



Office of Children and Family Services

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Commissioner

June 25, 2020

Dear Chief Executive Officer,

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

Sullivan 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 Sullivan County plans to shift its detention allocation for STSJP eligible expenses, please submit a request on official letterhead to John Johnson and email it to stsjp@ocfs.ny.gov outlining the amount that will be shifted and the type of programming or services the re-purposed detention funds will be used for under STSJP. An amended STSJP plan will also need to be submitted.

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

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

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

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

Sincerely,

A handwritten signature in black ink, appearing to read "Nina Aledort".

Nina Aledort, Ph.D., LMSW
Deputy Commissioner

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

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

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

STSJP Plans are due to the Office of Children and Family Services (OCFS) by 10 / 29 / 2018

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

Please be sure that the title "**Supervision and Treatment Services for Juveniles Plan - 2018 - 2019 Annual plan**" and your municipality's name are in the subject field to facilitate the timely review of your STSJP Plan.

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

Please direct any STSJP plan questions to:

John E. Johnson: Ph. 518-486-4665

MUNICIPALITY INFORMATION			
NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION: Sullivan County			
LEAD AGENCY FOR STSJP SUBMISSION: Department of Family Services		NAME OF CONTACT PERSON: Robert Kuhn	
CONTACT PERSON'S PHONE NUMBER: 845-513-2444	CONTACT PERSON'S EMAIL ADDRESS: Robert.Kuhn@co.sullivan.ny.us		

Plan Submission instructions

Instructions for submitting an STSJP plan for OCFS review.

- a. Once you have opened this form on your computer, please immediately use the "Save As" function in Microsoft Word to save a copy;
- b. Save your application using the following name "PY 2018 - 2019 STSJP Plan – (Name of municipality)";
- c. Work from the "saved" application document, using it to record all of your municipality's information;
- d. Once you have completed entering the required data, save the document;
- e. Prior to submission, review calculation in section eight for accuracy. Complete the "Approval and Certification" section before submission to OCFS;

Send the completed application to OCFS via the STSJP email address at: stsjp@ocfs.ny.gov

SECTION ONE - List of programs to be funded

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

Program Name	Total Program Expense (100 percent)	State Share (62 percent)	County Share (38 percent)
STSJP Program 1 Enhanced Supervision	\$ 215,308.06	\$ 133,491	\$ 81,817.06
STSJP Program 2 Electronic Monitoring	\$ 20,000	\$ 12,400	\$ 7,600
STSJP Program 3 Youth Advocate Program (YAP)	\$ 60,000	\$ 37,200	\$ 22,800
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	\$ 295308.06	\$ 183091	\$ 112217.06
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Youth Advocate Program (YAP)	\$ 90,000		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Berkshire Enhanced Stepping Stones	\$ 50,000		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
TOTAL	\$ 140,000	\$	\$

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) These programs are designed to serve the entire County but there will be an increased need in the more populated areas of the Town of Thompson, Town of Fallsburg and Town of Liberty and that represents approximately 50% of Sullivan County's population which according to 2017 data is 74,545. The median household income in the County is \$52,027 and the population wide poverty rate is 16.9%.

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) Sullivan County's data from the Juvenile Detention Automation System (JDAS) was pulled for 2017, and non-secure detention placements were made up of 60% White and 40% Black. From this data, there does not appear to be disparate outcomes for one racial/ethnic group compared to that of another.

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

(250 words or less) While not overwhelmingly disproportional, the Department of Family Services , Probation Department and Youth Advocate Programs will work together to identify any barriers to services and to make recommendations for appropriate services that account for these barriers.

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) All of these programs will be newly available to the Department of Family Services and the Probation Department and therefor it is difficult to project the performance outcomes of the proposed services. In addition to this, the new Raise the Age implementation may impact the amount of youth both of these departments service as those numbers are also unknown. Youth Advocate Programs estimates for their program that 80% of referred families will remain safely intact with no out-of-home placement, 80% of school-aged youth will exhibit improved academic performance and/or acquire or be working toward their GED as of program completion, 85% of youth with current or previous legal system involvement will not be adjudicated on new charges during the program involvement that result in further legal system involvement and that 50% of total eligible youth will engage in traditional or Supported Work and/or community service during program involvement.

