



Office of Children and Family Services

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Commissioner

February 9, 2021

Dear Chief Executive Officer,

Thank you for submitting Chautauqua County's Supervision and Treatment Services for Juveniles Program (STSJP) plan for Program Year (PY) 2020-2021. Your entire STSJP plan, including any amounts listed for PY 2020-2021 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, up to the capped allocation, 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 June 30, 2021, unless otherwise approved by the Office of Children and Family Services.

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.

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, 2020 to September 30, 2021. Questions on all aspects of the claiming process should be directed to the STSJP mailbox at stsjp@ocfs.ny.gov with the subject line: "STSJP Claiming Questions".

If you have any STSJP plan questions, please also 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 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.

Sincerely,



Nina Aledort, Ph.D., LMSW
Deputy Commissioner
Division of Youth Development and Partnerships for Success

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 Lead

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
SUPERVISION AND TREATMENT SERVICES FOR JUVENILES PROGRAM (STSJP)
ANNUAL PLAN FOR PROGRAM YEAR OCTOBER 1, 2020 – SEPTEMBER 30, 2021

SUBMITTING MUNICIPALITY CONTACT INFORMATION

Name of applicant county, counties, or jurisdiction: Chautauqua County		
Lead agency for STSJP submission: Department of Health and Human Services		
Contact Person's Name: Leanna Luka-Conley	Title: Deputy Commissioner	
Phone: (716) 753-4879	Ext:	Email: conleyl@co.chautauqua.ny.us

PLAN SUBMISSION INSTRUCTIONS

STSJP plans are due to the Office of Children and Family Services (OCFS) by 10 / 20 / 2020

- Once you have opened this form on your computer, please use the "Save As" function to save a copy with the following file name: "STSJP 2020-2021 Annual Plan – [Municipality Name]."
- Work from the copy saved in Step 1 as you record your municipality information. Save your work as you complete each section.
- Email the completed application to OCFS at stsjp@ocfs.ny.gov. Use the subject line "STSJP 2020-2021 Annual Plan – [Municipality Name]" to facilitate timely review of your plan.

Please direct any STSJP plan questions to Geneva Hilliard 518-486-1819 or Lynn Tubbs 518-473-9116.

NOTE:

Cooperative Applications Submitted Jointly by Two or More Counties

Two or more eligible local jurisdictions (counties) may join together to establish, operate and maintain STSJP programs, and may enter into agreements in connection therewith. Counties submitting such applications must provide additional information under **Part I - Municipality Level Details, Section A. Cooperative Application.**

PART I – MUNICIPALITY LEVEL DETAILS

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

- Describe the provisions for the proportionate cost to be borne by each county.
 - Describe how personnel will be compensated across and between counties in the cooperative:
 - Will a single fiscal officer be the custodian of the funds made available for STSJP?
 Yes (If yes, please provide their contact details below.)
 No (If no, skip to Q4.)
- | | |
|-----------------|--------|
| Officer's Name: | Title: |
| Phone: () | Ext: |
| | Email: |
- Describe who will be responsible for collecting and submitting STSJP data for joint-funded programs:

B. Municipality Level Analysis

- (a) Identify communities or neighborhoods from which the highest number of Youthful Offenders (YO), Adolescent Offenders (AO), Juvenile Offenders (JO), Juvenile Delinquents (JD), and Persons in Need of Supervision (PINS) enter the youth justice system, are remanded to detention, and/or are residentially placed; then (b) Discuss what factors may be contributing to these high numbers:

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.

2. (a) Compare the racial/ethnic distributions among your local system’s detention and/or residential placements with the racial/ethnic distributions in your municipality’s general population; then (b) Discuss any racial/ethnic disparities you identified and how this plan will address the disparities:

The available data indicates an overall decrease in disparity in groups placed in detention/placement in across facility types. In secure/ non-secure 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. In 2019 detention placements by race and ethnicity were 57% white, Black youth 14%, Native American Youth 14%. In 2019, detention admissions by sex are 50% male and 50% female. In 2019 black youth disparity in detention /facility was 2.9%. The plan is to add diversity and meet all individuals where they are and continue to apply diligent efforts with emphasis on diversity/culture.

C. Local Collaboration

1. STSJP legislation requires local collaboration. 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, service providers, schools, and youth development programs:

Chautauqua County held several discussions utilizing Family First format with the family court, child welfare, probation, schools, mental health, youth bureau, family peer organizations, Child Health Home agencies, community organizations and foster care/voluntary organizations. Several meetings were held to better streamline approaches to increase outcomes for a better cross system design between mental health, probation and child welfare.

PART II – PROGRAM LEVEL DETAILS

PROGRAM 1

A. Program 1 Contact Information

Program 1 Name: Accountability and Responsibility Program

Operating Agency: G.A. Family Services

Program Mailing Address: 200 Gustavus Ave

Address Line 2:

City: Jamestown

State: NY

Zip Code: 14750

Program Contact’s Name: Erika Garcia

Title: Director

Phone: (716) 708-6161

Ext:

Email: egarcia@lutheran-jamestown.org

B. Program 1 Description and Target Population

1. This program meets the legal definition of a **Family Support Services (FSS) program (Social Services Law Section 458-m)** and will operate in this capacity for PY 2020-2021. Yes No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:

STSJP	STSJP-RTA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Prevention (P)
<input type="checkbox"/>	<input type="checkbox"/>	Early Intervention (EI)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Placement (ATP)
<input type="checkbox"/>	<input type="checkbox"/>	Reentry / Aftercare (R / A)
<input type="checkbox"/>	<input type="checkbox"/>	Indirect Services

3. Please list the zip codes this program will target:

14701, 14738, 14710, 14733, 14720, 14740, 14767, 14710, 14723, 14748,

4. Describe the program, including how it is family focused. If you answered “yes” to Q1 (FSS), be sure to demonstrate how your program meets the definition. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them.

The program serves 10 youth at a time for an 8 week cycle with the goal of providing services to at least 40 youth per year. The youth age will range from 13 – 18 years old. The group meets 3 times per week (Monday, Tuesday, and Thursday, but can vary) from 3:30pm - 8:30pm, and also during the summer and school. A&R program uses evidence based Forward Thinking Journals to incorporate CBT into groups, with positive mentoring, family calls and support, social activities, and independent living life skills in sessions. It engages youth that are otherwise not engaged often in any activities afterschool and exposes them in a structured and trauma informed environment to new ways to interact with other youth, teachers, parents, law enforcement, and other stakeholders in the community. In the coming year the program will expand to reach more youth with another session that is focused on just Independent Living Life Skills weekly and that youth will participate in when they are in the standard sessions, as well as when they have graduated from A&R as this will be an important ongoing piece for all youth in Chautauqua County 13-18 that are at higher risk.

