



**Office of Children  
and Family Services**

**ANDREW M. CUOMO**  
Governor

**SHEILA J. POOLE**  
Commissioner

July 31, 2019

Dear Chief Executive Officer,

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

Chautauqua 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 Chautauqua 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](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 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](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 alternative to placement and detention programs.

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/[Lynn.Tubbs@ocfs.ny.gov](mailto:Lynn.Tubbs@ocfs.ny.gov) or Geneva Hilliard at (518) 486-1819/ [Geneva.Hilliard@ocfs.ny.gov](mailto:Geneva.Hilliard@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, 20 - SEPTEMBER 30, 2019**

STSJP Plans are due to the Office of Children and Family Services (OCFS) by 10 / 31 / 2018

Plans should be submitted to: [stsjp@ocfs.ny.gov](mailto: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: Chautauqua County	
LEAD AGENCY FOR STSJP SUBMISSION: Department of Health and Human Services	NAME OF CONTACT PERSON: Leanna Luka-Conley
CONTACT PERSON'S PHONE NUMBER: 716-753-4879	CONTACT PERSON'S EMAIL ADDRESS: <a href="mailto:conleyl@co.chautauqua.ny.us">conleyl@co.chautauqua.ny.us</a>

Plan Submission Instructions
<p>Instructions for submitting an STSJP plan for OCFS review.</p> <ol style="list-style-type: none"> <li>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>Save your application using the following name "PY 2018 - 2019 STSJP Plan – (Name of municipality)";</li> <li>Work from the "saved" application document, using it to record all of your municipality's information;</li> <li>Once you have completed entering the required data, save the document;</li> <li>Prior to submission, review calculation in section eight for accuracy. Complete the "Approval and Certification" section before submission to OCFS;</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>

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 Accountability and Responsibility Program	\$ 128,224	\$ 79,498.88	\$ 48,725.12
STSJP Program 2 The Community School Program	\$ 320,000	\$ 198,400	\$ 121,600
STSJP Program 3 Family Peer Support/Connections	\$ 68,234	\$ 42,305.08	\$ 25,928.92
STSJP Program 4 Infinity	\$ 8,000	\$ 4,960	\$ 3,040
STSJP Program 5 Intensive Preventive	\$ 207,232	\$ 128,483.84	\$ 78,748.16
STSJP Program 6 School Partnership	\$ 100,000	\$ 62,000	\$ 38,000

STSJP Program 7 Mentoring	\$ 77,613	\$ 48,120.06	\$ 29,492.94
STSJP Program 8	\$	\$	\$
STSJP Program 9	\$	\$	\$
STSJP Program 10	\$	\$	\$
STSJP Program 11	\$	\$	\$
STSJP Program 12	\$	\$	\$
<b>TOTAL</b>	<b>\$ 909,303</b>	<b>\$ 563,767.86</b>	<b>\$ 345,535.14</b>
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Family Peer Support - STSJP RTA	\$ 26,021		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Youth Peer Support - STSJP RTA	\$ 24,720		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Hillside-Intensive Prev.- STSJP RTA	\$ 58,380		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
<b>TOTAL</b>	<b>\$ 109,121</b>	<b>\$</b>	<b>\$</b>

**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)** The urban centers of Dunkirk (14048) and Jamestown (14701) are historically responsible for the highest concentration of detention demands and residential placements. Jamestown Public School System is the largest school system in Chautauqua County, there are 1,387 students in grades 9-12, 25% are Hispanic and 18% are Black. The current drop out rate for Jamestown High School is 20%. Dunkirk Public School is the second largest with 602 students in grades 9-12, 279 of these students are Hispanic. Dunkirk has a 14% drop out rate. Chautauqua County has a teen pregnancy rate of 29.3%. Chautauqua County based on SAMHSA\* data, regional performance for dependence or abuse of illicit drugs or alcohol (ages 12+) was 9.10%. In 2016, 19.4% of all residents and 30.6% of residents less than 18 years old were living in poverty. Individuals characterized by racial and ethnic minorities were more likely to live in poverty. In 2016, 49.5% of Black or African Americans, 39.4% of American Indian or Alaska Natives, 32.8% of Asians, 48.8% of some other race, and 40.7% of individuals with two or more races were living in poverty compared to 17.7% of individuals who self-identified as white, alone. Additionally, 47.9% of County residents of Hispanic or Latino ethnicity were living in poverty, compared to 16.1% of white alone, not Hispanic or Latino residents.

