



**Office of Children
and Family Services**

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Acting Commissioner

January 28, 2019

Dear Chief Executive Officer,

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

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

Chenango 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 Chenango plans to shift its detention allocation for STSJP eligible expenses, please submit a request on official letterhead to John Johnson and email it to stsjp@ocfs.ny.gov outlining the amount that will be shifted and the type of programming or services the 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.

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

If you have any questions, please email us at stsjp@ocfs.ny.gov and write "STSJP Plan Questions" in the subject line so that we may best assist you in a timely manner. You can direct STSJP inquiries to John Johnson at (518) 486-4665 or John.Johnson@ocfs.ny.gov.

Sincerely,

Joseph Mancini
Associate Commissioner
Office of Community Partnerships
Division of Juvenile Justice and Opportunities for Youth

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**SUPERVISION AND TREATMENT SERVICES FOR JUVENILE PROGRAM (STSJP)
ANNUAL PLAN**
FOR PROGRAM YEAR OCTOBER 1, 2018 - SEPTEMBER 30, 2019

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

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

Please be sure that the title "Supervision and Treatment Services for Juveniles Plan - 2018 - 2019 Annual plan" and your municipality's name are in the subject field to facilitate the timely review of your STSJP Plan.

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

Please direct any STSJP plan questions to:

John E. Johnson: Ph. 518-486-4665

MUNICIPALITY INFORMATION	
NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION: Chenango County	
LEAD AGENCY FOR STSJP SUBMISSION: Chenango County Dept. of Social Services	NAME OF CONTACT PERSON: Daniel Auwarter
CONTACT PERSON'S PHONE NUMBER: 607-337-1899	CONTACT PERSON'S EMAIL ADDRESS: Daniel.Auwarter@dfa.state.ny.us

Plan Submission Instructions
<p>Instructions for submitting an STSJP plan for OCFS review.</p> <ol style="list-style-type: none"> a. Once you have opened this form on your computer, please immediately use the "Save As" function in Microsoft Word to save a copy; b. Save your application using the following name "PY 2018 - 2019 STSJP Plan – (Name of municipality)"; c. Work from the "saved" application document, using it to record all of your municipality's information; d. Once you have completed entering the required data, save the document; e. Prior to submission, review calculation in section eight for accuracy. Complete the "Approval and Certification" section before submission to OCFS; <p>Send the completed application to OCFS via the STSJP email address at: stsjp@ocfs.ny.gov</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 Why Try©	\$ 52398.38	\$ 32,487	\$19,911.38
STSJP Program 2 Parent Project ©	\$ 52398.38	\$ 32,487	\$19,911.38
STSJP Program 3 Loving Solutions ©	\$ 52398.38	\$ 32,487	\$19,911.38
STSJP Program 4	\$	\$	\$
STSJP Program 5	\$	\$	\$
STSJP Program 6	\$	\$	\$
STSJP Program 7	\$ \$157,195.16	\$ 97461	\$ \$59734.16

STSJP Program 8	\$	\$	\$
STSJP Program 9	\$	\$	\$
STSJP Program 10	\$	\$	\$
STSJP Program 11	\$	\$	\$
STSJP Program 12	\$	\$	\$
TOTAL	\$	\$	\$
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
TOTAL	\$	\$	\$

SECTION TWO – Overall analysis of communities

Discuss and identify the neighborhoods or communities by zip codes or areas from which the highest number of youth offenders (YO), adolescent offenders (AO), and persons in need of supervision (PINS) enter the juvenile justice system and the factors that may be contributing to this.

(500 words or less) Chenango is a rural upstate county of approximately 900 square miles and a population of 48,579 according to the US Census Bureau's 2016 estimate, consisting of 21 towns, eight villages, and the city of Norwich. Norwich has the highest population in the county with 7,021 residents and almost 42% of those are either under the age of 18 or >65. Based on 2015 and 2016 statistics from the probation department, Norwich teens accounted for 37% of the probation intake admissions; the next highest total (15%) were from the township of Oxford. Rounding out the top three highest percentages were Bainbridge, Afton, Sherburne, and Earlville (all tied at 8%). The U.S. Census Small Area Income & Poverty Index (SAIPE) shows that Chenango's youth 18 or under lives in significantly higher poverty than neighboring counties and the state-at-large. At the highest range of estimates, up to 28.3% of those 18 or under live in poverty, an increase despite the county losing almost 4% since the 2010 census. While Chenango's rates of detention or residential placements for PINS or JD have been low in recent years, its socio-economic conditions create significant risks of placement due to the ongoing stressors they place on family functioning. Chenango's graduation rates fluctuate between 75% to the 2017 county-wide rate of 84%. According to the Community Health Assessment (2013), Chenango children experience emotional disturbance at rates higher than the state averages. Our county has a higher percentage of births to youth 15-19 years than state rates, and drug-related hospitalization rates for newborns significantly exceed state averages. 2017 Foster care placements increased almost 33% over the 2012 totals; though residential placements have dropped in recent years, the county foster care resources face increased strain. Child protective reports hit a five year average of almost 1,055. There were 58 PINS

