



**Office of Children
and Family Services**

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Commissioner

December 16, 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) 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.

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

As a reminder, to access RTA reimbursement for which a municipality may be eligible, the expenditures must be specifically included in a locality's Division of Budget approved comprehensive RTA plan.

All STSJP claims must be submitted electronically via the Juvenile Detention Automated System (JDAS) for the service period of October 1, 2019 to September 30, 2020. Questions on all aspects of the claiming process should be directed to Daniel Hulihan at (518) 473-4511 or at Daniel.Hulihan@ocfs.ny.gov.

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

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

Sincerely,



Nina Aledort, PhD
Deputy Commissioner

cc: Derek Holtzclaw, OCFS Deputy Commissioner for Administration
Lynn Tubbs, Director of Cross-System Supports, YDAPS
OCFS Child Welfare and Community Services Regional Office Directors
Municipality STSJP Leads

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
SUPERVISION AND TREATMENT SERVICES
FOR JUVENILE PROGRAM (STSJP) ANNUAL PLAN
FOR PROGRAM YEAR OCTOBER 1, 2019 - SEPTEMBER 30, 2020

STSJP plans are due to the Office of Children and Family Services (OCFS) by ____ / ____ / ____

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

Please be sure that the title "STSJP 2019-2020 Annual Plan-Municipality Name" are in the **Subject Field** to facilitate the timely review of your STSJP plan.

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

Please direct any STSJP plan questions to:

- Geneva Hilliard: 518-486-1819
- Lynn Tubbs: 518-473-9116

MUNICIPALITY INFORMATION	
NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION: 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/© 716-410-4251	CONTACT PERSON'S EMAIL ADDRESS: conleyl@co.chautauqua.ny.us

PLAN SUBMISSION INSTRUCTIONS

Instructions for submitting an STSJP plan for OCFS review:

- a. Once you have opened this form on your computer, please immediately use the "Save As" function in Microsoft Word to save a copy;
- b. Save your application using the file name "STSJP 2019-2020 Annual Plan – (Name of County)";
- c. Work from the "saved" application document, using it to record all of your municipality information;
- d. Once you have completed entering the required data, save the document.

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

PART I – STSJP PROGRAMS

SECTION 1	PLAN AMOUNTS	
EXPENSES		
1. Total program expenses		\$ 1,208,520.74
2. State reimbursement		\$ 749,282.86
3. Local share amount		\$ 459,237.88
Reimbursements for the plan (Enter all amounts that are applicable.)		
4. STSJP allocation amount	\$ 78,272.00	
5. STSJP local approved plan amount		\$ 78,272.00
6. Detention approved amount shifted to STSJP		\$ 295,739.00
7. PY rollover approved amount		\$ 375,271.86
8. Total approved amounts for state reimbursement		\$ 749,282.86

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 Accountability and Responsibility Program	\$ 50,186.98	\$ 81,884.02	\$ 132,071.00
STSJP Program 2	\$ 85,500.00	\$ 139,500.00	\$ 225,000.00

The Community School Program			
STSJP Program 3 Infinity	\$ 3,040.00	\$ 4,960.00	\$ 8,000.00
STSJP Program 4 Intensive Preventive	\$ 151,620.00	\$ 247,380.00	\$ 399,000.00
STSJP Program 5 Respite bed	\$ 46,366.03	\$ 75,649.83	\$ 122,015.86
STSJP Program 6 Life Skills	\$ 76,000.00	\$ 124,000.00	\$ 200,000.00
STSJP Program 7 Employment services	\$ 46,524.87	\$ 75,909.01	\$ 122,433.88
STSJP Program 8	\$	\$	\$
STSJP Program 9	\$	\$	\$
STSJP Program 10	\$	\$	\$
STSJP Program 11	\$	\$	\$
STSJP Program 12	\$	\$	\$
TOTAL			\$ 1,208,520.74

STSJP PROGRAMMING DETAILS

List the **name of each service and program** that you expect will receive STSJP funds, along with the **projected amount of STSJP funds** to be used for each. Please provide programmatic information in the format listed below. Provide the name of the provider of the service program. **Please note there are now 7 types of programming to choose from.**

