomes meet expected outcomes? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.	
7. What projected outcomes were met and how were they met? (100 words or less) Yes. There were 30 JD and PINS youth on Probation Supervision, and all 30 or 100% were supervised as required by State OPCA rules and regulations. These 30 youth Probationers were referred for services as recommended from the YASI assessments and monitored for compliance of the court orders.	
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)	
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 365	

10. Total number of youth served by this program during the previous STSJP PY: 31
11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 0

STSJP Program 3		
STSJP Program 3 Name: Pre-Dispositional Supervision		STSJP Program 3 Type: JO/JD-Alternative to Detention
STSJP Program 3 Operating Agency: 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	Email CPomplas@SteubenCountyNY.us	
Title Probation Deputy Director	Phone (607) 664 - 2330	Ext

STSJP Program 3		Service Detailed Information	
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 103,347			
2. Please indicate the specific zip codes this program will target. 14810, 14830, 14843, 14870			
3. 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.			
4. Does your municipality plan to replicate the program across multiple locations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
5. What is the projected number of youth who will receive services from this program? 10			
If the STSJP Program 3 received STSJP funds in the previous STSJP PY, answer the questions below:			
6. Did projected performance outcomes meet expected outcomes? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 .			
7. What projected outcomes were met and how were they met? (100 words or less) The Probation Department provided court ordered Pre-Dispositional Supervision to 6 JD and PINS youth and all 6 were successful at remaining out of detention while Disposition of their matter was pending in Family Court.			
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)			
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 30			
10. Total number of youth served by this program during the previous STSJP PY: 6			
11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 0			

STSJP Program 4		
STSJP Program 4 Name:		STSJP Program 4 Type:
STSJP Program 4 Operating Agency:		
Program Mailing Address		
Address Line 2		
City	State	Zip Code

Contact Person for Program	Email	
Title	Phone () -	Ext

STSJP Program 4	Service Detailed Information
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$	
2. Please indicate the specific zip codes this program will target.	
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)	
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program?	
If the STSJP Program 4 received STSJP funds in the previous STSJP PY, answer the questions below.	
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.	
7. What projected outcomes were met and how were they met? (100 words or less)	
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)	
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)	
10. Total number of youth served by this program during the previous STSJP PY:	
11. What amount of rollover funds from the previous STSJP PY will be spent on this program?	

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

STSJP Program 5	Service Detailed Information
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$	
2. Please indicate the specific zip codes this program will target.	
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)	
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program?	
If the STSJP Program 5 received STSJP funds in the previous STSJP PY, answer the questions below.	
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8. If Yes, answer #7. If No, skip to #8.	
7. What projected outcomes were met and how were they met? (100 words or less)	
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)	
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)	

10. Total number of youth served by this program during the previous STSJP PY:
11. What amount of rollover funds from the previous STSJP PY will be spent on this program?

STSJP Program 6			
STSJP Program 6 Name:		STSJP Program 6 Type:	
STSJP Program 6 Operating Agency:			
Program Mailing Address			
Address Line 2			
City		State	Zip Code
Contact Person for Program		Email	
Title	Phone () -	Ext	

STSJP Program 6		Service Detailed Information	
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$			
2. Please indicate the specific zip codes this program will target.			
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)			
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5. What is the projected number of youth who will receive services from this program?			
If the STSJP Program 6 received STSJP funds in the previous STSJP PY, answer the questions below.			
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.			
7. What projected outcomes were met and how were they met? (100 words or less)			
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)			
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)			
10. Total number of youth served by this program during the previous STSJP PY:			
11. What amount of rollover funds from the previous STSJP PY will be spent on this program?			

STSJP Program 7			
STSJP Program 7 Name:		STSJP Program 7 Type:	
STSJP Program 7 Operating Agency:			
Program Mailing Address			
Address Line 2			
City		State	Zip Code
Contact Person for Program		Email	
Title	Phone () -	Ext	

STSJP Program 7		Service Detailed Information	
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$			
2. Please indicate the specific zip codes this program will target.			
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)			

4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. What is the projected number of youth who will receive services from this program?
If the STSJP Program 7 received STSJP funds in the previous STSJP PY, answer the questions below.
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.
7. What projected outcomes were met and how were they met? (100 words or less)
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
10. Total number of youth served by this program during the previous STSJP PY:
11. What amount of rollover funds from the previous STSJP PY will be spent on this program?

