



Office of Children
and Family Services

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Acting Commissioner

May 23, 2019

Dear Chief Executive Officer,

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

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

Wyoming 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 Wyoming 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 repurposed 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 John Johnson at (518) 486-4665/John.Johnson@ocfs.ny.gov or Nadine Kayajian at (518) 474-6603/ Nadine.Kayajian@ocfs.ny.gov

Sincerely,

Nina Aledort, Ph.D., LMSW
Deputy Commissioner
Division of Youth Development and Partnerships for Success

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**SUPERVISION AND TREATMENT SERVICES FOR JUVENILE PROGRAM (STSJP)
ANNUAL PLAN**

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

STSJP Plans are due to the Office of Children and Family Services (OCFS) by 10 / 15 / 2018

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

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: Wyoming County	
LEAD AGENCY FOR STSJP SUBMISSION: Wyoming County Probation	NAME OF CONTACT PERSON: Joan Kibler, Director of Probation
CONTACT PERSON'S PHONE NUMBER: 585-786-8869	CONTACT PERSON'S EMAIL ADDRESS: JKibler@wyomingco.net

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 Youth Bureau Caseworker (YBCW)	\$ 12,500.00	\$ 7,750.00	\$ 4,750.00
STSJP Program 2 Hillside Childrens Center - Customized Contracts	\$ 23,160.00	\$ 14,359.20	\$ 8,800.80
STSJP Program 3 New Directions Youth & Family Services - Community Based Treatment	\$ 17,745.50	\$ 11,002.21	\$ 6,743.29
STSJP Program 4 DSS Case worker (DSSCW)	\$ 21,825.00	\$ 13,531.50	\$ 8,293.50
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	\$ 75,230.50	\$ 46,642.91	\$ 28,587.59
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)	\$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
TOTAL	\$	\$	\$

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)

Wyoming County is a small rural county made up of 16 townships, 4 of which are the most populated towns. Based on history and current data, those 4 township may have higher numbers of kids who enter the juvenile justice system, but overall, the youth are across all areas of the county.

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)

As stated above, Wyoming County is a small rural county that has a predominantly white population, with small numbers of racial or ethnic cohorts. As per the data supplied by DCJS, Wyoming County is 90% white, 5% black and 5% hispanic.

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

(250 words or less) N/A

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)

With RTA beginning October 1, 2018, Wyoming County is projecting one (1) placement in detention for PY 2018-2019. There were zero (0) in 2017.

Youth Bureau Caseworker (YBCW): During PY 2017-2018 the YBCW worked with twelve (12) youth. The YBCW provides Intensive Case Management to JD and PINS youth and their families who are referred to WCDSS for services. Eleven (11) of those twelve (12) remained at home and in their community the duration of their intervention. One (1) youth was a short term diagnostic placement in a residential facility. Based on the number of youth remaining at home and not entering placement, WCDSS has a success rate of 92%. We look to maintain if not increase that percentage of success in PY 2018-2019.

Hillside Childrens Center & New Directions Youth and Family Services: During the PY 2017-2018 services such as skill building, mentoring and care coordination were provided to nine (9) youth and one (1) parent. Youth and families are referred for these types of services to assist individuals with modifying negative behaviors, dealing with stressors and appropriate interpersonal interactions, etc. In PY 2018-19, we are looking to increase the number of youth and families that engage in services.

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)

One of Wyoming County's strengths is collaboration. In preparation of this plan, Wyoming County DSS and Probation met to discuss the needs of targeted youth, available services, potential services and the impact RTA will have on the County. Information and input from other local agencies and providers was considered when writing this plan.

Various meetings (monthly, quarterly, as needed) are held with local agencies and providers to discuss youth in need of preventive services, current caseloads and youth in care. At some meetings, outside providers present on various services that may be appropriate for the targeted youth population.

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: N/A

Describe the manner of employment of personnel across and between counties in the cooperative: N/A

Identify whether a single fiscal officer shall be the custodian of the funds made available for STSJP: N/A

PLEASE DO NOT INCLUDE ANY RTA PROGRAM FUNDING IN SECTION SEVEN (section directly below)

SECTION SEVEN– Plan amounts

Expenses

1. Total Program expenses		\$ 75,230.50
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2. State reimbursement (Program expenses*.62)		\$ 46,642.91
3. State share amount (Program expenses*.38)		\$ 28,587.59
Add in Reimbursements for the plan (fill out all that are applicable)		
4. STSJP allocation	\$ 40,000.00	
5. STSJP approved		\$ 40,000.00
6. JDAI allocation	\$	
7. JDAI approved		\$
8. Detention approved amount shifted to STSJP		\$
9. PY rollover approved		\$ 6,642.91
10. Total approved amounts for state reimbursement		\$ 46,642.91
11. Total amount of approved STSJP-RTA 100% state reimbursement		\$

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:	Youth Bureau Caseworker (YBCW)	Type of program:	Early Intervention
Program operating agency:	Wyoming County Youth Bureau		
Program mailing address 8 Perry Avenue			
Address line 2			
City Warsaw		State NY	Zip code 14569
Contact person for program Jamie Hudson			
Title Case Worker		Phone number (585) 786-8850	Ext.
Email jhudson@wyomingco.net			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 12,500.00			
1. Please indicate the specific zip codes this program will target? Zip Codes 14569, 14530, 14009, 14011, 14550, 14066, 14427, 14024, 14591, 14167, 14525, 14536			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The specific goal of this program is to target youth that are at risk of being placed in foster care or detention as a result of contact with court. An intensive case worker meets with the youth/family on a weekly basis to monitor as well as connect youth to available services in the community.			
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) 15			
If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less) Expected outcome was met as 92% of the youth referred to this program in PY 2017-2018 remained in their home.			

