NEW YORK STATE | Office of Children and Family Services

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Commissioner

October 23, 2019

Dear Chief Executive Officer,

Thank you for submitting Tioga 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

Tioga 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 Tioga 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
Deputy Commissioner
Division of Youth Development and Partnerships for Success
Office of Children and Family Services

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 _____/_____/_____

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: Tioga County	
LEAD AGENCY FOR STSJP SUBMISSION: Tioga County Probation	NAME OF CONTACT PERSON: Brian L. Cain
CONTACT PERSON'S PHONE NUMBER: 607-687-8535	CONTACT PERSON'S EMAIL ADDRESS: cainb@co.tioga.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 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.

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

PART I – STSJP PROGRAMS

SECTION 1 PLAN AMOUNTS

EXPENSES		
1. Total program expenses		$ 19,766
2. State reimbursement		$ 12,254.92
3. Local share amount		$ 7,511.08
Reimbursements for the plan (Enter all amounts that are applicable.)		
4. STSJP allocation amount	$ 40,000	
5. STSJP local approved plan amount		$ 12,254.92
6. Detention approved amount shifted to STSJP		$ 0
7. PY rollover approved amount		$ 0
8. Total approved amounts for state reimbursement		$ 12,254.92

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 Reminder Call Program/Electronic Monitoring/Enhanced Intake & Diversion Services	$ 7,511.08	$ 12,254.92	$ 19,766

STSJP Program 2	$	$	$
STSJP Program 3	$	$	$
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			$ 19,766

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: Reminder Call Program/Electronic Monitoring/Enhanced Intake & Diversion Services	**STSJP Program 1 Type:** **JO/JD-Alternative to Detention**	
STSJP Program 1 Operating Agency: Tioga County Probation		
Program Mailing Address: 20 Court Street, Suite 1		
Address Line 2:		
City: Owego	State: NY	Zip Code: 13827
Contact Person for Program: Brian L. Cain	Email: cainb@co.tioga.ny.us	
Title: Probation Supervisor	Phone: (607) 687 - 8535	Ext: 8522

STSJP Program 1 Service Detailed Information

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? $ 19,766

2. Please indicate the specific zip codes this program will target. 13827, 14892, 13811, 13732, 14883, 13845, 13743, 13812, 13734

3. How will the program be utilized to serve targeted youth in your municipality? (**100 words or less**) The reminder call program will prevent youth from missing court dates and therefore, reduce the risk of a warrant being issued due to a failure to appear. The enchanced intake proceedures give law enforcement and families a more immediate response which can often diffuse a situation and prevent a detention admission. Finally, electronic monitoring gives the Court an added sense of security in being able to ascertain the respondent's location if needed prior to the following court appearance.

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? 20
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**) During the 2018-2019 STSJP funding year, there were 16 youth served by STSJP programs. There was only one warrant issued for a youth who failed to appear in court and next day intakes were used to address immediate concerns of law enforcement and or families to avoid a potential detention placement. Electronic monitoring services were used on multiple occassions in order to avoid a remand to detention.
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**) The projected number of youth fell short of the 20 youth goal due to a limited number of Juvenile Delinquency intakes during the quarter. There were 24 Juvenile Delinquency Appearance Tickets processed from October 1, 2018 thru September 30, 2019.
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 63 days
10. Total number of youth served by this program during the previous STSJP PY: 19
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:	**STSJP Program 2 Type:**	
STSJP Program 2 Operating Agency:		
Program Mailing Address		
Address Line 2		
City	State	Zip Code
Contact Person for Program	Email	
Title	Phone ( ) -	Ext

STSJP Program 2	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? ☐ Yes ☐ No	
5. What is the projected number of youth who will receive services from this program?	
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? ☐ 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?	

STSJP Program 3

STSJP Program 3 Name:	STSJP Program 3 Type:	
STSJP Program 3 Operating Agency:		
Program Mailing Address		
Address Line 2		
City	State	Zip Code
Contact Person for Program	Email	
Title	Phone ( ) -	Ext

STSJP Program 3	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? ☐ Yes ☐ No	
5. What is the projected number of youth who will receive services from this program?	
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? ☐ 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?	

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? ☐ Yes ☐ 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? ☐ 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?

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? ☐ Yes ☐ 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? ☐ Yes ☐ No ☐ 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? ☐ Yes ☐ 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? ☐ 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?	

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? ☐ Yes ☐ 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? ☐ 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?	

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? ☐ Yes ☐ 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? ☐ 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?	

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
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? ☐ Yes ☐ No	
5. 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.
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?

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**
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? ☐ Yes ☐ No	
5. 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.	
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?	

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? ☐ Yes ☐ 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? ☐ 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?	

