



Office of Children  
and Family Services

ANDREW M. CUOMO  
Governor

SHEILA J. POOLE  
Commissioner

November 5, 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) 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**

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 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 Wyoming 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](mailto:stsjp@ocfs.ny.gov) outlining the amount that will be shifted and the type of programming or services the re-purposed detention funds will be used for under STSJP. An amended STSJP plan will also need to be submitted.

As a reminder, to access RTA reimbursement 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](mailto:Daniel.Hulihan@ocfs.ny.gov).

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

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

Sincerely,



Nina Aledort, PhD  
Deputy Commissioner  
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 09/09/2019**

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

<b>MUNICIPALITY INFORMATION</b>	
NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION: Wyoming County Department of Social Services	
LEAD AGENCY FOR STSJP SUBMISSION: Wyoming County Department of Social Services	NAME OF CONTACT PERSON: Angela Milillo
CONTACT PERSON'S PHONE NUMBER: 585-786-8900 x 6179	CONTACT PERSON'S EMAIL ADDRESS: Angela.Milillo@dfa.state.ny.us

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

**PART I – STSJP PROGRAMS**

SECTION 1		PLAN AMOUNTS	
<b>EXPENSES</b>			
1. Total program expenses			\$ 64,516.13
2. State reimbursement			\$ 40,000.00
3. Local share amount			\$ 24,516.13
<b>Reimbursements for the plan (Enter all amounts that are applicable.)</b>			
4. STSJP allocation amount		\$ 40,000.00	
5. STSJP local approved plan amount			\$ 40,000.00
6. Detention approved amount shifted to STSJP			\$ 0.00
7. PY rollover approved amount			\$ 0.00
8. Total approved amounts for state reimbursement			\$ 40,000.00

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 DSS Caseworker (DSSCW)	\$ 15,396.13	\$ 25,120.00	\$ 40,516.13	
STSJP Program 2 Hillside Children's Center -	\$ 5,700.00	\$ 9,300.00	\$ 15,000.00	

Customized Community Services			
STSJP Program 3 New Directions Youth & Family Services - Community Based Treatment	\$ 3,420.00	\$ 5,580.00	\$ 9,000.00
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	\$	\$	\$
<b>TOTAL</b>			\$ 64,516.13

**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.**

<b>STSJP Program 1</b>			
STSJP Program 1 Name: DSS Caseworker		STSJP Program 1 Type: Early Intervention	
STSJP Program 1 Operating Agency: Wyoming County Department of Social Services			
Program Mailing Address 466 North Main Street			
Address Line 2 POB 231			
City Warsaw		State NY	Zip Code 14569
Contact Person for Program Angela Milillo		Email Angela.Milillo	
Title Director of Services		Phone (585) 786 - 8900	Ext 6179

<b>STSJP Program 1</b>	<b>Service Detailed Information</b>
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 40,516.13	
2. Please indicate the specific zip codes this program will target. 14569, 14530, 14009, 14011	
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) WCDSS Caseworker will be assigned to at risk youth to refer/connect the youth and families to community based services that will assist them in modifying behaviors in order to avoid contact with the criminal justice system.	
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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**) Number of youth projected in the 18/19 Plan were met. 12 youth were projected and YTD the Caseworker has worked with 13. All PINS youth are referred from Probation to DSS for Preventive services.
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.) 127
10. Total number of youth served by this program during the previous STSJP PY: 13
11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 0.00

**STSJP Program 2**

STSJP Program 2 Name: Customized Community Services		STSJP Program 2 Type: Early Intervention	
STSJP Program 2 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 Roy Geary	Email Roy.Geary@Hillside.com		
Title Program Manager	Phone (585) 786 - 5900	Ext	

**STSJP Program 2 Service Detailed Information**

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 15,000.00
2. Please indicate the specific zip codes this program will target. 14569, 14530, 14009, 14011
3. How will the program be utilized to serve targeted youth in your municipality? (**100 words or less**) Customized Community Services are utilized to teach and assist youth with modifying negative behaviors, dealing with stressors and appropriate interpersonal interactions, etc. Connecting youth to these activities will hopefully prevent them from further penetration into the juvenile justice system.
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? 8
- 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**) All youth engaged in service were able to remain at home or with family in order the prevent further penetration into the juvenile justice sytem.
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**) Youth referred would not engage in services, lack of staff at Hillside to provide the service. In PY 19/20, DSS Caseworker will refer all appropriate youth for services.
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 87
10. Total number of youth served by this program during the previous STSJP PY: 4
11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 0.00