STSJP Program 8		
STSJP Program 8 Name:	STSJP Program 8 Type:	
STSJP Program 8 Operating Agency:		
Program Mailing Address		
Address Line 2		
City	State	Zip Code
Contact Person for Program	Email	
Title	Phone () -	Ext

STSJP Program 8	Service Detailed Information
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$	
2. Please indicate the specific zip codes this program will target.	
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)	
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program?	
If the STSJP Program 8 received STSJP funds in the previous STSJP PY, answer the questions below.	
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.	
7. What projected outcomes were met and how were they met? (100 words or less)	
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)	
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)	
10. Total number of youth served by this program during the previous STSJP PY:	
11. What amount of rollover funds from the previous STSJP PY will be spent on this program?	

STSJP Program 9		
STSJP Program 9 Name:	STSJP Program 9 Type:	
STSJP Program 9 Operating Agency:		
Program Mailing Address		
Address Line 2		

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

STSJP Program 9 Service Detailed Information

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

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

- Did projected performance outcomes meet expected outcomes? Yes No Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.
- What projected outcomes were met and how were they met? (100 words or less)
- What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
- What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
- Total number of youth served by this program during the previous STSJP PY:
- What amount of rollover funds from the previous STSJP PY will be spent on this program?

STSJP Program 10

STSJP Program 10 Name:	STSJP Program 10 Type:
STSJP Program 10 Operating Agency:	
Program Mailing Address	
Address Line 2	
City	State Zip Code
Contact Person for Program	Email
Title	Phone () - Ext

STSJP Program 10 Service Detailed Information

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

If the STSJP Program 10 received STSJP funds in the previous STSJP PY, answer the questions below.

- Did projected performance outcomes meet expected outcomes? Yes No Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.
- What projected outcomes were met and how were they met? (100 words or less)
- What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
- What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
- Total number of youth served by this program during the previous STSJP PY:

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

STSJP Program 11

STSJP Program 11 Name:		STSJP Program 11 Type:	
STSJP Program 11 Operating Agency:			
Program Mailing Address			
Address Line 2			
City	State	Zip Code	
Contact Person for Program	Email		
Title	Phone () -	Ext	

STSJP Program 11 Service Detailed Information

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$
2. Please indicate the specific zip codes this program will target.
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. What is the projected number of youth who will receive services from this program?
If the STSJP Program 11 received STSJP funds in the previous STSJP PY, answer the questions below.
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.
7. What projected outcomes were met and how were they met? (100 words or less)
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
10. Total number of youth served by this program during the previous STSJP PY:
11. What amount of rollover funds from the previous STSJP PY will be spent on this program?

STSJP Program 12

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

STSJP Program 12 Service Detailed Information

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$
2. Please indicate the specific zip codes this program will target.
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

If the STSJP Program 12 received STSJP funds in the previous STSJP PY, answer the questions below.

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

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

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

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

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

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

PART II – STSJP-RTA PROGRAMS	
SECTION 1 STSJP RTA PLAN AMOUNTS	
Expenses	
1. RTA-approved plan amount	\$ 262,550
2. Total program expenses	\$ 262,550
SECTION 2 LIST OF STSJP-RTA PROGRAMS TO BE FUNDED	
Program Name	Total Program Expenses
STSJP-RTA Program 1 Youth WRAP Around Program	\$ 173,040
STSJP-RTA Program 2 Youth Menotoring	\$ 24,750
STSJP-RTA Program 3 Community Services CASAC	\$ 64,760
STSJP-RTA Program 4	\$
STSJP-RTA Program 5	\$
STSJP-RTA Program 6	\$
TOTAL	\$ 262,550

STSJP-RTA PROGRAMMING DETAILS

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

STSJP-RTA Program 1

Program 1 Name: Youth WRAP Around Program		Program 1 Type: Prevention	
Program 1 Operating Agency: Pthways, Inc.			
Program Mailing Address 33 Denison Parkway West			
Address Line 2			
City Corning	State NY	Zip Code 14830	
Contact Person for Program Lynn Goodwin		Email lgoodwin@pathwaysforyou.org	
Title Executive VP Program Operations		Phone (607) 937 - 3221	Ext

STSJP-RTA Program 1 Service Detailed Information

1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 173,040
2. Please indicate the specific zip codes this program will target. 14830, 14810, 14843, 14870
3. 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.
4. Does your municipality plan to replicate the program across multiple locations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. What is the projected number of youth who will receive services from this program? 12
If the STSJP-RTA Program 1 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.
7. What projected outcomes were met and how were they met? (100 word or less)
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
10. Total number of youth served by this program during the previous STSJP-RTA PY: 0
11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program?