STSJP Program 1		
STSJP Program 1 Name: Accountability and Responsibility Program		STSJP Program 1 Type: Early Intervention
STSJP Program 1 Operating Agency: G.A. Family Services		
Program Mailing Address 200 Gustavus Ave		
Address Line 2 -----		
City Jamestown	State NY	Zip Code 14701
Contact Person for Program Erica Garcia	Email egarcia@lutheran-jamestown.org	
Title Director	Phone (716) 708 - 6161	Ext

STSJP Program 1	Service Detailed Information
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 132,071.00	
2. Please indicate the specific zip codes this program will target. 1401, 14710, 14733, 14718, 14720, 1423, 14734, 14728, 14048,, 14736, 14062, 14063, 14738, 14740, 14742, 14081, 14747, 14750, 14752, 14756, 14757, 14767, 14769, 14755, 14135, 14781, 14782, 14787	
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The A&R program will prevent further penetration into the juvenile justice system with a focused and structured setting and a cognitive-behavioral series that uses evidence 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.

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? 40

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) The Program Year of 2018-2019 all of the goals were met. There were 43 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 this program year none being stepped up a level of care (although one is pending a potential placement currently) and only 1 youth of the 43 having a new appearance in family court, 2 %. The success of the A&R Program stems from the CBT programming, mentoring provided by staff, youth voice, community engagement, and ongoing connection to staff and support even after completion of the program.

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.) 60

10. Total number of youth served by this program during the previous STSJP PY: 43

11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 81884.02

STSJP Program 2		
STSJP Program 2 Name: The Community School Program	STSJP Program 2 Type: Prevention	
STSJP Program 2 Operating Agency: 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	Email	
Title Superintendent	Phone (716) 483 - 4420	Ext

STSJP Program 2	Service Detailed Information
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 225,000.00	
2. Please indicate the specific zip codes this program will target. 14701, 14733,	
3. 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 at risk behaviors in order to prevent the youth from future juvenile involvement. The school liason will work with grades 5th-12th, will have robust knowledge of community resources and will act as care navigator to help youth and families 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.	
4. Does your municipality plan to replicate the program across multiple locations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program? 70	
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) The number of youth last year was 25, this year caseload is close to 50. The projected outcome met in the program 74% of students passed 4/6 classes, 76% improvement in attendance, 62% decreased behavior outbursts, 1% placement rate out of high risk youth and 95% are engaged in outside community 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) 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 full fill increased need.

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 182.5

10. Total number of youth served by this program during the previous STSJ PY: 25

11. What amount of rollover funds from the previous STSJ PY will be spent on this program? 139,500

STSJP Program 3		
STSJP Program 3 Name: Infinity	STSJP Program 3 Type: Early Intervention	
STSJP Program 3 Operating Agency: 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	Email shane@infinityperformances.org	
Title Executive Director	Phone (716) 489 - 3452	Ext

STSJP Program 3	Service Detailed Information
1. The amount of STSJ funds that your jurisdiction will devote to the services from this program? \$ 8,000.00	
2. Please indicate the specific zip codes this program will target. 14701, 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, 1410, 14712, 14718	
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Infinity is a creative arts program. Youth will be identified through PINS staff that will assist with early detection of at risk behaviors in order to prevent the youth from from future juvenile involvement. Youth assessed will be referred to infinity to become involved in arts, music, drama and dance personal instruction/classes. Research shows at risk youth involved in these type of programs develop positive coping skillsets and decrease negative outcomes. Youth would benefit by being involved in structured creative activities to distract from negative influences and to help with self-regualtion/calming skill sets.	
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? 25	
If the STSJ Program 3 received STSJ funds in the previous STSJ PY, answer the questions below.	
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? 0

STSJP Program 4		
STSJP Program 4 Name: Intensive Preventive	STSJP Program 4 Type: Early Intervention	
STSJP Program 4 Operating Agency: 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	Email dbailor@hillside.com	
Title Regional Director	Phone (585) 402 - 1100	Ext