<b>STSJP Program 3</b>	
STSJP Program 3 Name: Community Based Treatment	STSJP Program 3 Type: Early Intervention
STSJP Program 3 Operating Agency: New Directions	
Program Mailing Address 356 Main Street East	
Address Line 2	
City Randolph	State NY
	Zip Code 14772
Contact Person for Program Ian Moore	Email IMoore@ndyfs.org
Title Program Director	Phone (585) 358 - 3636
	Ext

<b>STSJP Program 3</b>	<b>Service Detailed Information</b>
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 9,000.00	
2. Please indicate the specific zip codes this program will target. 14009, 14569, 14530, 14011	
3. 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 at risk 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 the youth from further penetration into the juvenile justice system.	
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program? 7	
<b>If the STSJP Program 3 received STSJP funds in the previous STSJP PY, answer the questions below.</b>	
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.	
7. What projected outcomes were met and how were they met? (100 words or less) All youth engaged in service were able to remain at home or with family preventing further penetration into the juvenile justice system..	
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) Number of youth/families projected was not served. Youth and families not engaging in services when referred. Low number of PINS cases. In PY 19/20, DSS Caseworker will continue to refer youth and families who are moderate to high risk of entering Foster Care.	
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 138	
10. Total number of youth served by this program during the previous STSJP PY: 2	
11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 0.00	

<b>STSJP Program 4</b>	
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

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

<b>STSJP Program 5</b>		
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

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

**STSJP Program 6**

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

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

<b>STSJP Program 7</b>			
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

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

6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, <b>answer #7</b> ; If No, <b>skip to #8</b> ; If Partially, <b>answer #7 and #8</b> .
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?

<b>STSJP Program 8</b>		
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

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

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

<b>STSJP Program 10</b>		
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

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

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

**STSJP Program 11 Service Detailed Information**

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

**STSJP Program 12**

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

**STSJP Program 12 Service Detailed Information**

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$
2. Please indicate the specific zip codes this program will target.
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. What is the projected number of youth who will receive services from this program?
<b>If the STSJP Program 12 received STSJP funds in the previous STSJP PY, answer the questions below.</b>

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	\$ 51,032.00
2. Total program expenses	\$ 51,032.00

**SECTION 2 LIST OF STSJP-RTA PROGRAMS TO BE FUNDED**

Program Name	Total Program Expenses
STSJP-RTA Program 1 Mentoring	\$ 27,360.00
STSJP-RTA Program 2 Bachelor Level Mentoring	\$ 21,672.00
STSJP-RTA Program 3 Interactive Journaling	\$ 2,000.00
STSJP-RTA Program 4	\$
STSJP-RTA Program 5	\$
STSJP-RTA Program 6	\$
<b>TOTAL</b>	<b>\$ 51,032.00</b>

**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.**

<b>STSJP-RTA Program 1</b>		
Program 1 Name: Mentoring		Program 1 Type: Prevention
Program 1 Operating Agency: New Directions		
Program Mailing Address 356 Main Street East		
Address Line 2		
City Randolph	State NY	Zip Code 14772
Contact Person for Program Ian Moore	Email IMoore@ndyfs.org	
Title Program Director	Phone (585) 358 - 3636	Ext

<b>STSJP-RTA Program 1</b>	<b>Service Detailed Information</b>
1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 27,360.00	
2. Please indicate the specific zip codes this program will target. 14569, 14530, 14009, 14011	
3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b> RTA Youth would be referred to a Mentor when the DSS Caseworker feels they would benefit from additional services that can be provided through that program. There is no set time frame for the service to start. Services such as coping skills, anger management skills, socialization skills, tutoring, etc. are tailored to meet the needs of the individual RTA youth. Each RTA youth will have 10 hours per week of Mentor interaction.	
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program? 6	
<b>If the STSJP-RTA Program 1 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.</b>	
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.	
7. What projected outcomes were met and how were they met? <b>(100 word or less)</b>	
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? <b>(100 words or less)</b>	
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?	