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? ☐ Yes ☐ 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	$ 1,908
2. Total program expenses	$ 1,908

SECTION 2 LIST OF STSJP-RTA PROGRAMS TO BE FUNDED

Program Name	Total Program Expenses
STSJP-RTA Program 1 Electronic Monitoring	$ 1,908
STSJP-RTA Program 2	$
STSJP-RTA Program 3	$
STSJP-RTA Program 4	$
STSJP-RTA Program 5	$
STSJP-RTA Program 6	$
TOTAL	$ 1,908

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: Electronic Monitoring	**Program 1 Type:** **JO/JD-Alternative to Detention**	
Program 1 Operating Agency: Tioga County Probation		
Program Mailing Address: 20 Court Street, Suite 1		
Address Line 2:		
City: Owego	State: NY	Zip Code: 13827
Contact Person for Program: Brian L. Cain	Email: cainb@co.tioga.ny.us	
Title: Probation Supervisor	Phone: (607) 687 - 8522	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? $ 1,908

2. Please indicate the specific zip codes this program will target. 13827, 14892, 13811, 13732, 14883, 13845, 13743, 13812, 13734

3. How will the program be utilized to serve targeted youth in your municipality? (**100 words or less**) Electronic monitoring will be used as an alternative to placing RTA youth in Specialized Secure Detention if deemed appropriate by the Youth Part Judge.

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? 5

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? ☐ 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**) The program did not serve any youth during the 2018-2019 program year.

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? 0

STSJP-RTA Program 2

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

Contact Person for Program	Email	
Title	Phone ( ) -	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? $	
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 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? ☐ 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 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:	**Program 3 Type:**	
Program 3 Operating Agency:		
Program Mailing Address		
Address Line 2		
City	State	Zip Code
Contact Person for Program	Email	
Title	Phone ( ) -	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? $	
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 STSJP-RTA Program 3 received STSJP-RTA funds in the previous STSJP-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 STSJP-RTA PY:
11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program?

STSJP-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

STSJP-RTA Program 4	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? ☐ Yes ☐ No	
5. What is the projected number of youth who will receive services from this program?	
If the STSJP-RTA Program 4 received STSJP-RTA funds in the previous STSJP-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 STSJP-RTA PY:	
11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program?	

STSJP-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? ☐ Yes ☐ 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? ☐ 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 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? ☐ Yes ☐ 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? ☐ 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 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. There are seven area codes represented by the 24 juvenile delinquency appearance tickets received by Tioga County Probation from October 1, 2018 to September 30, 2019. Those include the area codes 13827, 13743, 13845, 13734, 13811, 14892, and 13732. The distribution of tickets is weighted toward the larger populated areas in our rural county with 63% (15 tickets) being issued out of two communities (area codes 13827 and 14892). The remaining 37 % (9 tickets) were dispersed among the five remaining area codes. The most likely reason for this distribution is due to the fact that these are the larger poplulated communities in our county.

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. The 2018 detention statistics for Tioga County which were provided by OCFS indicates there is not a great disparity for racial/ethnic groups in Tioga County in regard to detention usage. The statistics indicate that 73% of Tioga's non secure detention admissions in 2018 were White which is what would be expected in a primarily White county such as Tioga. When looking at the secure/mixed percentages it appears there might be an issue until you consider the number of indiviuals placed in secure/mixed detention by Tioga in 2018. In 2018, Tioga County placed two individuals in secure/mixed detention (1 White & 1 Other). With such a low number of secure/mixed detention admissions, a change in one number drastically skews the percentages.

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**) It remains, as it was in past years, that the proposed STSJP programs will serve 20 to 25 Tioga County Youth. This estimate is based on the fact that the Juvenile Delinquency intake numbers for the past five years have remained fairly steady at 25 to 30 tickets per year. As the programs have consistently served approximately 20 youth in past years, it is anticipated that the continuation of reminder call program, next day intake, and electronic monitoring will continue to keep Tioga's detention admissions at a minimal level. It is anticipated that Tioga's already low detention admissions will be reduced even further. It is anticipated that detention admissions will be reduced by approximately by 20%.

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. Collaboration is utilized in Tioga County in the form of a Youth Assessment Team which is facilitated by supervisory level staff from the Tioga County Probation Department and the Tioga County Department of Social Services. The Youth Assessment Team is comprised of representatives from Probation, the Tioga County Department of Social Services, Tioga County Alcohol and Drug Services, the Tioga County Department of Mental Hygiene, SPOA (Single Point of Accessibility) Coordinator, Multisystemic Therapy, Glove House, A New Hope Center (domestic violence advocacy center), Cayuga Counseling Services, County Attorney as well as law enforcement, attorney for the child, and schools when available.

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 Tioga County municipality, I certify that the CEO Martha Sauerbrey has reviewed and approved the 2019 STSJP plan.	
Date: 09 / 05 / 2019 User ID: Tioga13	
Print name: Brian L. Cain	

SECTION 2	APPROVAL OF THE OCFS PROGRAM LEAD
As OCFS STSJP reviewer. I certify that I approve of this STSJP plan for Tioga County municipality, for 2019- 20	
Date: 10 / 22 / 19 User ID: gg8790	
Print name: Matthew Beck	