STSJP Program 4	Service Detailed Information
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 399,000.00	
2. Please indicate the specific zip codes this program will target. 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	
3. 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 adjudicated or alleged 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, CBT/clinical supports and connecting with valuable resources	
4. Does your municipality plan to replicate the program across multiple locations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program? 32	
If the STSJP Program 4 received STSJP funds in the previous STSJP PY, answer the questions below.	
6. Did projected performance outcomes meet expected outcomes? <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? 15388784	

STSJP Program 5	
STSJP Program 5 Name: Respite Bed	STSJP Program 5 Type: Early Intervention
STSJP Program 5 Operating Agency: Chautauquua Opportunities Inc.	
Program Mailing Address 17 W Courtney Street	
Address Line 2 -----	

City Dunkirk	State NY	Zip Code 14733
Contact Person for Program Diane Hewitt	Email dhewitt-johnson@chautopp.org	
Title Executive Director	Phone (716) 366 - 3333	Ext

STSJP Program 5		Service Detailed Information	
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 122,015.86			
2. Please indicate the specific zip codes this program will target. 14712, 14718, 14710, 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			
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Youth would be reunited with family/care giver prior to 21 days of respite. They will use this time frame to assess any services that would require referrals that would provide the family with the support they need in order to continue to have the youth remain safely within their home and community. A case manager will be assigned to assist with the coordination of the needed services as well as work with family to have a positive return home.			
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? 10			
If the STSJP Program 5 received STSJP funds in the previous STSJP PY, answer the questions below.			
6. Did projected performance outcomes meet expected outcomes? <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? 0			

STSJP Program 6		
STSJP Program 6 Name: Life Skills	STSJP Program 6 Type: Prevention	
STSJP Program 6 Operating Agency: Prevention Works		
Program Mailing Address 501 W 3rd street, Sprinchom building suites 3 &4		
Address Line 2 -----		
City Jamestown	State NY	Zip Code 14701
Contact Person for Program Melanie Witkowski	Email Melanie@preventionworks.us	
Title Executive Director	Phone (716) 664 - 3608	Ext

STSJP Program 6		Service Detailed Information	
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 200,000.00			

2. Please indicate the specific zip codes this program will target. 14701, 1410, 14718, 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

3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Identify at risk youth to provide mentoring and evidence based group discussions to promote independent living skills, youth voice, participation and engagement to assist in reducing at risk youth from falling through gaps in the system. Curriculum from Girls and Boys Circle and Life Skills will also be utilized.

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? 40

If the STSJP Program 6 received STSJP funds in the previous STSJP PY, answer the questions below.

6. Did projected performance outcomes meet expected outcomes? Yes No Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.

7. What projected outcomes were met and how were they met? (100 words or less) -----

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

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) -----

10. Total number of youth served by this program during the previous STSJP PY: ----

11. What amount of rollover funds from the previous STSJP PY will be spent on this program?

STSJP Program 7

STSJP Program 7 Name: Employment services		STSJP Program 7 Type: Early Intervention	
STSJP Program 7 Operating Agency: Chautauqua Works			
Program Mailing Address 4 E Third Street			
Address Line 2			
City Jamestown	State NY	Zip Code 14701	
Contact Person for Program Katie Geise	Email		
Title Executive Director	Phone (716) 661 - 9553	Ext	

STSJP Program 7 Service Detailed Information

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 122,433.88

2. Please indicate the specific zip codes this program will target. 14701, 14710, 14718, 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

3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Chautauqua Works will work with at risk youth to prevent the youth from further penetration into criminal justice system. They will assist with year round youth employment with local employers (such as summer youth but year round). Interview skills, resume development and presentation/communication skills will also be offered in individual and group settings. Job coaching will also be provided to assist with job success.

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? 15

If the STSJP Program 7 received STSJP funds in the previous STSJP PY, answer the questions below.

6. Did projected performance outcomes meet expected outcomes? Yes No Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.