5. Is the program capable of being replicated across multiple locations? Yes No

C. Program 1 Performance History (Refer to your municipality’s STSJP data files.)

1. What funding did this program receive in PY 2019-2020?

None (If none, skip to section D.) STSJP STSJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	Program Type							Total	
	P	EI	ATD/ATPDP				ATP		R/A
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	26							26	
STSJP-RTA									
Total	26							26	

3. Based on the program’s record of youth served (Q2), do you anticipate this program being over or under its budgeted capacity on 9/30/2020? Please explain:

The program adjusted services in the Spring and Summer of 2020 to be able to adjust and keep serving youth and their whole families despite the COVID-19 State of Emergency. The budget capacity should be on budget or slightly under.

4. Please use the table to record the **average lengths of service (days)** for youth who exited the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	Program Type							ATP	R/A
	P	EI	ATD/ATPDP						
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	62.47								
STSJP-RTA									

5. How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths of stay for youth who were in detention and residential placements during the same time period.

The youth in the A&R program are not in higher levels of care, as this is a preventative program that happens for youth in home, family, and foster care settings. It is normal for youth to be in the A&R program for 60-120 days depending on the need to repeat a session, and this is much shorter than the average length of youth in residential and detention placements in the county which is often closer to the 6 month point on average.

6. Will this program's outcomes meet the PY 2019-2020 projected goals by 9/30/2020?

Yes (If yes, skip to section D.) Partially No

7. (a) What outcomes are on track to meet the goals set for PY 2019-2020? (b) How will they be met?

All outcomes for staying out of court and higher level of care were met even during COVID.

8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.

n/a-----

9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2020-2021?

n/a-----

D. Program 1 Service Projections for PY 2020-2021

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2020-2021. Enter zero (0) if not applicable.

Approved Funding	Program Type							ATP	R/A	Total
	P	EI	ATD/ATPDP							
			(PINS)	(JO/JD)	(JD-RTA)	(AO)				
STSJP	80								80	
STSJP-RTA										
Total	80								80	

PROGRAM 2

A. Program 2 Contact Information

Program 2 Name: The Community School PINS Program #1

Operating Agency: Jamestown Public School

Program Mailing Address: 195 Martin Road

Address Line 2: -----

City: Jamestown State: **NY** Zip Code: 14750

Program Contact's Name: Dr. Kevin Whitaker Title: Superintendent

Phone: (716) 483-4420 Ext: Email: kevin.j.whitaker@jpsny.org

B. Program 2 Description and Target Population

1. This program meets the legal definition of a **Family Support Services (FSS) program (Social Services Law Section 458-m)** and will operate in this capacity for PY 2020-2021. Yes No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:

STSJP	STSJP-RTA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Prevention (P)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Early Intervention (EI)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Placement (ATP)
<input type="checkbox"/>	<input type="checkbox"/>	Reentry / Aftercare (R / A)
<input type="checkbox"/>	<input type="checkbox"/>	Indirect Services

3. Please list the zip codes this program will target:
14701, 14733

4. Describe the program, including how it is family focused. If you answered “yes” to Q1 (FSS), be sure to demonstrate how your program meets the definition. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them.

1)The Community School PINS Program #1 will be embedded in the Jamestown Public Schools to assist with PINS identified youth in early detection of truancy issues with youth (ages 7-18) to prevent involvement in legal system, sustain education outcomes and to navigate through other community resources. The school liaison position will have robust knowledge of community resources and will act as care navigators to support youth and families to get connected to the supports they need in order to not become part of the system and will develop a relationship with youth and families to increase engagement. The community liaisons will become a part of a cross disciplinary team to assist with streamlining of multiple efforts across systems.

This program meets FSS program-

- a) rapid family assessments and screenings by coordinating with mental health clinician and school system
- b) crisis intervention-provides on-call interventions and safety planning
- c) family mediation and skills building-works intently with family and youth on self soothing techniques and skill building.
- d) mental health and behavioral services including cognitive intervention-by utilizing mental health clinicians and working in partnership on treatment and safety planning.
- e) case management
- f) respite services-by coordinating with respite providers and/or developing a plan with family and youth.
- g) education advocacy-works in alignment with school systems
- h) family support services-provides direct support services to whole family, as well as referring to outside providers for additional/coordinated services.
- I) Services are trauma focused and evidenced based-tailored to the individualized needs of the child and family based on assessments and screenings.
- J) Provides services outside of regular business hours-including evenings and weekends.

2)The Community School PINS Program will be embedded in the Jamestown Public Schools to assist with PINS youth in early detection of truancy issues and to prevent youth (ages 7-18) from deeper legal system involvement, positive school outcomes and navigating community resources. The school liaison position will have robust knowledge of community resources and will act as care navigators to support youth and families to get connected to the supports they need in order to not become part of the system and will develop a relationship with youth

and families to increase engagement. The community liaisons will become a part of a cross disciplinary team to assist with streamlining of multiple efforts across systems.

5. Is the program capable of being replicated across multiple locations? Yes No

C. Program 2 Performance History (Refer to your municipality's STSJ data files.)

1. What funding did this program receive in PY 2019-2020?
 None (If none, skip to section D.) STSJP STSJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	16						5	2	23
STSJP-RTA	0								0
Total	16								23

3. Based on the program's record of youth served (Q2), do you anticipate this program being over or under its budgeted capacity on 9/30/2020? Please explain:
 yes-we expect being over based on the number of referrals this program receives based on the community liaisons community relationships.

4. Please use the table to record the **average lengths of service (days)** for youth who exited the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	Program Type							
	P	EI	ATD/ATPDP				ATP	R/A
			(PINS)	(JO/JD)	(JD-RTA)	(AO)		
STSJP	47.67							
STSJP-RTA	0.00							

5. How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths of stay for youth who were in detention and residential placements during the same time period.
 The average length of services provided is 47.67 days. Program has been doing well meeting the needs of families and youth with no placements occurring.

6. Will this program's outcomes meet the PY 2019-2020 projected goals by 9/30/2020?
 Yes (If yes, skip to section D.) Partially No

7. (a) What outcomes are on track to meet the goals set for PY 2019-2020? (b) How will they be met?
 All outcomes are on track with reduction in arrests, reduction in probation intake, and reduction of school suspension. Barriers: Truancy.

8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.

9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2020-2021?
 Becoming apart of a cross disciplinary team to assist with streamlining of multiple efforts across systems.

D. Program 2 Service Projections for PY 2020-2021

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2020-2021. Enter zero (0) if not applicable.