STSJP-RTA Program 2

Program 2 Name: Youth Mentoring (Office of the Sheriff)		Program 2 Type: Prevention	
Program 2 Operating Agency: 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	Email harmonyaf@familyservicesociety.org	
Title Executive Director	Phone (607) 962 - 3148	Ext
STSJP-RTA Program 2 Service Detailed Information		
1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 24,750		
2. Please indicate the specific zip codes this program will target. 14810, 14830, 14843, 14870		
3. 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 JD's. This is a new program and just started accepting referrals in July 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.		
4. Does your municipality plan to replicate the program across multiple locations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. What is the projected number of youth who will receive services from this program? 12		
If the STSJP-RTA Program 2 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.		
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.		
7. What projected outcomes were met and how were they met? (100 word or less)		
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)		
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)		
10. Total number of youth served by this program during the previous STSJP-RTA PY:		
11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program?		

STSJP-RTA Program 3		
Program 3 Name: Community Services CASAC	Program 3 Type: Indirect Services Provider	
Program 3 Operating Agency: Steuben County Community Services		
Program Mailing Address 115 Liberty Street		
Address Line 2		
City Bath	State NY	Zip Code 14810
Contact Person for Program Dr. Hank Chapman	Email HChapman@SteubenCountyNY.us	
Title Director	Phone (607) 664 - 2275	Ext
STSJP-RTA Program 3 Service Detailed Information		
1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 64,760		
2. Please indicate the specific zip codes this program will target. 14810, 14830, 14843, 14572		
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The CASAC will provide substance abuse evaluations to AO and JD youth who are identified as having a substance abuse problem. The CASAC will then make referrals for the recommended level of care for the necessary treatment.		
4. Does your municipality plan to replicate the program across multiple locations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

5. What is the projected number of youth who will receive services from this program? 15

If the STSJ-P-RTA Program 3 received STSJ-P-RTA funds in the previous STSJ-P-RTA PY, answer the questions below.

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

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

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

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

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

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

STSJ-P-RTA Program 4

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

STSJ-P-RTA Program 4 Service Detailed Information

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

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

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

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

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

If the STSJ-P-RTA Program 4 received STSJ-P-RTA funds in the previous STSJ-P-RTA PY, answer the questions below.

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

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

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

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

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

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

STSJ-P-RTA Program 5

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

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

STSJP-RTA Program 5 Service Detailed Information	
1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$	
2. Please indicate the specific zip codes this program will target.	
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)	
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program?	
If the STSJP-RTA Program 5 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.	
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.	
7. What projected outcomes were met and how were they met? (100 word or less)	
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)	
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)	
10. Total number of youth served by this program during the previous STSJP-RTA PY:	
11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program?	

STSJP-RTA Program 6	
Program 6 Name:	Program 6 Type:
Program 6 Operating Agency:	
Program Mailing Address	
Address Line 2	
City	State Zip Code
Contact Person for Program	Email
Title	Phone () - Ext

STSJP-RTA Program 6 Service Detailed Information	
1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$	
2. Please indicate the specific zip codes this program will target.	
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)	
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program?	
If the STSJP-RTA Program 6 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.	
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.	
7. What projected outcomes were met and how were they met? (100 word or less)	

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

PART III – STSJP-RTA PROGRAM ANALYSIS

SECTION 1 Overall Analysis

A. Overall Analysis of Communities

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

Since 10/01/18, Steuben County has had 5 JDs ad 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.

B. Overall Analysis of Disparity

Please provide information indicating whether there is evidence of racial/ethnic disparity in your local system's use of detention or residential placement. There does not appear to be any evidence of racial/ethnic disparity. If such disparity exists, describe how this STSJP plan addresses the issues of disparity.

SECTION 2 PERFORMANCE OUTCOMES

For current program year, provide the projected performance outcomes for all of your proposed services and programs. Be sure to include an estimate of the anticipated reductions in detention utilization and residential placements. (250 words or less) Of the 80 PINS and JD diversion/adjustment cases to be 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 refered 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 apearences, 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 3 COLLABORATION SECTION

As per STSJP legislation, collaboration is required. Please describe your municipality's activities in developing this year's STSJP plan in collaboration with local agencies responsible for probation, law enforcement, detention, diversion, social services, courts, services providers, schools, and youth development programs. The 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 asesments 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 servies, 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, SHAPE parenting education through Kinship agency and the Law Enforcement Youth Mentoring Program. Probation will continue to work on reducing juvenile justice placements in detention and residential placement.

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

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

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

PART IV – PLAN APPROVAL

SECTION 1 APPROVAL OF THE CHIEF EXECUTIVE OFFICER

As STSJP Lead for Steuben County municipality, I certify that the CEO Jack Wheeler has reviewed and approved the 2020 STSJP plan.

Date: 02/13/2020 User ID: 46A816
Print name: Cheryl A. Crocker

SECTION 2 APPROVAL OF THE OCFS PROGRAM LEAD

As OCFS STSJP reviewer, I certify that I approve of this STSJP plan for Steuben municipality, for 2019-2020

Date: 2/26/20 User ID: IT0911
Print name: Lynn Tabbs