**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)** The available data indicates an overall decrease in disparity in groups placed in detention/placement in 2013-2017 across facility types. In secure/ mixed facilities, the representation of whites increased from 41% to 71%. Data from 2013-2017 represents a decrease in Black youth from 17% to 14% and Hispanic youth from 33% to 14% being placed across facility types.

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

**(250 words or less)**

#### **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)** Project #1

25% reduction in detention utilization and residential placements for youth that complete the program;  
70% of youth who complete the program will not return to family court.

Project #2, #6

45% of the students enrolled will increase connectedness to school

35% will show decrease in Behavior referrals

35% reduction in detention utilization and residential placements

45% will show an increased connection to the community

Project #3

75% of the families referred will be engaged in services

35% reduction in detention utilization and residential placements for youth

45% will show an increase in connection to community and school

40% improvement in attendance

Project #4

Will enhance the above programs but specifically-

45% will show an increased connection to the community

Project #5

35% reduction in detention utilization and residential placements

40% improvement in academic progres

Project 7#

40% improvement in attendance

35% reduction in detention utilization and residential placements

#### **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)** Chautauqua County has formulated robust collaboration by developing a juvenile services team consisting of child welfare, probation, GA Family Services, OCFS, Mental Health and school representatives to avoid youth being placed and enhancing wrap around services provided. The criminal justice juvenile justice advisory board was also developed this year that includes Chautauqua County school systems, probation, child welfare, law enforcement, sheriff department, legislatures, commissioners, community providers, mental health providers, health department, OCFS, family court judges, district attorney and attorneys. Community meetings are being held to include key stakeholders to continue collaboration, identifying gaps, sharing of resources and to increase continuity of care.

**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		\$ 909,303
2. State reimbursement (Program expenses*.62)		\$ 563,767.86
3. State share amount (Program expenses*.38)		\$ 345,535.14
<b>Add in Reimbursements for the plan (fill out all that are applicable)</b>		
4. STSJP allocation	\$ 78,272	
5. STSJP approved		\$ 78,272
6. JDAI allocation	\$	
7. JDAI approved		\$
8. Detention approved amount shifted to STSJP		\$ 296,999.86
9. PY rollover approved		\$ 188,496
10. Total approved amounts for state reimbursement		\$ 563,767.86
11. Total amount of approved STSJP-RTA 100% state reimbursement		\$ 109,121

**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.**

<b>Program one name:</b>	Accountability and Responsibility Program	<b>Type of program:</b>	Early Intervention
<b>Program operating agency:</b>	G.A. Family Services		
Program mailing address 200 Gustavus Ave			
Address line 2 -----			
City Jamestown		State NY	Zip code 14701
Contact person for program Ericka Garcia			
Title Program Manager		Phone number (716) 708-6161	Ext.
Email egarcia@lutheran-jamestown.org			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 79,499			

1. Please indicate the specific zip codes this program will target?		Zip Codes 14701 primarily, but can serve all of Chautauqua County including: 14710,14712, 14718, 14720, 14722, 14723,14724, 14728, 14048, 14733, 14736, 14062, 14063, 14738, 14740, 14742, 14081, 14747, 14750, 14752, 14756, 14757, 14767, 14769, 14755, 14135, 14781, 14782, 14787	
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The A&R program will reduce the number of youth detained or placed by providing them with a focused and structured setting and a cognitive-behavioral series that uses evidenced based strategies to assist youth involved in the criminal justice system in making positive changes to their thoughts, feelings and responses. A&R is in a safe group of peers with two facilitators that build bonds, act as mentors during and after the program, and encourage participation with cultural expansion outings.			
3. Does your municipality plan to replicate program across multiple locations? <input checked="" 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) 40			
<b>If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.</b>			
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) The Program Year of 2017-2018 all of the goals were met. There were 42 youth that successfully completed the A&R Program in the PY. The youth that have completed the program have had an extremely low rate of needing a higher level of care, with only one of the 42 completed youth having to enter a higher level of care (2.4%), and only two youth of the 42 having a new appearance in family court, 4.8%. The success of the A&R Program stems CBT, mentors, youth voice and community engagement.			
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) 65 days			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 42			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)			
<b>Program two name:</b>	Community School Program	<b>Type of program:</b>	Prevention
<b>Program operating agency:</b>	Jamestown Public School		
Program mailing address 195 Martin Road			
Address line 2 -----			
City Jamestown		State NY	Zip code 14701
Contact person for program Bret Apthorpe			
Title Superintendent		Phone number (716) 483-4420	Ext.
Email bret.c.apthorpe@jpsny.wnyric.org			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 198,400			
1. Please indicate the specific zip codes this program will target?		Zip Codes 14701, 14733	
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The Community School Program will be embedded in the Jamestown Public Schools to assist with early detection of truancy issues and to prevent youth from falling through the gaps of the system. The school liason position will have robust knowledge of community resources and will act as care navigators to suppor youth and families to get connected to the supports			

they need in order to not become part of the system and will develop a relationship with youth and families to increase engagement.