Approved Funding	Program Type							R/A	Total
	P	EI	ATD/ATPDP				ATP		
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	15	10						25	
STSJP-RTA									
Total	15	10						25	

PROGRAM 3

A. Program 3 Contact Information

Program 3 Name: The Community School Program #2

Operating Agency: Jamestown Public School

Program Mailing Address: 195 Martin Road

Address Line 2:

City: Jamestown

State: **NY**

Zip Code: 14701

Program Contact's Name: Dr. Kevin Whitaker

Title: Superintendent

Phone: (716) 483-4420

Ext:

Email: kevin.j.whitaker@jpsny.org

B. Program 3 Description and Target Population

1. This program meets the legal definition of a **Family Support Services (FSS) program (Social Services Law Section 458-m)** and will operate in this capacity for PY 2020-2021. Yes No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:

STSJP	STSJP-RTA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Prevention (P)
<input type="checkbox"/>	<input type="checkbox"/>	Early Intervention (EI)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Placement (ATP)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reentry / Aftercare (R / A)
<input type="checkbox"/>	<input type="checkbox"/>	Indirect Services

3. Please list the zip codes this program will target:

Chautauqua County as a whole

4. Describe the program, including how it is family focused. If you answered "yes" to Q1 (FSS), be sure to demonstrate how your program meets the definition. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them.

1)The Community School Program # 2 will be embedded in the Jamestown Public Schools to assist with at risk youth in early detection of truancy issues with youth (ages 7-18) to prevent involvement in legal system, sustain education outcomes and to navigate through other community resources. The school liaison position will have robust knowledge of community resources and will act as care navigators to support youth and families to get connected to the supports they need in order to not become part of the system and will develop a relationship with youth and families to increase engagement. The community liaisons will become a part of a cross disciplinary team to assist with streamlining of multiple efforts across systems. The community liaisons will also be utilized with Re-entry/Aftercare and Alternative to Detention liason will also work with

youth re-entering the community and additional youth during pendency of their court proceedings. The liason to assist youth returning back to the community by assisting with connecting to services, as well as initiating transition planning within the Jamestown Public Schools.

5. Is the program capable of being replicated across multiple locations? Yes No

C. Program 3 Performance History (Refer to your municipality's STSJP data files.)

1. What funding did this program receive in PY 2019-2020?
 None (If none, skip to section D.) STSJP STSJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	16	0	0	0	0	0	5	2	23
STSJP-RTA	0	0			0	0	0	0	0
Total	16	0	0	0	0	0	0	0	23

3. Based on the program's record of youth served (Q2), do you anticipate this program being over or under its budgeted capacity on 9/30/2020? Please explain:
 WE expect to be over budgeted capacity based on the need in the school systems in engaging students and families primarily a result of COVID.

4. Please use the table to record the **average lengths of service (days)** for youth who exited the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	Program Type							
	P	EI	ATD/ATPDP				ATP	R/A
			(PINS)	(JO/JD)	(JD-RTA)	(AO)		
STSJP	47.67	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STSJP-RTA	0.00	0			0.00	0.00	0.00	0.00

5. How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths of stay for youth who were in detention and residential placements during the same time period.
 The average length of service provided is 47.67 days. Program has been doing well meeting the needs of families and youth with no placements occurring.

6. Will this program's outcomes meet the PY 2019-2020 projected goals by 9/30/2020?
 Yes (If yes, skip to section D.) Partially No

7. (a) What outcomes are on track to meet the goals set for PY 2019-2020? (b) How will they be met?
 All outcomes are on track with reduction in arrests, reduction in probation intake, and reduction of school suspension. Barriers: Truancy.

8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.

9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2020-2021?
 Becoming apart of a cross disciplinary team to assist with streamlining of multiple efforts across systems.

D. Program 3 Service Projections for PY 2020-2021

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2020-2021. Enter zero (0) if not applicable.

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	10	0	0	5	0	5	0	5	25
STSJP-RTA	0	0			0	0	0	0	0
Total	10	0	0	5	0	5	0	5	25

PROGRAM 4

A. Program 4 Contact Information

Program 4 Name: Intensive Preventive PINS Program #1

Operating Agency: Hillside Children's Center

Program Mailing Address: 310 W 3rd Street

Address Line 2:

City: Jamestown

State: NY

Zip Code: 14701

Program Contact's Name: Darcy Bailor

Title: Regional Director

Phone: (585) 402-1100

Ext:

Email: dbailor@hillside.com

B. Program 4 Description and Target Population

1. This program meets the legal definition of a **Family Support Services (FSS) program (Social Services Law Section 458-m)** and will operate in this capacity for PY 2020-2021. Yes No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:

STSJP	STSJP-RTA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Prevention (P)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Early Intervention (EI)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Placement (ATP)
<input type="checkbox"/>	<input type="checkbox"/>	Reentry / Aftercare (R / A)
<input type="checkbox"/>	<input type="checkbox"/>	Indirect Services

3. Please list the zip codes this program will target:

Chautauqua County as a whole

4. Describe the program, including how it is family focused. If you answered "yes" to Q1 (FSS), be sure to demonstrate how your program meets the definition. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them.

The Hillside Chautauqua County PINS Prevent Program is designed to work with youth ages 10-18 who are at risk for referral to PINS or other higher level of service.

Prevention services are administered and follow the same treatment process, regardless of the which program/agency makes the referral. Youth referred to the PINS Prevent program will be received from multiple departments within DHHS. Regardless of whether a youth enters the program at-risk for PINS, the student will begin services with a thorough assessment process, which will be used to identify all needs, risk

factors and strengths found within the youth and their family system. These findings will serve as the foundation for treatment planning.

Once open for services, the Care Coordinator will work with the youth and family on mitigating risks by building assets, strengthening family relationships, developing parenting skills, learning effective conflict resolution, communication and coping with stress. A proactive safety plan will be developed, which looks at potential risks and triggers and outlines a plan for intervention in advance of a crisis occurring. This plan is a guide for how youth, families, and providers can identify potential triggers and signs of coming crises before they occur, and the interventions that will support curbing the crisis. The Care Coordinator will be responsible for ensuring families have full access to services and supports needed to ensure success. Drawing from Therapeutic Crisis Intervention (TCI) Family Verbal De-Escalation and from the Learn at Home workbook, in-home parent training will be offered for families as indicated by the Care Coordinators and driven by the treatment plan. In addition, the Care Coordinator will work in partnership with the family to overcome any service barriers and access all community resources that may be needed to strengthen/ improve family functioning.

