(Prog Profiles copy I)

COMPREHENSIVE COUNTY YOUTH SERVICES PLAN

JANUARY 2018 – DECEMBER 2020

GUIDELINES

NEW JERSEY
JUVENILE JUSTICE COMMISSION

Christopher S. Porrino, Attorney General
Chair, JJC Executive Board

Kevin M. Brown, Executive Director

Salem County New Jersey

Board of Chosen Freeholders

YOUTH SERVICES COMMISSION
Administered By
Inter Agency Council of Human Services

98 Market Street, Salem, New Jersey 08079
Telephone: 856-935-7510 x 8314 Facsimile: 856-935-7747

Jean Kuhl
Chairperson

Jim Whitt
Vice-Chairperson

YOUTH SERVICES COMMISSION and JUVENILE CRIME ENFORCEMENT COALITION

August 24, 2017

Attn.: Safiya L. Baker, Manager
Juvenile Justice Commission
Office of Local Programs and Services
1001 Spruce Street, Suite 202
Ewing, NJ 08638

Dear Ms. Baker:

As a Co-Chairperson of the Salem County Youth Services Commission, I provide my support for the attached Comprehensive Plan and Funding Application for 2018.

Please be advised that the County Resolution approving the funding application and plan will be forwarded to you shortly after September 7, 2017.

Should you have any questions or need additional information, please feel free to contact me.

Sincerely,

Jean Kuhl
1 Victory Avenue, Apt. 38
Pennsville, NJ 08070
(856) 678-4088

Cc: Frank Carozza, Youth Services Administrator

STATE OF NEW JERSEY
JUVENILE JUSTICE COMMISSION
COMPREHENSIVE COUNTY FUNDING APPLICATION
JANUARY 1, 2018- DECEMBER 31, 2018

County: **Salem**

Chief Executive Officer: Robert Vanderslice

Title: ☒ Freeholder Director ☐ County Executive

Mailing Address: Administration, 94 Market St., Salem, NJ 08079

Telephone: (856) 935-7510 Ext. 8204 Fax: (856) 935-9102

Email Address: Robert.Vanderslice@salemcountynj.gov

Chief Financial Officer: Katie Coleman

Title: Chief Financial Officer

Mailing Address: 110 Fifth Street, Salem, NJ 08079

Telephone: (856) 935-7510 Ext. 8427 Fax: (856) 935-9036

Email Address: Katie.Coleman@salemcountynj.gov

Federal Identification #: 21-60001147

County Youth Services Commission Administrator:
Name: Frank Carozza

Title: Youth Services Commission Administrator

Mailing Address: 98 Market St., Salem, NJ 08079

Telephone: (856) 935-7510 Ext. 8451 Fax: (856) 935-7477

Email Address: Frank.Carozza@salemcountynj.gov

Supervisor of the County Youth Services Commission Administrator:
Name: Melanie Ernest

Title: Executive Director of the Salem County Inter Agency Council of Human Services

Mailing Address: 98 Market St., Salem, NJ 08079

Telephone: (856) 935-7510 Ext. 8314 Fax: (856) 935-7477

Email Address: Melanie.Ernest@salemcountynj.gov

County Youth Services Commission Chairperson:

Name: Jean Kuhl

Title: YSC Chairperson

Mailing Address: 1 Victory Ave., Apt. 38 Pennsville, NJ 08070

Telephone: (856) 678-4088 Fax: ( )

Email Address: missjeanzgemz@gmail.com

County Youth Services Commission Chairperson:

Name: Jim Whitt

Title: YSC Co-Chairperson

Mailing Address: 45 Sawmill Rd., Alloway, NJ 08001

Telephone: (856) 935-1555 Fax: ( )

Email Address: jwhitt@ranchope.org

ATTACHMENT A

2018 PROGRAMS AND/OR TYPE OF SERVICES TO BE FUNDED

County: Salem **Original Date:** August 24, 2017 **Revision Date:** _____

Delinquency Prevention Programs

Name/Profile Number/Funding Source

1. Gender Specific Anti-Gang/1/FC
2. Property Prevention/2/FC
3. Life Enhancement/3/School Grants/SCP
4. After School programming/11/SCP