7. What projected outcomes were met and how were they met? (100 words or less) -----
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) -----
10. Total number of youth served by this program during the previous STSJP PY: ----
11. What amount of rollover funds from the previous STSJP PY will be spent on this program? -----

STSJP Program 8

STSJP Program 8 Name:		STSJP Program 8 Type:	
STSJP Program 8 Operating Agency:			
Program Mailing Address			
Address Line 2			
City	State	Zip Code	
Contact Person for Program	Email		
Title	Phone () -	Ext	

STSJP Program 8 Service Detailed Information

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$
2. Please indicate the specific zip codes this program will target.
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. What is the projected number of youth who will receive services from this program?
If the STSJP Program 8 received STSJP funds in the previous STSJP PY, answer the questions below.
6. Did projected performance outcomes meet expected outcomes? <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 9

STSJP Program 9 Name:		STSJP Program 9 Type:	
STSJP Program 9 Operating Agency:			
Program Mailing Address			
Address Line 2			
City	State	Zip Code	
Contact Person for Program	Email		
Title	Phone	Ext	

STSJP Program 9	Service Detailed Information
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$	
2. Please indicate the specific zip codes this program will target.	
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)	
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program?	
If the STSJP Program 9 received STSJP funds in the previous STSJP PY, answer the questions below.	
6. Did projected performance outcomes meet expected outcomes? <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 10

STSJP Program 10 Name:		STSJP Program 10 Type:	
STSJP Program 10 Operating Agency:			
Program Mailing Address			
Address Line 2			
City		State	Zip Code
Contact Person for Program		Email	
Title		Phone () -	Ext

STSJP Program 10	Service Detailed Information
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$	
2. Please indicate the specific zip codes this program will target.	
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)	
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program?	
If the STSJP Program 10 received STSJP funds in the previous STSJP PY, answer the questions below.	
6. Did projected performance outcomes meet expected outcomes? <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 11

STSJP Program 11 Name:	STSJP Program 11 Type:
------------------------	------------------------

STJSJ Program 11 Operating Agency:		
Program Mailing Address		
Address Line 2		
City	State	Zip Code
Contact Person for Program	Email	
Title	Phone () -	Ext

STJSJ Program 11 Service Detailed Information	
1. The amount of STJSJ 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?	
If the STJSJ Program 11 received STJSJ funds in the previous STJSJ PY, answer the questions below.	
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 STJSJ PY:	
11. What amount of rollover funds from the previous STJSJ PY will be spent on this program?	

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

STJSJ Program 12 Service Detailed Information	
1. The amount of STJSJ 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?	
If the STJSJ Program 12 received STJSJ funds in the previous STJSJ PY, answer the questions below.	

6. Did projected performance outcomes meet expected outcomes? Yes No Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.

7. What projected outcomes were met and how were they met? (100 words or less)

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

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)

10. Total number of youth served by this program during the previous STSJP PY:

11. What amount of rollover funds from the previous STSJP PY will be spent on this program?

PART II – STSJP-RTA PROGRAMS

SECTION 1 STSJP RTA PLAN AMOUNTS

Expenses	
1. RTA-approved plan amount	\$ 218,242.00
2. Total program expenses	\$ 218,242.00

SECTION 2 LIST OF STSJP-RTA PROGRAMS TO BE FUNDED

Program Name	Total Program Expenses
STSJP-RTA Program 1 Intensive Preventive	\$ 116,760.00
STSJP-RTA Program 2 Family Peer Support	\$ 52,042.00
STSJP-RTA Program 3 Youth Peer Support/Conections	\$ 49,440.00
STSJP-RTA Program 4	\$
STSJP-RTA Program 5	\$
STSJP-RTA Program 6	\$
TOTAL	\$ 218,242.00

STSJP-RTA PROGRAMMING DETAILS

List the name of each service and program that you expect will receive STSJP funds, along with the projected amount of STSJP funds to be used for each. Please provide programmatic information in the format listed below. Provide the name of the provider of the service program. **Please note there are now 7 types of programming to choose from.**

STSJP-RTA Program 1

Program 1 Name: Intensive Prevention		Program 1 Type: Early Intervention	
Program 1 Operating Agency: 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		Email dbailor@hillside.com	
Title Regional Director	Phone (585) 402 - 1100	Ext	

STSJP-RTA Program 1 Service Detailed Information

1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 116,760.00

2. Please indicate the specific zip codes this program will target. 14710, 14712, 14718, 14701, 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

3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Intensive preventive services are to be provided to the family in their home and community daily at 5 days per week or more to work with the family and the RTA youth to assess their needs, create goals, skill development, mentoring, advocacy and develop a plan with the family to achieve their goals. Specific services provided include but are not limited to parenting education, CBT, independent living skills, crisis intervention and mentoring. Staff are available 24/7 a week-this is an intensive preventative.