As the assessment process is completed, any youth who scores 4 or higher on their Adverse Childhood Experiences (ACEs) will be presented with the opportunity to receive Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) in their home as part of the Prevent services model. TF-CBT is an evidence-based, short-term treatment model that effectively improves a range of trauma-related symptoms. A licensed clinician will provide TF-CBT services on a weekly basis with the youth and their caregiver. Clinical services are provided a minimum of 8 sessions, through a maximum of 25 sessions depending on the severity of trauma symptoms/ PTSD. If a youth's status or intensity level of services within DHHS changes at risk for PINS during the course of treatment, this will not impact his/her participation within the Prevent program.

The Chautauqua PINS Prevent program will measure from admission to discharge: 1) Increased Social-Emotional well-being as determined by an increase in the Developmental Assets Profile (DAP) scores. 2) Improved Family functioning, using the North Carolina Family Assessment Scale (NCFAS). 3) Maintain youth in their homes. 4) Demonstrate improved family safety, measured by no new CPS reports. 5) Youth will also be monitored for an increased academic performance, as measured by school attendance and overall GPA. Throughout the course of programming sessions will occur in the home, a minimum of one time per week, with higher frequencies in the beginning to promote building rapport and establishing youth and family engagement. One strength of this program is its flexibility, with frequency of services able to be adjusted to meet the individual needs of each family served.

This program meets FSS program in the following ways:

- a) rapid family assessments and screenings completed by care coordinators and licensed therapist.
- b) development of crisis intervention strategies and comprehensive safety planning
- c) family mediation and skills-building sessions that work intensely with the youth and their family on developing de-escalation strategies, coping skills and self-soothing techniques.
- d) mental health and behavioral services including cognitive interventions are provided by an embedded licensed trauma therapist.
- e) case management services
- f) respite services-by coordinating with respite providers and/or developing a plan with family and youth.
- g) education and self-advocacy opportunities will occur, as care coordinator works in alignment with school systems
- h) family support services will be provided to the whole family, as well as referring to outside providers for additional/coordinated services.

I) evidenced- based Trauma services are tailored to the individualized needs of the child and family based on assessments and screenings. Utilizes multiple screenings including: Clinical Risk Screen, C-SSRS, ACEs, UCLA-PTSD, NCFAS, CANS, DAP, and safety/treatment plans.
 J) provides services outside of regular business hours-including evenings and weekends (on-call).

5. Is the program capable of being replicated across multiple locations? Yes No

C. Program 4 Performance History (Refer to your municipality's STSJP data files.)

1. What funding did this program receive in PY 2019-2020?
 None (If none, skip to section D.) STSJP STSJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	0	0	0	0	0	0	0	0
STSJP-RTA	0	0			0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0

3. Based on the program's record of youth served (Q2), do you anticipate this program being over or under its budgeted capacity on 9/30/2020? Please explain:
 This is a new program as of 10/2020 in Chautauqua County and we anticipate being over budgeted capacity based on the need in the area.

4. Please use the table to record the **average lengths of service (days)** for youth who exited the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	Program Type							
	P	EI	ATD/ATPDP				ATP	R/A
			(PINS)	(JO/JD)	(JD-RTA)	(AO)		
STSJP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STSJP-RTA	0.00	0.00			0.00	0.00	0.00	0

5. How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths of stay for youth who were in detention and residential placements during the same time period.

6. Will this program's outcomes meet the PY 2019-2020 projected goals by 9/30/2020?
 Yes (If yes, skip to section D.) Partially No

7. (a) What outcomes are on track to meet the goals set for PY 2019-2020? (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.

9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2020-2021?

D. Program 4 Service Projections for PY 2020-2021

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2020-2021. Enter zero (0) if not applicable.

Approved Funding	Program Type							Total	
	P	EI	ATD/ATPDP				ATP		R/A
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	5	5						10	
STSJP-RTA									
Total	5	5						10	

PROGRAM 5

A. Program 5 Contact Information

Program 5 Name: Intensive Preventive Program #2

Operating Agency: Hillside Children's Center

Program Mailing Address: 310 W 3rd Street

Address Line 2:

City: Jamestown

State: NY

Zip Code: 14701

Program Contact's Name: Darcy Bailor

Title: Regional Director

Phone: (585) 402-1100

Ext:

Email: dbailor@hillside.com

B. Program 5 Description and Target Population

1. This program meets the legal definition of a **Family Support Services (FSS) program (Social Services Law Section 458-m)** and will operate in this capacity for PY 2020-2021. Yes No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:

STSJP	STSJP-RTA	
<input type="checkbox"/>	<input type="checkbox"/>	Prevention (P)
<input type="checkbox"/>	<input type="checkbox"/>	Early Intervention (EI)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Alternative to Placement (ATP)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reentry / Aftercare (R / A)
<input type="checkbox"/>	<input type="checkbox"/>	Indirect Services

3. Please list the zip codes this program will target:

Chautauqua County as a whole.

4. Describe the program, including how it is family focused. If you answered "yes" to Q1 (FSS), be sure to demonstrate how your program meets the definition. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them.

The Hillside Chautauqua County Prevent Program is a comprehensive program which will operate a non-FSS program. As a non-FSS program Prevent will service youth during the pendency during court involvement, adjudicated youth as an alternative to Placement and Youth returning from out of home placement. This program will also serve youth re-entering back from placement (Art 3, Art 7). This program will serve 20 youth.

Prevention services are administered and follow the same treatment process, regardless of the which program/agency makes the referral. Youth referred to the Prevent program will be received from multiple

departments within DHHS, (including: Preventative Services, CPS, PINS, Juvenile justice, probation, SPOA). Regardless of which service point the youth enters, the student will begin services with a thorough assessment process, which will be used to identify all needs, risk factors and strengths found within the youth and their family system. These findings will serve as the foundation for treatment planning.

Once open for services, the Care Coordinator will work with the youth and family on mitigating risks by building assets, strengthening family relationships, developing parenting skills, learning effective conflict resolution, communication and coping with stress. A proactive safety plan will be developed, which looks at potential risks and triggers and outlines a plan for intervention in advance of a crisis occurring. This plan is a guide for how youth, families, and providers can identify potential triggers and signs of coming crises before they occur, and the interventions that will support curbing the crisis. The Care Coordinator will be responsible for ensuring families have full access to services and supports needed to ensure success. Drawing from Therapeutic Crisis Intervention (TCI) Family Verbal De-Escalation and from the Learn at Home workbook, in-home parent training will be offered for families as indicated by the Care Coordinators and driven by the treatment plan. In addition, the Care Coordinator will work in partnership with the family to overcome any service barriers and access all community resources that may be needed to strengthen/ improve family functioning.