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) This plan was developed primarily within the Sullivan County Department of Family Services and the Sullivan County Probation Department. Youth Advocate Programs was also consulted for their portion of the plan. Recently, Sullivan County has made the decision to take advantage of this opportunity and as the plan progresses and its progress is evaluated, more departments and services providers may be incorporated into the collaborative development in the future. Progress with this plan will also be evaluated on an ongoing basis through the Designated Assessment Service (DAS) Committee which includes members from the Department of Family Services, Probation Department, Department of Community Services, Dispute Resolution Center, Access Supports for Living, Rehabilitation Support Services, Berkshire Farm Center and Services for Youth and Youth Advocate Programs.

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		\$ 295,308.06
2. State reimbursement (Program expenses*.62)		\$ 183,091
3. State share amount (Program expenses*.38)		\$ 112,217.06
Add in Reimbursements for the plan (fill out all that are applicable)		
4. STSJP allocation	\$ 47,050	
5. STSJP approved		\$ 47,050

6. JDAI allocation	\$	
7. JDAI approved		\$
8. Detention approved amount shifted to STSJP		\$ 136,041
9. PY rollover approved		\$
10. Total approved amounts for state reimbursement		\$ 183,091
11. Total amount of approved STSJP-RTA 100% state reimbursement		\$ 140,000

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.**

Program one name:	Enhanced Supervision	Type of program:	ATP
Program operating agency:	Sullivan County Probation Department		
Program mailing address PO Box 5012			
Address line 2 100 North Street			
City Monticello		State NY	Zip code 12701
Contact person for program Barbara Martin			
Title Director		Phone number (845) 807-0351	Ext.
Email Barbara.Martin@co.sullivan.ny.us			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 133,491			
1. Please indicate the specific zip codes this program will target? Zip Codes All zip codes in County			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Will allow for Probation Officers to have more time to observe youth during high risk times and have more face to face contacts with school and parents by assisting with staffing and overtime costs. The extra supervision that will be made available will also improve the ability to work directly with the youth to identify and reduce behaviors that could increase their chances of requiring placement. This program will include drug testing if applicable to monitor the youth's compliance.			
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 0012			
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less)			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)			
Program two name:	Electronic Monitoring	Type of program:	ATP
Program operating agency:	Sullivan County Probation Department		

Program mailing address PO Box 5012		
Address line 2 100 North Street		
City Monticello	State NY	Zip code 12701
Contact person for program Barbara Martin		
Title Director	Phone number (845) 807-0351	Ext.
Email Barbara.Martin@co.sullivan.ny.us		
Program service detailed information		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 12,400		
1. Please indicate the specific zip codes this program will target? Zip Codes All zip codes in County		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Sullivan will be establishing electronic monitoring for youth that will allow for them to remain in their community. This can be used a condition of probation which will reduce the need for residential placement. May also be used with youth that are at risk of running away.		
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)		
4. What is the projected number of youth who will receive service from this program? (4-character number) 0010		
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.		
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.		
6. What projected outcomes were met and how were they met? (100 word or less)		
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)		
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)		
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)		

Program three name:	Youth Advocate Program	Type of program:	Early Intervention
Program operating agency:	Sullivan County Probation Department		
Program mailing address PO Box 5012			
Address line 2 100 North Street			
City Monticello	State NY	Zip code 12701	
Contact person for program Barbara Martin			
Title Director	Phone number (845) 807-0351	Ext.	
Email Barbara.Martin@co.sullivan.ny.us			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 37,200			
1. Please indicate the specific zip codes this program will target? Zip Codes All zip codes in County			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) YAP wraparound model is comprehensive and holistic, utilizing best practices and core principles found in wraparound, mentoring, restorative justice and positive youth development fields. YAP provides youth and families with intensive service in their homes and community that includes crisis management and intervention available 24/7, skill development,			

educational /vocational work and connection with social/professional supports. This program will be for children outside of RTA population.