Unit referrals last year with an additional 42 ongoing cases. These indicators demonstrate significant risk factors that are known to contribute to maladaptive behaviors in youth and can lead to PINS or JD adjudication

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) Chenango County is demographically 98% white and our placement trends support that given nearly all placements have been white youth. Therefore no disparities are evident in our placement use.

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

(250 words or less) N/A

SECTION FOUR – Performance outcomes

For current program year, provide the projected performance outcomes for all of your proposed services and programs, being sure to include: An estimate of the anticipated reductions in detention utilization and residential placements.

(250 word or less)

For the WhyTry© program, we are targeting five specific goals for youth engaged:

- Reduction in the number of discipline referrals/suspensions or expulsions
- Increased graduation rates
- Improving youth motivation and behavior
- Improving self-esteem and positive outlook for the future
- Increase in youth awareness that actions affect the future

The estimated outcomes for youth in the program:

- 73% will demonstrate increased awareness of how present actions affect future outcomes (method: pre and post survey results)
- 90% will demonstrate an improvement in motivation, resiliency, and outlook (method: pre and post survey results)
- Reduction in disciplinary referrals (method: school/probation/DSS records pre and post program)

For the Parent Project®/Loving Solutions programs, we are targeting four specific goals for families engaged:

- Increase in parental intervention efforts to address youth's destructive behaviors early
- Increased family cohesion, family organization (rules and structure), family expressiveness (ability to express oneself), and stability in the family
- Decrease in family conflict
- Decrease in PINS/JD petitions filed in Family Court
- An overall residential placement use reduction of 50%

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) The lead coordinator for our STSJP funded projects previously contacted local providers regarding the referral process and services: Catholic Charities, Behavioral Health, Norwich City Court, S-E School District, Bainbridge Guilford School, Unadilla Valley School, Chenango DSS PINS Unit, UHS Health Services, Head Start, Chenango Probation Department, and Liberty Resources. We are developing a partnership with a local youth services provider (the Place) to contract with in delivery and enhancement of the programs below. It is anticipated that they will help promote, recruit, and provide trainers to conduct these programs.

**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		\$157,195.16
2. State reimbursement (Program expenses*.62)		\$ 97,461
3. State share amount (Program expenses*.38)		59734.16
Add in Reimbursements for the plan (fill out all that are applicable)		
4. STSJP allocation	\$ 53,849	
5. STSJP approved		\$ 53,849
6. JDAI allocation	\$ 0	
7. JDAI approved		\$ 0
8. Detention approved amount shifted to STSJP		\$ 0
9. PY rollover approved		\$ 43,612
10. Total approved amounts for state reimbursement		\$ 97,461
11. Total amount of approved STSJP-RTA 100% state reimbursement		\$ 0

Program detail inserts

List the name of each service and program who you expect will received STSJP funds, along with the projected amount of STSJP funds to be used for each: As a Guide to providing the information needed to properly review your plan, please provide programmatic information in the format listed below; Provide the Name of the Provider of the Service/Program. Please note there are now 6 types of programming to choose from.

Program one name:	Why Try	Type of program:	Prevention
Program operating agency:	The Place		
Program mailing address P.O. Box 509			
Address line 2			
City Norwich		State NY	Zip code 13815
Contact person for program Lois LoPresti			
Title Training Coordinator		Phone number (607) 337-1547	Ext.
Email Lois.LoPresti@dfa.state.ny.us			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 52,398			
1. Please indicate the specific zip codes this program will target? Zip Codes 13815, 13830, 13733, 13730, 13460, 13332			

