



**Office of Children
and Family Services**

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Commissioner

February 27, 2020

Dear Chief Elected Official,

Thank you for submitting Orleans County's Supervision and Treatment Services for Juveniles Program (STSJP) plan for Program Year (PY) 2019-2020. Your entire STSJP plan, including the amounts listed for PY 2019-2020 STSJP-RTA, has been approved.

The 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 any time during the program year.

If the 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

1. the amount that will be shifted and
2. the type of programming or services the re-purposed detention funds will be used for under STSJP

Once the shift is approved, an amended STSJP plan will 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 is determined by the Office of Children and Family Services, the Department of Criminal Justice Services and the Division of Budget.

All STSJP claims, inclusive of STSJP-RTA 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.

If you have any questions, please email us at stsjp@ocfs.ny.gov and write "STSJP Plan Questions" in the subject line or reach out to Geneva Hilliard at (518)486-1819 or Lynn Tubbs at (518) 473-9116.

Thank you for your continued partnership.

Sincerely,

Nina Aledort, Ph.D., LMSW
Deputy Commissioner

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 8/19/2019

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: Orleans County	
LEAD AGENCY FOR STSJP SUBMISSION: Department of Social Services	NAME OF CONTACT PERSON: Dione Harrington, Director of Social Services
CONTACT PERSON'S PHONE NUMBER: 585-589-3117	CONTACT PERSON'S EMAIL ADDRESS: dione.harrington@orleanscountyny.gov

PLAN SUBMISSION INSTRUCTIONS
Instructions for submitting an STSJP plan for OCFS review: <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 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. <p>Send the completed application to OCFS via the STSJP email address at: stsjp@ocfs.ny.gov</p>

PART I – STSJP PROGRAMS

SECTION 1	PLAN AMOUNTS	
EXPENSES		
1. Total program expenses		\$ 0
2. State reimbursement		\$ 0
3. Local share amount		\$ 0
Reimbursements for the plan (Enter all amounts that are applicable.)		
4. STSJP allocation amount	\$ 40,000	
5. STSJP local approved plan amount		\$ 0
6. Detention approved amount shifted to STSJP		\$ 0
7. PY rollover approved amount		\$ 0
8. Total approved amounts for state reimbursement		\$ 0

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	\$	\$	\$
STSJP Program 2	\$	\$	\$
STSJP Program 3	\$	\$	\$

STSJP Program 4	\$	\$	\$
STSJP Program 5	\$	\$	\$
STSJP Program 6	\$	\$	\$
STSJP Program 7	\$	\$	\$
STSJP Program 8	\$	\$	\$
STSJP Program 9	\$	\$	\$
STSJP Program 10	\$	\$	\$
STSJP Program 11	\$	\$	\$
STSJP Program 12	\$	\$	\$
TOTAL			\$

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:		STSJP Program 1 Type:	
STSJP Program 1 Operating Agency:			
Program Mailing Address			
Address Line 2			
City	State	Zip Code	
Contact Person for Program	Email		
Title	Phone () -	Ext	

STSJP Program 1 Service Detailed Information

- The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$
- Please indicate the specific zip codes this program will target.
- How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
- 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?

If the STSJP Program 1 received STSJP funds in the previous STSJP 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 words 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 PY:

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

STSJP Program 2

STSJP Program 2 Name:

STSJP Program 2 Type:

STSJP Program 2 Operating Agency:

Program Mailing Address

Address Line 2

City

State

Zip Code

Contact Person for Program

Email

Title

Phone

Ext

STSJP Program 2

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? Yes No

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

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)

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 3

STSJP Program 3 Name:

STSJP Program 3 Type:

STSJP Program 3 Operating Agency:

Program Mailing Address

Address Line 2

City

State

Zip Code

Contact Person for Program

Email

Title

Phone

Ext

STSJP Program 3

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? Yes No

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

If the STSJP Program 3 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 4

STSJP Program 4 Name:		STSJP Program 4 Type:	
STSJP Program 4 Operating Agency:			
Program Mailing Address			
Address Line 2			
City	State	Zip Code	
Contact Person for Program	Email		
Title	Phone ()	Ext	

STSJP Program 4 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? Yes No

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

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? 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 5