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) 70

**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? ( 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) The projected outcomes met in the program includes 75% of students passing at least 4/6 classes, 75% percent improvement in attendance, 54 % decreased behavior outbursts, 1.30% placement rate out of the high risk youth referred and 90% of youth are engaged in outside community services.

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) Program was unable to start two full time staff due to contracting delays which caused reduced number of youth being seen . Contract is for one full time community school coordinator with partnership through other entities to fulfill increased need.

8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 182-365 days

9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 22

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

<b>Program three name:</b>	Family Peer Support Services	<b>Type of program:</b>	Early Intervention
<b>Program operating agency:</b>	Family Peer Support Services of Chautauqua County Inc		
Program mailing address Hall R. Clothier Building			
Address line 2 7 North Erie Street			
City Mayville		State NY	Zip code 14757
Contact person for program Melody Morris			
Title coordinator		Phone number (716) 753-4157	Ext.
Email morrism1@co.chautauqua.ny.us			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 42,305			
1. Please indicate the specific zip codes this program will target? Zip Codes 14701 primarily, but can serve all of Chautauqua County including: 14710,14712, 14718, 14720, 14722, 14723,14724, 14728, 14048, 14733, 14736, 14062, 14063, 14738, 14740, 14742, 14081, 14747, 14750, 14752, 14756, 14757, 14767, 14769, 14755, 14135, 14781, 14782, 14787			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The Family Peer Support Program provides support for families who have a child with social, emotional, or behavioral challenges. The family peers will be embedded in probation and child welfare to better engage and help navigate families through the system and prevent further legal system involvement. Youth will be engaged into community projects and events by developing a sense of connection. Youth will be educated/mentored on leadership skills through peer specialists and e			
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) 45			
<b>If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.</b>			

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) Contract was unable to be initiated due to contractual and staffing challenges.

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) Contract process was delayed along with staffing challenges. Program has a foundation established with contracts in place for this funding year with established collaborations.

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) -----

<b>Program four name:</b>	Infinity	<b>Type of program:</b>	Prevention
<b>Program operating agency:</b>	Infinity		
Program mailing address 301 East second Street Lynn Building Suite 101			
Address line 2 -----			
City Jamestown	State NY	Zip code 14701	
Contact person for program Shane Hawkins			
Title Executive Director	Phone number (716) 489-3452	Ext.	
Email shane@infinityperformances.org			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 4,960			
1. Please indicate the specific zip codes this program will target? Zip Codes 14701, 14710, 14712, 14718, 14720, 14722, 14723, 14724, 14728, 14048, 14733, 14736, 14062, 14063, 14738, 14740, 14742, 14081, 14747, 14750, 14752, 14756, 14757, 14767, 14769, 14755, 14135, 14781, 14782, 14787			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Infinity is a creative arts program. This program will be used to enhance the other funded STSJP programs through the utilization of arts, music, drama and dance personal instruction/classes. Youth are identified through child welfare, PINS and Jamestown Public School that would benefit by being involved in structured creative activities to distract away from negative influences and to help with self-regulation/calming skill sets.			
3. Does your municipality plan to replicate program across multiple locations? ( <input checked="" 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) 25			
<b>If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.</b>			
5. Did projected performance outcome meet expected outcomes? ( <input type="checkbox"/> yes or <input checked="" 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) --			