Law Enforcement Diversion Programs

Name/Profile Number/Funding Source

1. Property Prevention/2/FC
2. Cognitive Therapy/4/SCP
3. Substance Abuse Education/Eval/Treat/5/SCP
4. _____

Family Crisis Intervention Unit

Name/Profile Number/Funding Source

1. _____
2. _____
3. _____
4. _____

Family Court Diversion Programs

Name/Profile Number/Funding Source

1. Cognnitive Therapy/4/FC
2. Substance Abuse/Education/Eval./ Treat/5/SCP
3. Property Prevention/2/FC
4. _____

Detention Alternative Programs
(Pre-Adjudicated Youth)

Name/Profile Number/Funding Source

1. In-Home Detention/6/SCP
2. GPS Home Detention/8/SCP
3. _____
4. _____

CY 2018
Line-Item Budget
Program Management/Administrative Cost

County: Salem **Original Date:** 24-Aug-17 **Revision Date:**

Page 1: Personnel

N/E*	Name/Title		Partnership	Family Court	Other** (specify)	Total Salary	
E	Melanie Ernest, Executive Director	Salary	$ 3,674.00	$ -	$ 61,326.00	$ 65,000.00	100%
		Fringe Benefits	$ -	$ -	$ 6,811.00	$ 6,811.00	100%
E	Rebekah Rosado, Administrative Assistant	Salary	$ 1,125.00	$ -	$ 24,140.75	$ 25,265.75	100%
		Fringe Benefits	$ -	$ -	$ 13,311.00	$ 13,311.00	100%
E	Amy Kiger, Bookkeeper	Salary	$ 1,672.00	$ -	$ 33,328.00	$ 35,000.00	100%
		Fringe Benefits	$ -	$ -	$ 13,955.00	$ 13,955.00	100%
E	Frank Carozza, Program Coordinator	Salary	$ 38,000.00	$ -	$ -	$ 38,000.00	100%
		Fringe Benefits	$ 9,579.00	$ -	$ -	$ 9,579.00	100%
		Salary	$ -	$ -	$ -	$ -	100%
		Fringe Benefits	$ -	$ -	$ -	$ -	100%
		Salary	$ -	$ -	$ -	$ -	100%
		Fringe Benefits	$ -	$ -	$ -	$ -	100%
		Salary	$ -	$ -	$ -	$ -	100%
		Fringe Benefits	$ -	$ -	$ -	$ -	100%
		Salary	$ -	$ -	$ -	$ -	100%
		Fringe Benefits	$ -	$ -	$ -	$ -	100%
		Salary	$ -	$ -	$ -	$ -	100%
		Fringe Benefits	$ -	$ -	$ -	$ -	100%
		Salary	$ -	$ -	$ -	$ -	100%
		Fringe Benefits	$ -	$ -	$ -	$ -	100%
		PERSONNEL TOTAL	$ 54,050.00	$ -	$ 152,871.75	$ 206,921.75	100%

*N – New Employee
*E Existing Employee

** "Other" funding sources: LAP, CIACC, FAST, HSAC, COC, FEMA

CY 2018
Line-Item Budget
Program Management/Administrative Cost

County: **Original Date:** **Revision Date:**

Page 2: Non-Personnel

Line Item Description	Partnership	Family Court	Other** (specify)	TOTAL AMOUNT
Travel	$ 1,000.00	$ -	$ 1,000.00	$ 2,000.00
Consumable Supplies	$ 500.00	$ -	$ 6,500.00	$ 7,000.00
Equipment	$ -	$ -	$ -	$ -
Purchase of Services:				$ -
Other (Specify):	$ -	$ -	$ -	$ -
Other (Specify):	$ -	$ -	$ -	$ -
Other (Specify):	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -
NON-PERSONNEL TOTAL	$ 1,500.00	$ -	$ 7,500.00	$ 9,000.00
TOTAL from Page 1, Personnel	$ 54,050.00	$ -	$ 152,871.75	$ 206,921.75
GRAND TOTAL OF PAGES 1 AND 2	$ 55,550.00	$ -	$ 160,371.75	$ 215,921.75

** "Other" funding sources: LAP, CIACC, FAST, HSAC, COC, FEMA

Travel: Comprehensive funds used for travel.
Consumable Supplies: Comprehensive funds used for Office Supplies.
Equipment: Comprehensive funds used for communicative and office equipment.
Purchase of Serives: Comprehensive funds used for services or subcontacts.