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) 004

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)

Program four name:		Type of program:	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ()	Ext.	
Email			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$			
1. Please indicate the specific zip codes this program will target? Zip Codes			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)			
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Program five name:		Type of program:	
Program operating agency:			
Program mailing address			
Address line 2			

City	State	Zip code
Contact person for program		
Title	Phone number ()	Ext.
Email		
Program service detailed information		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$		
1. Please indicate the specific zip codes this program will target? Zip Codes		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)		
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Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
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Email			
Program service detailed information			
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Program seven name:		Type of program:	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ()		Ext
Email			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$			
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Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
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Email			
Program service detailed information			
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Program nine name:		Type of program:	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ()		Ext.
Email			
Program service detailed information			
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Address line 2			
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Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ()	Ext.	
Email			
Program service detailed information			
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Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	

Contact person for program		
Title	Phone number ()	Ext.
Email		
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6. What projected outcomes were met and how were they met? (100 word or less)		
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)		
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)		
9. Total amount of youth were served by this program during the previous STSJF PY? (4 Characters)		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)		

STSJF/RTA Program name:	Youth Advocate Program (YAP)	Type of program:	STSJF-RTA
Program operating agency:	Sullivan County Department of Family Services		
Program mailing address PO Box 231			
Address line 2 16 Community Lane			
City Liberty		State NY	Zip code 12754
Contact person for program Robert Kuhn			
Title Director	Phone number (845) 513-2444		Ext.
Email Robert.Kuhn@co.sullivan.ny.us			
Program service detailed information			
The amount of STSJF funds that your jurisdiction will devote to the services from this program? \$ 90,000			
1. Please indicate the specific zip codes this program will target? Zip Codes All zip codes in County			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Sullivan County has the Youth Advocate Program listed in the RTA plan which is marked for RTA youth. Since this is a new contract and program available to the County, we are looking to structure this program in a way that allows for the opportunity to maximize the diversion of at risk youth in the criminal or juvenile justice system before the crime is committed and they are classified as an RTA population.			
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 006			
If the program received STSJF funds in the previous program year 20 - 20 , answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less)			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)			

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

STSJP/RTA Program name:	Berkshire Enhanced Stepping Stones	Type of program:	New Program STSJP-RTA
Program operating agency:	Sullivan County Department of Family Services		
Program mailing address PO Box 231			
Address line 2 16 Community Lane			
City Liberty		State NY	Zip code 12754
Contact person for program Robert Kuhn			
Title Director		Phone number (845) 513-2444	Ext.
Email Robert.Kuhn@co.sullivan.ny.us			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 50,000			
1. Please indicate the specific zip codes this program will target? Zip Codes All zip codes in County			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Sullivan County has this program listed in the RTA plan which is marked for RTA youth. We are looking to allow for the opportunity to maximize the diversion of at risk youth in the criminal or juvenile justice system before the crime is committed and they are classified as an RTA youth.			
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 9			
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less)			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)			

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

The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$
1. Please indicate the specific zip codes this program will target? Zip Codes
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input type="checkbox"/> no)
4. What is the projected number of youth who will receive service from this program? (4-character number)
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.
6. What projected outcomes were met and how were they met? (100 word or less)
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

SECTION EIGHT – Plan Approval
Approval of the Chief Executive Officer
As STSJP Lead for Sullivan County municipality, I certify that the CEO
Roberty Doherty has reviewed and approved the 2018 - 2019 STSJP plan.
Date: 6 / 24 / 2020 STSJP Lead User ID: 48B149
STSJP Lead printed name: Robert Kuhn
Approval of the OCFS STSJP Program Lead
As OCFS STSJP reviewer. I certify that I approve of this STSJP plan for Sullivan
municipality, for 2018 - 2019.
Date: 6 / 24 / 2020 User ID: IT0911 Printed name Lynn Tubbs