<b>Program five name:</b>	Intensive Preventive	<b>Type of program:</b>	Prevention
<b>Program operating agency:</b>	Hillside Children's Center		
Program mailing address 24 Main St.			
Address line 2 Mt. Morris			
City Jamestown		State NY	Zip code 14510
Contact person for program Darcy Bailor			
Title Regional Director		Phone number (585) 402-1100	Ext.
Email dbailor@hillside.com			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 128,484.00			
1. Please indicate the specific zip codes this program will target? Zip Codes 14701, 14710, 14712, 14718, 14720, 14722, 14723, 14724, 14728, 14048, 14733, 14736, 14062, 14063, 14738, 14740, 14742, 14081, 14747, 14750, 14752, 14756, 14757, 14767, 14769, 14755, 14135, 14781, 14782, 14787			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Intensive preventive services will be provided to youth who have legal history or are at risk of placement due to behaviors that result in poor decisions with negative consequences. Youth will be identified through PINS process and referred to Hillside for intensive preventative services that will consist of flexible hours including weekends and evenings, mentoring, positive youth development, skill building, trauma informed parent and youth education, and connecting with valuable resources			
3. Does your municipality plan to replicate program across multiple locations? ( <input checked="" 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) 20			
<b>If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.</b>			
5. Did projected performance outcome meet expected outcomes? ( <input type="checkbox"/> yes or <input checked="" 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) new program initiating			
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) -----			
<b>Program six name:</b>	School partnership	<b>Type of program:</b>	Prevention
<b>Program operating agency:</b>	Dunkirk Public Schools		
Program mailing address 620 Marauder Drive			
Address line 2 -----			
City Dunkirk		State NY	Zip code 14048
Contact person for program Dr James Tracy			

Title Superintendent	Phone number (716) 366-9395	Ext. 2013
Email jtracy@dunkirk.wnyric.org		
<b>Program service detailed information</b>		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 77,613		
1. Please indicate the specific zip codes this program will target? Zip Codes 14048		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The School Partnership will be embedded in the Dunkirk Public Schools to assist with early detection of truancy issues and to prevent youth from falling through the gaps of the system. The school liason position will have robust knowledge of community resources and will act as care navigators to suppor youth and families to get connected to the supports they need in order to not become part of the system and will develop a relationship with youth and families to increase engagement.		
3. Does your municipality plan to replicate program across multiple locations? ( <input checked="" 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) 40		
<b>If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.</b>		
5. Did projected performance outcome meet expected outcomes? ( <input type="checkbox"/> yes or <input checked="" 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) new program		
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) -----		

<b>Program seven name:</b>	Mentoring	<b>Type of program:</b>	Prevention
<b>Program operating agency:</b>	YWCA		
Program mailing address 401 North Main Street			
Address line 2 -----			
City Jamestown		State NY	Zip code 14701
Contact person for program Jaqueline Chiarot			
Title Executive Director	Phone number (716) 488-2237		Ext
Email EXECUTIVEDIRECTOR@ywcaofjamestown.com			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 38,440			
1. Please indicate the specific zip codes this program will target? Zip Codes 14701, 14710,14712, 14718, 14720, 14722, 14723,14724, 14728, 14048, 14733, 14736, 14062, 14063, 14738, 14740, 14742, 14081, 14747, 14750, 14752, 14756, 14757, 14767, 14769, 14755, 14135, 14781, 14782, 14787			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Identify at risk youth through safe harbour, child welfare, and PINS to provide mentoring and evidenced based group discussions to promote youth voice, participation and engagement to assist in reducing at risk youth from falling through gaps in the system. Curriculum from Girls Circle will also be utilized.			

3. Does your municipality plan to replicate program across multiple locations? ( <input checked="" 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) 50
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>
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) -----

<b>Program eight name:</b>	<b>Type of program:</b>	
<b>Program operating agency:</b>		
Program mailing address		
Address line 2		
City	State	Zip code
Contact person for program		
Title	Phone number ( )	Ext.
Email		
<b>Program service detailed information</b>		
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)		
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>		
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)		

<b>Program nine name:</b>	<b>Type of program:</b>	
<b>Program operating agency:</b>		
Program mailing address		
Address line 2		
City	State	Zip code

Contact person for program		
Title	Phone number ( )	Ext.
Email		
<b>Program service detailed information</b>		
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)		
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>		
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) -----		

<b>Program ten name:</b>		<b>Type of program:</b>	
<b>Program operating agency:</b>			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ( )	Ext.	
Email			
<b>Program service detailed information</b>			
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)			
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>			
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)			

<b>Program eleven name:</b>		<b>Type of program:</b>	
<b>Program operating agency:</b>			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ( )	Ext.	
Email			
<b>Program service detailed information</b>			
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)			
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>			
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)			

<b>Program twelve name:</b>		<b>Type of program:</b>	
<b>Program operating agency:</b>			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ( )	Ext.	
Email			
<b>Program service detailed information</b>			
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)			
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>			
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)