STSJP Program 5 Name:		STSJP Program 5 Type:	
STSJP Program 5 Operating Agency:			
Program Mailing Address			
Address Line 2			
City	State	Zip Code	

Contact Person for Program	Email	
Title	Phone () -	Ext

STSJP Program 5 Service Detailed Information

- The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$
 - Please indicate the specific zip codes this program will target.
 - How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
 - 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?
- If the STSJP Program 5 received STSJP funds in the previous STSJP 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.
If Yes, answer #7. If No, skip to #8.
 - What projected outcomes were met and how were they met? (100 words 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 PY:
 - What amount of rollover funds from the previous STSJP PY will be spent on this program?

STSJP Program 6

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

STSJP Program 6 Service Detailed Information

- The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$
 - Please indicate the specific zip codes this program will target.
 - How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
 - 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?
- If the STSJP Program 6 received STSJP funds in the previous STSJP 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 words 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.)

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:		STSJP Program 7 Type:	
STSJP Program 7 Operating Agency:			
Program Mailing Address			
Address Line 2			
City	State	Zip Code	
Contact Person for Program	Email		
Title	Phone () -	Ext	

STSJP Program 7 Service Detailed Information

- The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$
 - Please indicate the specific zip codes this program will target.
 - How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
 - 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?
- If the STSJP Program 7 received STSJP funds in the previous STSJP 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 words 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 PY:
 - 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

- The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$
- Please indicate the specific zip codes this program will target.
- 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

- The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$
- Please indicate the specific zip codes this program will target.
- How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
- 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?

If the STSJP Program 10 received STSJP funds in the previous STSJP 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 words 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 PY:
- 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:
STSJP Program 11 Operating Agency:	
Program Mailing Address	
Address Line 2	
City	State Zip Code
Contact Person for Program	Email
Title	Phone () - Ext

STSJP Program 11 Service Detailed Information

- The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$
- Please indicate the specific zip codes this program will target.
- How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
- 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?

If the STSJP Program 11 received STSJP funds in the previous STSJP 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 words 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 PY:

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

STSJP Program 12

STSJP Program 12 Name:

STSJP Program 12 Type:

STSJP Program 12 Operating Agency:

Program Mailing Address

Address Line 2

City

State

Zip Code

Contact Person for Program

Email

Title

Phone

Ext

STSJP Program 12

Service Detailed Information

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

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

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

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

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

If the STSJP Program 12 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?

PART II – STSJP-RTA PROGRAMS

SECTION 1

STSJP RTA PLAN AMOUNTS

Expenses

1. RTA-approved plan amount

\$ 150,000

2. Total program expenses

\$ 150,000

SECTION 2

LIST OF STSJP-RTA PROGRAMS TO BE FUNDED

Program Name

Total Program Expenses

STSJP-RTA Program 1

\$ 150,000

Berkshire Farms Enhanced Stepping Stones

STSJP-RTA Program 2

\$

STSJP-RTA Program 3

\$

STSJP-RTA Program 4

\$

STSJP-RTA Program 5

\$

STSJP-RTA Program 6

\$

TOTAL	\$ 150,000
--------------	-------------------

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: Enhanced Stepping Stones		Program 1 Type: JO/JD-Alternative to Detention	
Program 1 Operating Agency: Berkshire Farms			
Program Mailing Address 13640 Route 22			
Address Line 2			
City Canaan	State NY	Zip Code 12029	
Contact Person for Program Lucas Jacobs		Email ljacobs@berkshirefarm.org	
Title Vice President of Detention and Prevention Services		Phone (518) 346 - 6201	Ext 221

STSJP-RTA Program 1 Service Detailed Information

- The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 150,000
- Please indicate the specific zip codes this program will target. 14411, 14429, 14422, 14452, 14470, 14477, 14479, 14098, 14103, 14571
- How will the program be utilized to serve targeted youth in your municipality? **(100 words or less)** Enhanced Stepping Stones will provide a Family Service Specialist to work with 6 youth at any given time that enter the Juvenile Justice System as a result of the RTA initiative. The Family Services Specialist will provide intensive in-home services to the youth, attend court and probation visits, family assessments, treatment planning, therapeutic and clinical services, vocational support, youth support, educational support, skill building, service coordination and crisis intervention 24/7.
- 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? 18

If the STSJP-RTA Program 1 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?