As the assessment process is completed, any youth who scores 4 or higher on their Adverse Childhood Experiences (ACEs) will be presented with the opportunity to receive Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) in their home as part of the Prevent services model. TF-CBT is an evidence-based, short-term treatment model that effectively improves a range of trauma-related symptoms. A licensed clinician will provide TF-CBT services on a weekly basis with the youth and their caregiver. Clinical services are provided a minimum of 8 sessions, through a maximum of 25 sessions depending on the severity of trauma symptoms/ PTSD. If a youth's status or intensity level of services within DHHS changes during the course of treatment, this will not impact his/her participation within the Prevent program.

The Chautauqua Prevent program will measure from admission to discharge: 1) Increased Social- Emotional well-being as determined by an increase in the Developmental Assets Profile (DAP) scores. 2) Improved Family functioning, using the North Carolina Family Assessment Scale (NCFAS). 3) Maintain youth in their homes. 4) Demonstrate improved family safety, measured by no new CPS reports. 5) Youth will also be monitored for an increased academic performance, as measured by school attendance and overall GPA. Throughout the course of programming sessions will occur in the home, a minimum of one time per week, with higher frequencies in the beginning to promote building rapport and establishing youth and family engagement. One strength of this program is its flexibility, with frequency of services able to be adjusted to meet the individual needs of each family served.

5. Is the program capable of being replicated across multiple locations? Yes No

C. Program 5 Performance History (Refer to your municipality's STSJP data files.)

1. What funding did this program receive in PY 2019-2020?
 None (If none, skip to section D.) STSJP STSJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	0	0	0	0	0	0	0	0
STSJP-RTA	0	0			0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0

3. Based on the program’s record of youth served (Q2), do you anticipate this program being over or under its budgeted capacity on 9/30/2020? Please explain:

This is a new program as of 10/2020 in Chautauqua County and we anticipate being over budgeted capacity based on the need in the area.

4. Please use the table to record the **average lengths of service (days)** for youth who exited the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	Program Type							
	P	EI	ATD/ATPDP				ATP	R/A
			(PINS)	(JO/JD)	(JD-RTA)	(AO)		
STSJP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STSJP-RTA	0.00	0.00			0.00	0.00	0.00	0.00

5. How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths of stay for youth who were in detention and residential placements during the same time period.

6. Will this program’s outcomes meet the PY 2019-2020 projected goals by 9/30/2020?

Yes (If yes, skip to section D.) Partially No

7. (a) What outcomes are on track to meet the goals set for PY 2019-2020? (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.

9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2020-2021?

D. Program 5 Service Projections for PY 2020-2021

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2020-2021. Enter zero (0) if not applicable.

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	0	0	0	0	10	5	5	20
STSJP-RTA	0	0			0	0	0	0	0
Total	0	0	0	0	0	10	5	5	20

PROGRAM 6

A. Program 6 Contact Information

Program 6 Name:		
Operating Agency:		
Program Mailing Address:		
Address Line 2:		
City:	State: NY	Zip Code:
Program Contact's Name:		Title:
Phone: ()	Ext:	Email:

B. Program 6 Description and Target Population

1. This program meets the legal definition of a **Family Support Services (FSS) program (Social Services Law Section 458-m)** and will operate in this capacity for PY 2020-2021. Yes No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:

STSJP	STSJP-RTA	
<input type="checkbox"/>	<input type="checkbox"/>	Prevention (P)
<input type="checkbox"/>	<input type="checkbox"/>	Early Intervention (EI)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Placement (ATP)
<input type="checkbox"/>	<input type="checkbox"/>	Reentry / Aftercare (R / A)
<input type="checkbox"/>	<input type="checkbox"/>	Indirect Services

3. Please list the zip codes this program will target:

4. Describe the program, including how it is family focused. If you answered “yes” to Q1 (FSS), be sure to demonstrate how your program meets the definition. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them.

5. Is the program capable of being replicated across multiple locations? Yes No

C. Program 6 Performance History (Refer to your municipality's STSJP data files.)

1. What funding did this program receive in PY 2019-2020?
 None (If none, skip to section D.) STSJP STSJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

	Program Type								
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
Approved Funding									Total
STSJP									
STSJP-RTA									
Total									

3. Based on the program's record of youth served (Q2), do you anticipate this program being over or under its budgeted capacity on 9/30/2020? Please explain:

4. Please use the table to record the **average lengths of service (days)** for youth who exited the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	Program Type							ATP	R/A
	P	EI	ATD/ATPDP						
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP									
STSJP-RTA									

5. How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths of stay for youth who were in detention and residential placements during the same time period.

6. Will this program's outcomes meet the PY 2019-2020 projected goals by 9/30/2020?
 Yes (If yes, skip to section D.) Partially No

7. (a) What outcomes are on track to meet the goals set for PY 2019-2020? (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.

9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2020-2021?

D. Program 6 Service Projections for PY 2020-2021

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2020-2021. Enter zero (0) if not applicable.

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP									
STSJP-RTA									
Total									

PROGRAM 7

A. Program 7 Contact Information

Program 7 Name: _____

Operating Agency: _____

Program Mailing Address: _____

Address Line 2: _____

City: _____ State: **NY** Zip Code: _____

Program Contact's Name: _____ Title: _____

Phone: () _____ Ext: _____ Email: _____

B. Program 7 Description and Target Population

1. This program meets the legal definition of a **Family Support Services (FSS) program (Social Services Law Section 458-m)** and will operate in this capacity for PY 2020-2021. Yes No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:

STSJP	STSJP-RTA	
<input type="checkbox"/>	<input type="checkbox"/>	Prevention (P)
<input type="checkbox"/>	<input type="checkbox"/>	Early Intervention (EI)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Placement (ATP)
<input type="checkbox"/>	<input type="checkbox"/>	Reentry / Aftercare (R / A)
<input type="checkbox"/>	<input type="checkbox"/>	Indirect Services

3. Please list the zip codes this program will target:

4. Describe the program, including how it is family focused. If you answered “yes” to Q1 (FSS), be sure to demonstrate how your program meets the definition. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them.

5. Is the program capable of being replicated across multiple locations? Yes No

C. Program 7 Performance History (Refer to your municipality’s STSJP data files.)

1. What funding did this program receive in PY 2019-2020?

None (If none, skip to section D.) STSJP STSJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP									
STSJP-RTA									
Total									

3. Based on the program’s record of youth served (Q2), do you anticipate this program being over or under its budgeted capacity on 9/30/2020? Please explain:

4. Please use the table to record the **average lengths of service (days)** for youth who exited the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	Program Type							
	P	EI	ATD/ATPDP				ATP	R/A
			(PINS)	(JO/JD)	(JD-RTA)	(AO)		
STSJP								
STSJP-RTA								

5. How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths of stay for youth who were in detention and residential placements during the same time period.