ATTACHMENT C **PROFILE # 1 of 12**

PROGRAM PROFILE
CY 2018

A Program Profile must be completed for *each* proposed program and/or service to be funded with State/Community Partnership and Family Court. **Note: If the County's RFP results in changes to the information submitted on this Program Profile, a revised *Attachment C* must be submitted no later than 30 days after the County Freeholder has approved the contract/award.**

County: Salem **Original Date:** August 24, 2017 **Revision Date:** _____

Allocation by Funding Source: ☐ **Partnership $**_____ ☒ **Family Court $20,000**

Total Allocation: $20,000

PROGRAM GOAL

☒ *Prevention*: To prevent at-risk youth from engaging in anti-social and delinquent behavior and from taking part in other problem behaviors that are pathways to delinquency.
☒ Primary ☐ Secondary
Funding Allocation and Source: $20,000/Family Court $_____/_

☐ *Diversion*: To provide services and/or informal sanctions to youth who have begun to engage in low level delinquent behavior in an effort to prevent youth from continuing on a delinquent pathway.
Funding Allocation and Source: $_____/_ $_____/_

☐ *Detention/Detention Alternatives*: To insure the youth's presence at the next court hearing and to provide short-term (30-60 days) supervision sufficient to safely maintain appropriate youth in the community while awaiting the final disposition of their case.
Funding Allocation and Source: $_____/_ $_____/_

☐ *Disposition*: To provide the court with a range of options that match the supervision and service needs of youth in their communities in an effort to reduce recidivism.
Funding Allocation and Source: $_____/_ $_____/_

☐ *Re-entry*: To provide youth transitioning from a JJC residential or day program with additional support for successful reintegration into their communities in an effort to reduce recidivism.
Funding Allocation and Source: $_____/_ $_____/_

PROGRAM & PROGRAM DESCRIPTION

Program Name or service to be requested (RFP'd): Gender Specific Anti-Gang Violence
Implementing Agency *(if known)*: _____

Program/Services Description *(When providing the information below, please limit your description to how the allocated funds will be implemented, not the agency's full range of services.*

- **Program Components/Services** *(The description must minimally include the program components and the referral source)*: The service component will utilize evidence-based prevention curriculum to help combat youth gang activity, substance abuse, aggression, violence and other delinquencies. Referrals will be accepted from schools, juvenile probation, police and social service agencies.

- **Target Population:** *Must reflect the Program Category selected above based on its Definition and RationaleThe description must include age, gender (admission criteria)*: Male and female 4th-8th grade students in the Salem County public schools systems. school system? (3)

  If funding a Prevention or Diversion program or service, list the targeted area to be served (i.e. school, neighborhood or town/community). For example, Area Type: School – High School #1.
  Area Type: School - Middle School
  Area Type: -
  Area Type: -

- **Level of Service Type** (*Beds, Classes Days, Evaluations, Group Sessions Hours, Individual Sessions or Youth Slots*):
  Service Type: Youth/Slots
  Number of Youth/Slots in program at any given time: 25
  Number of unduplicated Youth/Slots served during contract period: 150
  Comments: _____

  Service Type: _____
  Number of _____ in program at any given time: _____
  Number of unduplicated _____ served during contract period: _____
  Comments: _____

  Service Type: _____
  Number of _____ in program at any given time: _____
  Number of unduplicated _____ served during contract period: _____
  Comments: _____

  Service Type: _____
  Number of _____ in program at any given time: _____
  Number of unduplicated _____ served during contract period: _____
  Comments: _____

PROGRAM OUTCOME

List the anticipated impact of this program or service and provide corresponding outcome. For example: Decrease the number of youth engaging in anti-social and delinquent behavior. Eighty (80%) of the twenty-youth involved in the program will not have a formal complaint signed against them for the time that they are in the program.

Anticipated impact: There will be a reduction in gang related violence among youth
Outcome #1: 75% of youth will demonstrate competence in problem solving, avoidance, feelings management and impulse control

Anticipated impact: Youth will make sound decisions regarding personal safety
Outcome #2: 75% of youth will be able to identify high-risk people, places and things
Anticipated impact:Youth will develop critical thinking skills
Outcome #3: 75% of youth will demonstrate use of specific techniques to handle risks effectively

Describe how each of the outcomes will be measured: pre and post tests administrered

JUSTIFICATION

1. Refer to the Recommendation section of the Comprehensive Plan, provide the specific data that supports the need for this program or service: While school violence has been decreasing issue since 2015 based on the New Jersey School Violence Reports for Salem County, incidents of substance abuse and weapons offenses are on the rise.