<b>STSJP-RTA Program 2</b>		
Program 2 Name: Bachelor Level Mentoring		Program 2 Type: Early Intervention
Program 2 Operating Agency: New Directions		
Program Mailing Address 356 Main Street East		
Address Line 2		
City	State	Zip Code

Randolph	NY	14772
Contact Person for Program Ian Moore	Email IMoore@ndyfs.org	
Title Program Manager	Phone (585) 358 - 3636	Ext
<b>STSJP-RTA Program 2 Service Detailed Information</b>		
1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 21,672.00		
2. Please indicate the specific zip codes this program will target. 14569, 14530, 14009, 14011		
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The program targets parents/families of RTA youth engaged with mentor services and will be structured based on their needs. Goals such as teaching parents how to diffuse a volatile situation or assisting them with communication skills they can use with their youth without turning it into a stressful situation. They may be offered parenting tips, how to encourage their children to do their homework or breaking the cycle of continued negative behavior. Services will be implemented on a case by case basis at a time most beneficial to each parent/family.		
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
5. What is the projected number of youth who will receive services from this program? 6		
<b>If the STSJP-RTA Program 2 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.</b>		
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.		
7. What projected outcomes were met and how were they met? (100 word or less)		
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)		
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)		
10. Total number of youth served by this program during the previous STSJP-RTA PY:		
11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program?		

<b>STSJP-RTA Program 3</b>		
Program 3 Name: Interactive Journaling	Program 3 Type: Early Intervention	
Program 3 Operating Agency: Wyoming County DSS		
Program Mailing Address 466 North Main Street		
Address Line 2 POB 231		
City Warsaw	State NY	Zip Code 14569
Contact Person for Program Angela Milillo	Email Angela.Milillo@dfa.state.ny.us	
Title Director of Services	Phone (585) 786 - 8900	Ext 6179

<b>STSJP-RTA Program 3 Service Detailed Information</b>		
1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 2,000.00		
2. Please indicate the specific zip codes this program will target. 14569, 14530, 14009, 14011		
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The DSS Caseworker will continue to use interactive journaling with targeted RTA youth. This service can be started with a RTA youth within the first month of the case opening and would continue for as long as it's beneficial to our work with a		

RTA youth. Interactive journaling will be utilized with those youth who may find it easier to express themselves through writing.

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? 6

**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:
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<b>Program 5 Operating Agency:</b>		
Program Mailing Address		
Address Line 2		
City	State	Zip Code
Contact Person for Program	Email	
Title	Phone ( ) -	Ext

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

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

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

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. Warsaw (14569), Perry (14530), Attica (14011) and Arcade (14009) are the four(4) largest towns with the most densely populated villages in Wyoming county. Factors contributing to the higher numbers from the noted areas rather than the rural areas can be contributed to the Youth congregating together engaging in activities that may result entry in to the juvenile justice system.

**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. Based on census data the population of Wyoming County is predominantly white. Less than 8% of the population is noted as another race . No disparity noted.

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)

Early Intervention: Hillside Childrens Center & New Directions Youth and Family Servcies: STSJP Youth are referred for these types of services to assist individuals with modifying negative behaviors, dealing with stressors and appropriate interpersonal interactions, etc. In PY 19/20, Wyoming County's goal is to prevent 90% of the STSJP 15 Youth who receive these services from further penetrating the juvenile justice system. For the 6 RTA family/parents noted to received Early Intervention services through New Directions, Wyoming County's goals is for 5 of the 6 to accept and engage in services.

New Directions Youth and Family Servcies Prevention Services: RTA Youth will be referred for these types of services to assist with coping skills, anger mangement skills, socialization skills, tutoring, etc. In PY 19/20, Wyoming County's goal is for 5 of the 6 to accept and engage in services.

Wyoming County DSS Interactive Journaling: RTA youth will have the opportunity to utilized this service as a alternative way to express themselves. Wyoming County's goal is to have 5 of the 6 RTA youth utilize the service.

**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.

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 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: NA
2. Describe how personnel will be compensated across and between counties in the cooperative: NA
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: NA

**PART IV – PLAN APPROVAL**

**SECTION 1 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 2019 STSJP plan.

Date: 09 / 09 / 19 User ID: NY060013G

Print name: Angela Milillo

**SECTION 2 APPROVAL OF THE OCFS PROGRAM LEAD**

As OCFS STSJP reviewer, I certify that I approve of this STSJP plan for Wyoming municipality, for 2019.

Date: 11 / 04 / 2019 User ID: GG1130

Print name: Patti Anderson