6. Will this program’s outcomes meet the PY 2019-2020 projected goals by 9/30/2020?

Yes (If yes, skip to section D.) Partially No

7. (a) What outcomes are on track to meet the goals set for PY 2019-2020? (b) How will they be met?
8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.
9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2020-2021?

D. Program 7 Service Projections for PY 2020-2021

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2020-2021. Enter zero (0) if not applicable.

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP									
STSJP-RTA									
Total									

PROGRAM 8

A. Program 8 Contact Information

Program 8 Name:

Operating Agency:

Program Mailing Address:

Address Line 2:

City: State: **NY** Zip Code:

Program Contact's Name: Title:

Phone: () Ext: Email:

B. Program 8 Description and Target Population

1. This program meets the legal definition of a **Family Support Services (FSS) program (Social Services Law Section 458-m)** and will operate in this capacity for PY 2020-2021. Yes No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:

STSJP	STSJP-RTA	
<input type="checkbox"/>	<input type="checkbox"/>	Prevention (P)
<input type="checkbox"/>	<input type="checkbox"/>	Early Intervention (EI)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Placement (ATP)
<input type="checkbox"/>	<input type="checkbox"/>	Reentry / Aftercare (R / A)
<input type="checkbox"/>	<input type="checkbox"/>	Indirect Services

3. Please list the zip codes this program will target:

4. Describe the program, including how it is family focused. If you answered "yes" to Q1 (FSS), be sure to demonstrate how your program meets the definition. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them.

5. Is the program capable of being replicated across multiple locations? Yes No

C. Program 8 Performance History (Refer to your municipality's STSJP data files.)

1. What funding did this program receive in PY 2019-2020?
 None (If none, skip to section D.) STSJP STSJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	Program Type		ATD/ATPDP				ATP	R/A	Total
	P	EI	(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP									
STSJP-RTA									
Total									

3. Based on the program's record of youth served (Q2), do you anticipate this program being over or under its budgeted capacity on 9/30/2020? Please explain:

4. Please use the table to record the **average lengths of service (days)** for youth who exited the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	Program Type		ATD/ATPDP				ATP	R/A
	P	EI	(PINS)	(JO/JD)	(JD-RTA)	(AO)		
STSJP								
STSJP-RTA								

5. How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths of stay for youth who were in detention and residential placements during the same time period.

6. Will this program's outcomes meet the PY 2019-2020 projected goals by 9/30/2020?
 Yes (If yes, skip to section D.) Partially No

7. (a) What outcomes are on track to meet the goals set for PY 2019-2020? (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.

9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2020-2021?

D. Program 8 Service Projections for PY 2020-2021

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2020-2021. Enter zero (0) if not applicable.

Approved Funding	Program Type		ATD/ATPDP				ATP	R/A	Total
	P	EI	(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP									
STSJP-RTA									
Total									

PROGRAM 9

A. Program 9 Contact Information

Program 9 Name:
 Operating Agency:
 Program Mailing Address:
 Address Line 2:
 City: State: **NY** Zip Code:
 Program Contact's Name: Title:
 Phone: () Ext: Email:

B. Program 9 Description and Target Population

1. This program meets the legal definition of a **Family Support Services (FSS) program (Social Services Law Section 458-m)** and will operate in this capacity for PY 2020-2021. Yes No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:

STJSJP	STJSJP-RTA	
<input type="checkbox"/>	<input type="checkbox"/>	Prevention (P)
<input type="checkbox"/>	<input type="checkbox"/>	Early Intervention (EI)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Placement (ATP)
<input type="checkbox"/>	<input type="checkbox"/>	Reentry / Aftercare (R / A)
<input type="checkbox"/>	<input type="checkbox"/>	Indirect Services

3. Please list the zip codes this program will target:

4. Describe the program, including how it is family focused. If you answered "yes" to Q1 (FSS), be sure to demonstrate how your program meets the definition. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them.

5. Is the program capable of being replicated across multiple locations? Yes No

C. Program 9 Performance History (Refer to your municipality's STJSJP data files.)

1. What funding did this program receive in PY 2019-2020?
 None (If none, skip to section D.) STJSJP STJSJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	Program Type							Total	
	P	EI	ATD/ATPDP				ATP		R/A
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STJSJP									
STJSJP-RTA									
Total									

3. Based on the program's record of youth served (Q2), do you anticipate this program being over or under its budgeted capacity on 9/30/2020? Please explain:

4. Please use the table to record the **average lengths of service (days)** for youth who exited the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	Program Type							ATP	R/A
	P	EI	ATD/ATPDP						
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP									
STSJP-RTA									

5. How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths of stay for youth who were in detention and residential placements during the same time period.

6. Will this program's outcomes meet the PY 2019-2020 projected goals by 9/30/2020?
 Yes (If yes, skip to section D.) Partially No

7. (a) What outcomes are on track to meet the goals set for PY 2019-2020? (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.

9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2020-2021?

D. Program 9 Service Projections for PY 2020-2021

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2020-2021. Enter zero (0) if not applicable.

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP									
STSJP-RTA									
Total									

PROGRAM 10

A. Program 10 Contact Information

Program 10 Name: _____

Operating Agency: _____

Program Mailing Address: _____

Address Line 2: _____

City: _____ State: **NY** Zip Code: _____

Program Contact's Name: _____ Title: _____

Phone: () _____ Ext: _____ Email: _____

B. Program 10 Description and Target Population

1. This program meets the legal definition of a **Family Support Services (FSS) program (Social Services Law Section 458-m)** and will operate in this capacity for PY 2020-2021. Yes No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:

STJSJP	STJSJP-RTA	
<input type="checkbox"/>	<input type="checkbox"/>	Prevention (P)
<input type="checkbox"/>	<input type="checkbox"/>	Early Intervention (EI)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Placement (ATP)
<input type="checkbox"/>	<input type="checkbox"/>	Reentry / Aftercare (R / A)
<input type="checkbox"/>	<input type="checkbox"/>	Indirect Services

3. Please list the zip codes this program will target:

4. Describe the program, including how it is family focused. If you answered “yes” to Q1 (FSS), be sure to demonstrate how your program meets the definition. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them.

5. Is the program capable of being replicated across multiple locations? Yes No

C. Program 10 Performance History (Refer to your municipality’s STJSJP data files.)

1. What funding did this program receive in PY 2019-2020?
 None (If none, skip to section D.) STJSJP STJSJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STJSJP									
STJSJP-RTA									
Total									

3. Based on the program’s record of youth served (Q2), do you anticipate this program being over or under its budgeted capacity on 9/30/2020? Please explain:

4. Please use the table to record the **average lengths of service (days)** for youth who exited the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	Program Type							
	P	EI	ATD/ATPDP				ATP	R/A
			(PINS)	(JO/JD)	(JD-RTA)	(AO)		
STJSJP								
STJSJP-RTA								

5. How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths of stay for youth who were in detention and residential placements during the same time period.