2. Describe what competitive process was used for selecting this agency or service: RFP

3. Complete this section if the agency listed above was funded to provide this program or service at any time during the previous or current comprehensive planning cycle.

   a. Refer back to the most recent approved program profile, describe outcomes achieved: _____

   b. Provide the date and results of the last monitoring: _____

Comments: _____

ATTACHMENT C **PROFILE # 2 of 12**

PROGRAM PROFILE
CY 2018

A Program Profile must be completed for *each* proposed program and/or service to be funded with State/Community Partnership and Family Court. **Note: If the County's RFP results in changes to the information submitted on this Program Profile, a revised *Attachment C* must be submitted no later than 30 days after the County Freeholder has approved the contract/award.**

County: Salem **Original Date:** August 24, 2017 **Revision Date:** _____

Allocation by Funding Source: ☐ **Partnership** $_____ ☒ **Family Court** $15,000

Total Allocation: $15,000

PROGRAM GOAL

☒ *Prevention*: To prevent at-risk youth from engaging in anti-social and delinquent behavior and from taking part in other problem behaviors that are pathways to delinquency.
☒ Primary ☐ Secondary
Funding Allocation and Source: $15,000/Family Court $_____/_

☒ *Diversion*: To provide services and/or informal sanctions to youth who have begun to engage in low level delinquent behavior in an effort to prevent youth from continuing on a delinquent pathway.
Funding Allocation and Source: $_____/_ $_____/_

☐ *Detention/Detention Alternatives*: To insure the youth's presence at the next court hearing and to provide short-term (30-60 days) supervision sufficient to safely maintain appropriate youth in the community while awaiting the final disposition of their case.
Funding Allocation and Source: $_____/_ $_____/_

☒ *Disposition*: To provide the court with a range of options that match the supervision and service needs of youth in their communities in an effort to reduce recidivism.
Funding Allocation and Source: $_____/_ $_____/_

☐ *Re-entry*: To provide youth transitioning from a JJC residential or day program with additional support for successful reintegration into their communities in an effort to reduce recidivism.
Funding Allocation and Source: $_____/_ $_____/_

PROGRAM & PROGRAM DESCRIPTION

Program Name or service to be requested (RFP'd): Theft Prevention
Implementing Agency *(if known)*: _____

Program/Services Description *(When providing the information below, please limit your description to how the allocated funds will be implemented, not the agency's full range of services.*

- **Program Components/Services** *(The description must minimally include the program components and the referral source)*: The program will, through community service component, learn valuable lessons to prevent property offenses of thefy, larceny, auto theft and shoplifting with a goal to reduce recidivism for youth, prevent property offenses and change the outlook on such crimes. Referrals will be accepted form schools, juvenile probation, police and social services.

- **Target Population:** *Must reflect the Program Category selected above based on its Definition and RationaleThe description must include age, gender (admission criteria)*: Male and female youth from 8-18 years of age who reside in Salem County

  If funding a Prevention or Diversion program or service, list the targeted area to be served (i.e. school, neighborhood or town/community). For example, Area Type: School – High School #1.
  Area Type: Neighborhood -
  Area Type: Town/Community - Urban, Suburban, Rural areas
  Area Type: -

- **Level of Service Type** (*Beds, Classes Days, Evaluations, Group Sessions Hours, Individual Sessions or Youth Slots*):
  Service Type: Youth/Slots
  Number of Youth/Slots in program at any given time: 3
  Number of unduplicated Youth/Slots served during contract period: 12
  Comments: Maximum number of 36 unduplicated youth annually with 3 slots filled at any given time for a 30-90 day service period

  Service Type: _____
  Number of _____ in program at any given time: _____
  Number of unduplicated _____ served during contract period: _____
  Comments: _____

  Service Type: _____
  Number of _____ in program at any given time: _____
  Number of unduplicated _____ served during contract period: _____
  Comments: _____

  Service Type: _____
  Number of _____ in program at any given time: _____
  Number of unduplicated _____ served during contract period: _____
  Comments: _____

PROGRAM OUTCOME

List the anticipated impact of this program or service and provide corresponding outcome. For example: Decrease the number of youth engaging in anti-social and delinquent behavior. Eighty (80%) of the twenty-youth involved in the program will not have a formal complaint signed against them for the time that they are in the program.