<b>STSJP/RTA Program name:</b>	Family Peer Support	<b>Type of program:</b>	STSJP-RTA
<b>Program operating agency:</b>	Family Peer Support Services of Chautauqua County Inc		
Program mailing address Hall R. Clothier Building			
Address line 2 -----			
City Mayville		State NY	Zip code 14757
Contact person for program Melody Morris			
Title Coordinator		Phone number (716) 753-4157	Ext.
Email morrismi@co.chautauqua.ny.us			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 26,021			
1. Please indicate the specific zip codes this program will target? Zip Codes 14701 primarily, but can serve all of Chautauqua County including: 14710,14712, 14718, 14720, 14722, 14723,14724, 14728, 14048, 14733, 14736, 14062, 14063, 14738, 14740, 14742, 14081, 14747, 14750, 14752, 14756, 14757, 14767, 14769, 14755, 14135, 14781, 14782, 14787			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The Family Peer Support Program provides support for families who have a child with social, emotional, or behavioral challenges. The family peers will be embedded in probation and child welfare to better engage and help navigate families through the system and prevent further legal system involvement.			
3. Does your municipality plan to replicate program across multiple locations? ( <input checked="" 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) 24			
<b>If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.</b>			
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) Contract was unable			
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)			

<b>STSJP/RTA Program name:</b>	Youth Peer Support/Conections	<b>Type of program:</b>	New Program STSJP-RTA
<b>Program operating agency:</b>	Family Peer Support Services of Chautauqua County Inc		
Program mailing address			

Hall R. Clothier Building		
Address line 2		
City Mayville	State NY	Zip code 14757
Contact person for program Melody Morris		
Title Coordinator	Phone number (716) 753-4157	Ext.
Email morrism1@co.chautauqua.ny.us		
<b>Program service detailed information</b>		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 24,720		
1. Please indicate the specific zip codes this program will target?	Zip Codes 14701 primarily, but can serve all of Chautauqua County including: 14710,14712, 14718, 14720, 14722, 14723,14724, 14728, 14048, 14733, 14736, 14062, 14063, 14738, 14740, 14742, 14081, 14747, 14750, 14752, 14756, 14757, 14767, 14769, 14755, 14135, 14781, 14782, 14787	
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The Connections program will engage youth into community projects and events by developing a sense of connection. Youth will be educated/mentored on leadership skills through peer specialists and engaged in a youth advisory board to offer them a voice, as well as to reinforce positive supports to avoid negative system involvement.		
3. Does your municipality plan to replicate program across multiple locations? ( <input checked="" 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) 30		
<b>If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.</b>		
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) Contract was unable t		
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)		

<b>STSJP/RTA Program name:</b>	Intensive Preventive	<b>Type of program:</b>	STSJP-RTA
<b>Program operating agency:</b>	Hillside Children's Center		
Program mailing address 24 Main St.			
Address line 2			
City Mt. Morris	State NY	Zip code 14510	
Contact person for program Darcy Bailor			
Title Regional Director	Phone number (585) 402-1100	Ext.	
Email dbailor@hillside.com			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 58,380			

1. Please indicate the specific zip codes this program will target? Zip Codes 14701, 14710, 14712, 14718, 14720, 14722, 14723, 14724, 14728, 14048, 14733, 14736, 14062, 14063, 14738, 14740, 14742, 14081, 14747, 14750, 14752, 14756, 14757, 14767, 14769, 14755, 14135, 14781, 14782, 14787

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Intensive preventive services will be provided to youth who have legal history or are at risk of placement due to behaviors that result in poor decisions with negative consequences. Youth will be identified through PINS process and referred to Hillside for intensive preventative services that will consist of flexible hours including weekends and evenings, mentoring, positive youth development, skill building, trauma informed parent and youth education, and connecting with valuable resources

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) 10

**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? ( 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 STSJF PY? (4 Characters) ----

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

**SECTION EIGHT -- Plan Approval**

**Approval of the Chief Executive Officer**

As STSJF Lead for Chautauqua County municipality, I certify that the CEO  
 George Borello has reviewed and approved the 2018 - 2019 STSJF plan.  
 Date: 10/31/2018 STSJF Lead User ID 06B990

STSJF Lead printed name: Leanna Luka-Conley

**Approval of the OCFS STSJF Program Lead**

As OCFS STSJF reviewer, I certify that I approve of this STSJF plan for Chautauqua Co  
 municipality, for 2018 - 2019  
 Date: 7/31/19 User ID: JT0911 Printed name Lynn Tubbs