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Program is an evidence-based modular curriculum designed to decrease maladaptive and difficult behaviors while increasing youth success. The authors of the program state "The WhyTry Program is a resilience education curriculum that provides simple, hands-on solutions for dropout prevention, violence prevention, truancy reduction, and increased academic success" using 10 units with multi-sensory approaches to teaching the concepts.			
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			
If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input 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) A total of 9 youth were served through this program in the previous year, less than 50% of the target goal; however monitoring of disciplinary referrals and suspensions (objective data) showed that there were fewer interventions compared to historical totals. Increased awareness, attitude changes, motivation (subjective data) were evidenced through student participation and attendance and contribution.			
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) Transportation and day care are the two most prevalent barriers. We will continue to focus on outreach and recruitment/referral processes, and have moved the venue to local youth-based organizations (the Place); we will be offering travel assistance/reimbursement for course completion. The Place will also seek to offer the program at two additional school sites as well as the Norwich location.			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 10			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 9			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) \$14,537			
Program two name:	Parent Project	Type of program:	Prevention
Program operating agency:	The Place		
Program mailing address P.O. Box 509			
Address line 2			
City Norwich		State NY	Zip code 13815
Contact person for program Lois LoPresti			
Title Training Coordinator		Phone number (607) 337-1547	Ext.
Email Lois.LoPresti@dfa.state.ny.us			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 52,398			
1. Please indicate the specific zip codes this program will target? Zip Codes 13815, 13830, 13733, 13730, 13460, 13332			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Project is an evidence-based program created for parents with difficult or out-of-control adolescents. During weekly sessions for 10 weeks, facilitators provide activity-based instruction and step-by-step plans to help parents learn how to manage adolescent behavior problems at home in constructive and supportive ways. Parents also attend support groups where they receive emotional and practical support from facilitators and other parents and practice implementing newly acquired skills.			
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) 25			

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) A total of 17 parents participated in the project last year, which was a successful outcome given the higher target goal. Self-evaluations and feedback (subjective data) support increased confidence in dealing with conflict. Participants provided positive evaluations of the curriculum.
- 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) Transportation and day care are the two most prevalent barriers. We will continue to focus on outreach and recruitment/referral processes using local agencies and media, and will be changing the venue to a local youth-based organization (the Place); we will be offering travel assistance/reimbursement for successful course completion, and will coordinate with the Place for daycare assistance for participants
- 8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 10
- 9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 17
- 10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) \$14,537

Program three name:	Loving Solutions	Type of program:	Prevention
Program operating agency:	The Place		
Program mailing address			
P.O. Box 509			
Address line 2			
City Norwich		State NY	Zip code 13815
Contact person for program Lois LoPresti			
Title Training Coordinator		Phone number (607) 337-1547	Ext.
Email Lois.LoPresti@dfa.state.ny.us			

Program service detailed information

- The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 53,398
- 1. Please indicate the specific zip codes this program will target? Zip Codes 13815, 13830, 13733, 13730, 13460, 13332
- 2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Project is an evidence-based program created for parents with difficult or out-of-control pre-adolescents. During weekly sessions for 10 weeks, facilitators provide activity-based instruction and step-by-step plans to help parents learn how to manage adolescent behavior problems at home in constructive and supportive ways. Parents also attend support groups where they receive emotional and practical support from facilitators and other parents and practice implementing skills.
- 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) 20

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) A total of 18 participants were served in the last project sessions which was a successful outcome given the target goal. Self-evaluations and feedback (subjective data) support increased confidence in dealing with conflict. Participants provided positive evaluations of the curriculum.

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) Transportation and day care are the two most prevalent barriers. We will continue to focus on outreach and recruitment/referral processes using local agencies and media, and will be changing the venue to a local youth-based organization (the Place); we will be offering travel assistance/reimbursement for successful course completion, and will coordinate with the Place for daycare assistance for participants

8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 10

9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 18

10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) \$14,537

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

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

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

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

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

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

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

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

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

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

Program ten name:		Type of program:	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ()	Ext.	
Email			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$			
1. Please indicate the specific zip codes this program will target? Zip Codes			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)			
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number)			
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.			

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

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

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

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

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

STSJP/RTA			Type of program:	
Program name:				
Program operating agency:				
Program mailing address				
Address line 2				

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

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

SECTION EIGHT – Plan Approval	
Approval of the Chief Executive Officer	
As STSJP Lead for	Chenango County municipality, I certify that the CEO
Bette Osborne	has reviewed and approved the 2018 - 2019 STSJP plan.
Date: 10 / 15 / 2018	STSJP Lead User ID 08a230
STSJP Lead printed name: Bette Osborne	<i>Bette Osborne</i>
Approval of the OCFS STSJP Program Lead	
As OCFS STSJP reviewer. I certify that I approve of this STSJP plan for	
municipality, for 20 - 20 .	
Date: 1/25/2019	User ID: 1K4352 Printed name JOHN JOHNSON