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? 16

If the STSJP-RTA Program 1 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.

6. Did projected performance outcomes meet expected outcomes? Yes No Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.

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

8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) Plan was approved late and a contract could not be implemented to start service.

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 2

Program 2 Name: Family Peer Support of Chautauqua County Inc.		Program 2 Type: Early Intervention	
Program 2 Operating Agency:			

Program Mailing Address Hall Clothier Building 7 N Erie Street		
Address Line 2		
City Mayville	State NY	Zip Code 14757
Contact Person for Program Melody Morris	Email morrism1@co.chautauqua.ny.us	
Title Coordinator	Phone (716) 753 - 4157	Ext

STSJP-RTA Program 2 Service Detailed Information

- The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 52,042.00
- Please indicate the specific zip codes this program will target. 14701, 14710, 14718, 14712, 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
- 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 to better engage and help navigate families through the system and prevent further legal system involvement. Target youth will be RTA youth and RTA youth being returned to the community.
- Does your municipality plan to replicate the program across multiple locations? Yes No
- What is the projected number of youth who will receive services from this program? 24

If the STSJP-RTA Program 2 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.

- 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.
- What projected outcomes were met and how were they met? (100 word or less) -----
- 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) -----
- What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) -----
- Total number of youth served by this program during the previous STSJP-RTA PY: ----
- What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program? 0

STSJP-RTA Program 3

Program 3 Name: Youth Peer Support/Conexions	Program 3 Type: Early Intervention	
Program 3 Operating Agency: Family Peer Support Services of Chautauqua County Inc		
Program Mailing Address Hall R. Clothier Building 7 N Erie Street		
Address Line 2		
City Mayville	State NY	Zip Code 14757
Contact Person for Program Melody Morris	Email morrism1@co.chautauqua.ny.us	
Title Coordinator	Phone (716) 753 - 4157	Ext

STSJP-RTA Program 3 Service Detailed Information

1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 49,440.00

2. Please indicate the specific zip codes this program will target. 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

3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The Connections program will target at risk youth by engaging youth in 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.

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? 30

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) contracted wasn't initiated

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <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?

STSJP-RTA Program 5

Program 5 Name:		Program 5 Type:	
Program 5 Operating Agency:			
Program Mailing Address			
Address Line 2			
City		State	Zip Code
Contact Person for Program		Email	
Title	Phone () -		Ext

STSJP-RTA Program 5 Service Detailed Information

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

STSJP-RTA Program 6

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

STSJP-RTA Program 6 Service Detailed Information

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

2. Please indicate the specific zip codes this program will target.

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

4. Does your municipality plan to replicate the program across multiple locations? Yes No

5. What is the projected number of youth who will receive services from this program?

If the STSJP-RTA Program 6 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.

6. Did projected performance outcomes meet expected outcomes? Yes No Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.

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

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

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)

10. Total number of youth served by this program during the previous STSJP-RTA PY:

11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program?

PART III – STSJP-RTA PROGRAM ANALYSIS

SECTION 1 Overall Analysis

A. Overall Analysis of Communities

Discuss and identify the neighborhoods or communities by zip codes or areas from which the highest number of Youthful Offenders (YO), Adolescent Offenders (AO), Juvenile Delinquents (JD) and Persons in Need of Supervision (PINS) enter the youth justice system, and the factors that may be contributing. The urban centers of Dunkirk (14048) and Jamestown (14701) are historically responsible for the highest concentration of detention remands 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.

B. Overall Analysis of Disparity

Please provide information indicating whether there is evidence of racial/ethnic disparity in your local system's use of detention or residential placement. The 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 this STSJP plan addresses the issues of disparity. no disparity exists. Existing work has been instituted to address.

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) 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.

Date: 12 / 09 / 19 User ID: gg1130

Print name: Patti Anderson