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) N/A			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 240 days			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 12			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0.00			
Program two name:	Hillside Children's Center - Customized Contracts	Type of program:	ATP
Program operating agency:	Hillside Children's Center		
Program mailing address 96 Buffalo Street			
Address line 2			
City Warsaw		State NY	Zip code 14569
Contact person for program Andrea Pearson			
Title Program Assistant		Phone number (585) 786-5900	Ext. 5934
Email Andrea.Pearson@Hillside.com			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 23,160.00			
1. Please indicate the specific zip codes this program will target? Zip Codes 14569, 14530, 14009, 14011, 14550, 14066, 14427, 14024, 14591, 14167, 14525, 14536			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Customized contracts are utilized to teach and assist youth with modifying negative behaviors, dealing with stressors and appropriate interpersonal interactions, etc. Connecting youth to these services will hopefully prevent them from being placed.			
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) 10			
If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less) Completion rate of youth engaged in customized contracts was achieved for PY 2017-2018. All youth completed the scheduled service.			
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) Number of youth engaged in services was much lower than projected. In PY 2018-2019, youth referred for intensive case management or preventive services will be rated based on risk/need and those noted to med to high will be referred for customized contracts.			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 240			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 5			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 5,000.00			
Program three name:	Community Based Treatment	Type of program:	ATP
Program operating agency:	New Directions Youth and Family Services		
Program mailing address 356 Main Street East			
Address line 2			

City Randolph			State NY			Zip code 14772		
Contact person for program Ian Moore								
Title Program Director				Phone number (585) 358-3636			Ext.	
Email IMoore@ndyfs.org								
Program service detailed information								
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 17,745.50								
1. Please indicate the specific zip codes this program will target? Zip Codes 14569, 14530, 14009, 14011, 14550, 14066, 14427, 14024, 14591, 14167, 14525, 14536								
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Mentoring and Care Coordination will be utilized to teach and assist youth and families with modifying negative behaviors, dealing with stressors and appropriate interpersonal interactions, etc. Connecting youth and families to these services will hopefully prevent youth from being placed.								
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) 10								
If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.								
5. Did projected performance outcome meet expected outcomes? (<input 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) Completion rate of youth/family engaged in Community Based Treatment was achieved for PY 2017-2018. All youth/family completed the scheduled service.								
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) Number of youth engaged in services was lower than projected. In PY 2018-2019, youth referred for Community Based Treatment will be rated based on risk/need and those noted to med to high will be referred for services.								
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 240								
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 6								
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 1,642.91								

Program four name:	DSS Case Worker	Type of program:	Early Intervention
Program operating agency:	Wyoming County Department of Social Services		
Program mailing address 466 North Main Street			
Address line 2 PO Box 231			
City Warsaw		State NY	Zip code 14569
Contact person for program Angela Milillo			
Title Director of Services		Phone number (585) 786-8900	Ext. 6179
Email Angela.Milillo@dfa.state.ny.us			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 21,825.00			
1. Please indicate the specific zip codes this program will target? Zip Codes 14569, 14530, 14009, 14011, 14550, 14066, 14427, 14024, 14591, 14167, 14525, 14536			

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) New position - WCDSS Case Worker will be assigned youth placed on PINS. Case Worker will work with youth/family connect the youth to community based services that will assist with modifying behaviors in order to avoid contact with the criminal justice system. This Case Worker will also coordinate the Interactive Journaling program noted for RTA/STSJP

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) 12

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 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)			
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)			

Program six name:		Type of program:	
Program operating agency:			
Program mailing address			

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

Program seven name:		Type of program:	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ()	Ext	
Email			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$			
1. Please indicate the specific zip codes this program will target? Zip Codes			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)			
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input type="checkbox"/> no)			
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)

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

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			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$			
1. Please indicate the specific zip codes this program will target? Zip Codes			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)			
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number)			
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.			

- 5. Did projected performance outcome meet expected outcomes? (yes or no) If yes, answer # 6, If no, skip to #7.
- 6. What projected outcomes were met and how were they met? (100 word or less)
- 7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
- 8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)
- 9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)
- 10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

Program ten name:	Type of program:
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Program operating agency:

Program mailing address

Address line 2

City	State	Zip code
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Contact person for program

Title	Phone number ()	Ext.
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Email

Program service detailed information

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

1. Please indicate the specific zip codes this program will target? Zip Codes

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

3. Does your municipality plan to replicate program across multiple locations? (yes or no)

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

If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.

5. Did projected performance outcome meet expected outcomes? (yes or no) If yes, answer # 6, If no, skip to #7.

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

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

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

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

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

Program eleven name:	Type of program:
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Program operating agency:

Program mailing address

Address line 2

City	State	Zip code
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Contact person for program

Title	Phone number ()	Ext.
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Email

Program service detailed information

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

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

Program service detailed information			
The amount of STSJF funds that your jurisdiction will devote to the services from this program? \$			
1. Please indicate the specific zip codes this program will target? Zip Codes			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)			
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number)			
If the program received STSJF funds in the previous program year 20 - 20 , answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less)			
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10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)			

STSJF/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.								
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7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)								
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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								
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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			
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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 Wyoming County	municipality, I certify that the CEO
A. Douglas Berwanger	has reviewed and approved the 2018 - 2019 STSJP plan.
Date: 10 / 22 / 2018	STSJP Lead User ID NY060013G
STSJP Lead printed name: Joan Kibler	
Approval of the OCFS STSJP Program Lead	
As OCFS STSJP reviewer. I certify that I approve of this STSJP plan for	
municipality, for 2018 - 2019	
Date: 5/23/19	User ID: KK4352 Printed name John Johnson