6. Will this program’s outcomes meet the PY 2019-2020 projected goals by 9/30/2020?
 Yes (If yes, skip to section D.) Partially No

7. (a) What outcomes are on track to meet the goals set for PY 2019-2020? (b) How will they be met?
8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.
9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2020-2021?

D. Program 10 Service Projections for PY 2020-2021

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2020-2021. Enter zero (0) if not applicable.

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP									
STSJP-RTA									
Total									

PROGRAM 11

A. Program 11 Contact Information

Program 11 Name:

Operating Agency:

Program Mailing Address:

Address Line 2:

City: State: **NY** Zip Code:

Program Contact's Name: Title:

Phone: () Ext: Email:

B. Program 11 Description and Target Population

1. This program meets the legal definition of a **Family Support Services (FSS) program (Social Services Law Section 458-m)** and will operate in this capacity for PY 2020-2021. Yes No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:

STSJP	STSJP-RTA	
<input type="checkbox"/>	<input type="checkbox"/>	Prevention (P)
<input type="checkbox"/>	<input type="checkbox"/>	Early Intervention (EI)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Placement (ATP)
<input type="checkbox"/>	<input type="checkbox"/>	Reentry / Aftercare (R / A)
<input type="checkbox"/>	<input type="checkbox"/>	Indirect Services

3. Please list the zip codes this program will target:

4. Describe the program, including how it is family focused. If you answered "yes" to Q1 (FSS), be sure to demonstrate how your program meets the definition. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them.

5. Is the program capable of being replicated across multiple locations? Yes No

C. Program 11 Performance History (Refer to your municipality's STSJP data files.)

1. What funding did this program receive in PY 2019-2020?
 None (If none, skip to section D.) STSJP STSJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	Program Type		ATD/ATPDP				ATP	R/A	Total		
			P	EI	(PINS)	(JO/JD)				(JD-RTA)	(AO)
			STSJP								
STSJP-RTA											
Total											

3. Based on the program's record of youth served (Q2), do you anticipate this program being over or under its budgeted capacity on 9/30/2020? Please explain:

4. Please use the table to record the **average lengths of service (days)** for youth who exited the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	Program Type		ATD/ATPDP				ATP	R/A		
			P	EI	(PINS)	(JO/JD)			(JD-RTA)	(AO)
			STSJP							
STSJP-RTA										

5. How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths of stay for youth who were in detention and residential placements during the same time period.

6. Will this program's outcomes meet the PY 2019-2020 projected goals by 9/30/2020?
 Yes (If yes, skip to section D.) Partially No

7. (a) What outcomes are on track to meet the goals set for PY 2019-2020? (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.

9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2020-2021?

D. Program 11 Service Projections for PY 2020-2021

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2020-2021. Enter zero (0) if not applicable.

Approved Funding	Program Type		ATD/ATPDP				ATP	R/A	Total		
			P	EI	(PINS)	(JO/JD)				(JD-RTA)	(AO)
			STSJP								
STSJP-RTA											
Total											

PROGRAM 12

A. Program 12 Contact Information

Program 12 Name:
 Operating Agency:
 Program Mailing Address:
 Address Line 2:
 City: State: **NY** Zip Code:
 Program Contact's Name: Title:
 Phone: () Ext: Email:

B. Program 12 Description and Target Population

1. This program meets the legal definition of a **Family Support Services (FSS) program (Social Services Law Section 458-m)** and will operate in this capacity for PY 2020-2021. Yes No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:

STSJP	STSJP-RTA	
<input type="checkbox"/>	<input type="checkbox"/>	Prevention (P)
<input type="checkbox"/>	<input type="checkbox"/>	Early Intervention (EI)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Placement (ATP)
<input type="checkbox"/>	<input type="checkbox"/>	Reentry / Aftercare (R / A)
<input type="checkbox"/>	<input type="checkbox"/>	Indirect Services

3. Please list the zip codes this program will target:

4. Describe the program, including how it is family focused. If you answered “yes” to Q1 (FSS), be sure to demonstrate how your program meets the definition. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them.

5. Is the program capable of being replicated across multiple locations? Yes No

C. Program 12 Performance History (Refer to your municipality's STSJP data files.)

1. What funding did this program receive in PY 2019-2020?
 None (If none, skip to section D.) STSJP STSJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	Program Type							Total	
	P	EI	ATD/ATPDP				ATP		R/A
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP									
STSJP-RTA									
Total									

3. Based on the program's record of youth served (Q2), do you anticipate this program being over or under its budgeted capacity on 9/30/2020? Please explain:

4. Please use the table to record the **average lengths of service (days)** for youth who exited the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	Program Type							
	P	EI	ATD/ATPDP				ATP	R/A
			(PINS)	(JO/JD)	(JD-RTA)	(AO)		
STSJP								
STSJP-RTA								

5. How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths of stay for youth who were in detention and residential placements during the same time period.

6. Will this program’s outcomes meet the PY 2019-2020 projected goals by 9/30/2020?
 Yes (If yes, skip to section D.) Partially No

7. (a) What outcomes are on track to meet the goals set for PY 2019-2020? (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.

9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2020-2021?

D. Program 12 Service Projections for PY 2020-2021

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2020-2021. Enter zero (0) if not applicable.

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP									
STSJP-RTA									
Total									

PART III – Goals for PY 2020-2021

Please set the municipality’s goals for its programs to achieve in PY 2020-2021. State-required outcomes have been included with space for you to add any locally collected outcomes. Goals are focused by service type and should reflect the percentage of youth expected to achieve the outcome described. Note: Outcomes are only recorded for youth once they have left the program; this may represent a subset of all the youth served during the period.