STSJP-RTA Program 2

Program 2 Name:		Program 2 Type:	
Program 2 Operating Agency:			
Program Mailing Address			
Address Line 2			
City	State	Zip Code	

Contact Person for Program	Email	
Title	Phone () -	Ext
STSJP-RTA Program 2 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 2 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 3

Program 3 Name:	Program 3 Type:	
Program 3 Operating Agency:		
Program Mailing Address		
Address Line 2		
City	State	Zip Code
Contact Person for Program	Email	
Title	Phone () -	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? \$		
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 3 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 4

Program 4 Name:		Program 4 Type:	
Program 4 Operating Agency:			
Program Mailing Address			
Address Line 2			
City	State	Zip Code	
Contact Person for Program	Email		
Title	Phone () -	Ext	

STSJP-RTA Program 4 Service Detailed Information

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

STSJP-RTA Program 5

Program 5 Name:		Program 5 Type:	
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? Yes 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? Yes No Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.

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

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

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

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

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

STSJP-RTA Program 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. **(500 words or less)** Orleans County is comprised of 11 zip codes. For 2013-2017, Orleans used a total of 28 non-secure days and 27 secure. Only 3 youth used any type of detention in this 5 year look back. In 2018, 1 youth was placed in non-secure and 3 in secure. Zip codes of 14411 and 14103 comprise the largest towns and villages in Orleans. Overall arrests are down. PINS data reflects the same decreases. One RTA youth was placed into a DOCCS facility.

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. **(250 words or less)**

If such disparity exists, describe how this STSJP plan addresses the issues of disparity. **(250 words or less)** For 2013-2017, Orleans County had no racial disparity in relation to placed or detained children. The numbers are so small that the data doesn't suggest any issue with disparity. In 2018, the data reflects 1 Hispanic youth, 1 Black youth and 2 White youth having been detained.

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)** With the relatively low numbers of RTA youth in Orleans, it will be the expectation that all youth will be referred to Stepping Stones programming. Orleans County is still waiting on the RTA plan approval before initiating the Stepping Stones contract. The current goal is for zero Detention days, all youth to be referred to Stepping Stones and subsequent low placement rates for RTA youth. The goal would be one or less placed youth per year.

SECTION 3**COLLABORATION SECTION**

As per STSJP legislation, collaboration is required. Please describe your municipality's activities in developing this year's STSJP plan in collaboration with local agencies responsible for probation, law enforcement, detention, diversion, social services, courts, services providers, schools, and youth development programs. **(250 words or less)** Orleans County utilized a team approach to the RTA planning process. This team consisted of Probation, DSS, Mental Health, Law Enforcement, District Attorney, Court personnel and County Government. It was decided that Stepping Stones would align with our goals of keeping youth in the community.

SECTION 4 COOPERATIVE APPLICATIONS SUBMITTED JOINTLY BY TWO OR MORE COUNTIES

(Complete this section only if this is a joint application.)

Two or more eligible local jurisdictions (counties) may join together to establish, operate and maintain Supervision and treatment services for juvenile programs, and may enter into agreements in connection therewith.

Counties submitting such applications must provide the following information:

1. Describe the provisions for the proportionate cost to be borne by each county: **(250 words or less)**
2. Describe how personnel will be compensated across and between counties in the cooperative:
3. If a single fiscal officer will be the custodian of the funds made available for STSJP, please provide the officer's name and contact information:

PART IV – PLAN APPROVAL**SECTION 1****APPROVAL OF THE CHIEF EXECUTIVE OFFICER**

As STSJP Lead for Orleans County municipality, I certify that the CEO Charles Nesbitt Jr. has reviewed and approved the 2020 STSJP plan.

Date: 09/ / 20 / 2019 User ID: 34a240

Print name: Dione Harrington, Director of Social Services

SECTION 2	APPROVAL OF THE OCFS PROGRAM LEAD
As OCFS STSJP reviewer. I certify that I approve of this STSJP plan for Orleans municipality, for 2019- 2020	
Date: 10/ / 29 / 2019 User ID: GG1130	
Print name: Patti Anderson	