Prevention

STSJP		STSJP RTA		Outcomes
75	%		%	of youth will have no PINS referrals during service engagement
75	%		%	of youth will have no trancies during service engagement
75	%		%	of youth will have no school suspensions during service engagement
85	%		%	of youth will have no arrests or probation intakes during service engagement
100	%		%	of youth will be able to identify at least one accessible, positive adult connection *(new)
100	%		%	of youth will be engaged in at least one positive community activity *(new)
85	%		%	of youth will comply with program rules
90	%		%	of youth will attend at least 90 percent of programming

Other, locally collected outcomes:				
Early Intervention				
STSJP		STSJP RTA		Outcomes
75	%		%	of youth will have no PINS referrals during service engagement
75	%		%	of youth will have no truancies during service engagement
75	%		%	of youth will have no school suspensions during service engagement
85	%		%	of youth will have no arrests or probation intakes during service engagement
100	%		%	of youth will have their cases successfully adjusted/diverted during service engagement
100	%		%	of youth will be able to identify at least one accessible, positive adult connection * (new)
100	%		%	of youth will be engaged in at least one positive community activity * (new)
85	%		%	of youth will comply with program rules
90	%		%	of youth will attend at least 90 percent of programming
Other, locally collected outcomes:				
Alternative to Detention / Pre-Dispositional Placement				
STSJP		STSJP RTA		Outcomes
85	%		%	of youth will have no missed court appearances during service engagement
85	%		%	of youth will have no warrants issued during service engagement
85	%		%	of youth will have no arrests or probation intakes during service engagement
85	%		%	of youth will have no detention or jail admissions during service engagement
85	%		%	of PINS will have no pre-dispositional placements during service engagement
100	%		%	of youth will be able to identify at least one accessible, positive adult connection * (new)
100	%		%	of youth will be engaged in at least one positive community activity * (new)
85	%		%	of youth will comply with program rules
90	%		%	of youth will attend at least 90 percent of programming
Other, locally collected outcomes:				
Alternative to Placement				
STSJP		STSJP RTA		Outcomes
85	%		%	of youth will have no warrants issued during service engagement
85	%		%	of youth will have no arrests or probation intakes during service engagement
85	%		%	of youth will have no detention or jail admissions during service engagement
85	%		%	of PINS will have no pre-dispositional placements during service engagement
85	%		%	of youth will have no violations of probation filed during service engagement
85	%		%	of youth will have no new placements during service engagement
100	%		%	of youth will be able to identify at least one accessible, positive adult connection * (new)
100	%		%	of youth will be engaged in at least one positive community activity * (new)
85	%		%	of youth will comply with program rules
90	%		%	of youth will attend at least 90 percent of programming
Other, locally collected outcomes:				
Reentry / Aftercare				

STSJP		STSJP RTA		Outcomes
85	%		%	of youth will have no warrants issued during service engagement
85	%		%	of youth will have no arrests or probation intakes during service engagement
85	%		%	of youth will have no detention or jail admissions during service engagement
85	%		%	of PINS will have no pre-dispositional placements during service engagement
85	%		%	of youth will have no new placements during service engagement
85	%		%	of youth will have no returns to their previous placements during service engagement
100	%		%	of youth will be able to identify at least one accessible, positive adult connection * (new)
100	%		%	of youth will be engaged in at least one positive community activity * (new)
85	%		%	of youth will comply with program rules
90	%		%	of youth will attend at least 90 percent of programming
Other, locally collected outcomes:				

PART IV – FUNDING

A. Anticipated Program Expenses and Funding Distribution

Program Name & Service Types	STSJP					STSJP-RTA
	Detention Allocation Shifted	PY20-21 STSJP Allocation	Total Expenses (100%)	Local Share (38%)	State Share (62%)	State Share (100%)
1 Accountability and Responsibility Program	\$22,670.60	\$78,272.00	\$162,810.64	\$61,868.04	\$100,942.60	\$0.00
Prevention	\$22,670.60	\$78,272.00	\$162,810.64	\$61,868.04	\$100,942.60	
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						
2 The Community School PINS Program #1	\$31,368.90	\$0.00	\$50,595.00	\$19,226.10	\$31,368.90	\$0.00
Prevention	\$15,684.45		\$25,297.50	\$9,613.05	\$15,684.45	
Early Intervention	\$15,684.45		\$25,297.50	\$9,613.05	\$15,684.45	
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						
3 The Community School Program #2	\$31,368.90	\$0.00	\$50,595.00	\$19,226.10	\$31,368.90	\$0.00
Prevention	\$10,456.30		\$16,865.00	\$6,408.70	\$10,456.30	\$0.00
Early Intervention						
ATD/ATPDP	\$10,456.30		\$16,865.00	\$6,408.70	\$10,456.30	
ATP						
Reentry/Aftercare	\$10,456.30		\$16,865.00	\$6,408.70	\$10,456.30	
Indirect						
4 Intensive Preventive PINS Program #1	\$123,690.00	\$0.00	\$199,500.00	\$75,810.00	\$123,690.00	\$0.00
Prevention	\$1,236,900.00	\$0.00	\$99,750.00	\$37,905.00	\$61,845.00	\$0.00
Early Intervention	\$0.00	\$0.00	\$99,750.00	\$37,905.00	\$61,845.00	
ATD/ATPDP	\$0.00					
ATP						
Reentry/Aftercare	\$0.00					
Indirect						
5 Intensive Preventive Program #2	\$123,690.00		\$199,500.00	\$75,810.00	\$123,690.00	\$0.00
Prevention						
Early Intervention						
ATD/ATPDP	\$123,690.00		\$66,500.00	\$25,270.00	\$41,230.00	

ATP			\$66,500.00	\$25,270.00	\$41,230.00	
Reentry/Aftercare			\$66,500.00	\$25,270.00	\$41,230.00	
Indirect						

Program Name & Service Types	STSJP					STSJP-RTA
	Detention Allocation Shifted	PY20-21 STSJP Allocation	Total Expenses (100%)	Local Share (38%)	State Share (62%)	State Share (100%)
6						
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						
7						
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						
8						
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						
9						
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						
10						
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						

Program Name & Service Types	STSJP					STSJP-RTA
	Detention Allocation Shifted	PY20-21 STSJP Allocation	Total Expenses (100%)	Local Share (38%)	State Share (62%)	State Share (100%)
11						
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						
12						
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						
Sum of Program Totals:	\$332,788.40	\$78,272.00	\$663,000.64	\$251,940.24	\$411,060.40	

B. STSJP Reimbursement Summary	
STSJP Allocation Amount	\$78,272.00
Locally Approved Amount of PY 2020-2021 STSJP Allocation	\$78,272.00
Approved Detention Allocation Shifted	\$332,788.40
Total Approved for State Reimbursement	\$411,060.40

C. STSJP-RTA Reimbursement Summary	
STSJP-RTA Approved Plan Amount	\$0.00
Total Approved for State Reimbursement	\$0.00

PART V – PLAN APPROVAL		
A. Municipality Level Approval – Chief Executive / Administrative Official		
As STSJP Lead for Chautauqua County, I certify that the Chief Executive/Administrative Official, [Name and Title] Paul M. Wendel Jr. County Executive, has reviewed and approved the 2020-2021 STSJP Plan.		
User ID: 06B990	Print Name: Leanna Luka-Conley	Date: 2/2/2021
B. State Level Approval – OCFS Program Reviewer		
As OCFS STSJP reviewer, I certify that I approve of this STSJP plan for Choose an item. for 2020-2021.		
User ID: IT0911	Print Name: Lynn Tubbs	Date: 2/9/2021