Anticipated impact: Fewer youth will participate in property crimes

Outcome #1: 75% of youth/families referred will follow up on referrals based on assessment at intake
Anticipated impact: Youth who have previously committed property crimes will not reoffend
Outcome #2: 75% of youth will not have formal complaints signed against them while they are enrolled
Anticipated impact:Youth will not re-offend
Outcome #3: 75% of youth who successfully complete the program will remain complaint free for 12 months after discharge

Describe how each of the outcomes will be measured: Program to monitor youth charges/complaints during enrollment and for a period of at least 12 months post discharge

JUSTIFICATION

1. Refer to the Recommendation section of the Comprehensive Plan, provide the specific data that supports the need for this program or service: Property offenses ranked #1 in arrests in 2012 based on the Salem County Juvenile Arrest Report in 2012, and continue to be in the top 3 areas of need as reflected in 2015 data.

2. Describe what competitive process was used for selecting this agency or service: RFP

3. Complete this section if the agency listed above was funded to provide this program or service at any time during the previous or current comprehensive planning cycle.

   a. Refer back to the most recent approved program profile, describe outcomes achieved: _____

   b. Provide the date and results of the last monitoring: _____

Comments: _____

ATTACHMENT C **PROFILE # 3 of 12**

PROGRAM PROFILE
CY 2018

A Program Profile must be completed for *each* proposed program and/or service to be funded with State/Community Partnership and Family Court. **Note: If the County's RFP results in changes to the information submitted on this Program Profile, a revised *Attachment C* must be submitted no later than 30 days after the County Freeholder has approved the contract/award.**

County: Salem **Original Date:** August 24, 2017 **Revision Date:** _____

Allocation by Funding Source: ☒ **Partnership** $30,000 ☐ **Family Court** $_____

Total Allocation: $30,000

PROGRAM GOAL

☒ *Prevention*: To prevent at-risk youth from engaging in anti-social and delinquent behavior and from taking part in other problem behaviors that are pathways to delinquency.
☒ Primary ☐ Secondary
Funding Allocation and Source: $30,000/Partnership $_____/_

☐ *Diversion*: To provide services and/or informal sanctions to youth who have begun to engage in low level delinquent behavior in an effort to prevent youth from continuing on a delinquent pathway.
Funding Allocation and Source: $_____/_ $_____/_

☐ *Detention/Detention Alternatives*: To insure the youth's presence at the next court hearing and to provide short-term (30-60 days) supervision sufficient to safely maintain appropriate youth in the community while awaiting the final disposition of their case.
Funding Allocation and Source: $_____/_ $_____/_

☐ *Disposition*: To provide the court with a range of options that match the supervision and service needs of youth in their communities in an effort to reduce recidivism.
Funding Allocation and Source: $_____/_ $_____/_

☐ *Re-entry*: To provide youth transitioning from a JJC residential or day program with additional support for successful reintegration into their communities in an effort to reduce recidivism.
Funding Allocation and Source: $_____/_ $_____/_

PROGRAM & PROGRAM DESCRIPTION

Program Name or service to be requested (RFP'd): Life Enhancements/School Based
Implementing Agency *(if known)*: _____

Program/Services Description *(When providing the information below, please limit your description to how the allocated funds will be implemented, not the agency's full range of services.*

- **Program Components/Services** *(The description must minimally include the program components and the referral source)*: The program(s) will provide structured activities which may include field trips, trust/esteem building exercises, leadership development, peer involvement and other opprtunities for pro-social interaction and development in a supervised school based setting. Transportation will be provided for students who require it.

must

- **Target Population:** *Must reflect the Program Category selected above based on its Definition and RationaleThe description must include age, gender (admission criteria)*: Salem County male and female youth enrolled in middle school and/or high school

  If funding a Prevention or Diversion program or service, list the targeted area to be served (i.e. school, neighborhood or town/community). For example, Area Type: School – High School #1.
  Area Type: School - Middle School
  Area Type: School - High School
  Area Type: -

- **Level of Service Type** (*Beds, Classes Days, Evaluations, Group Sessions Hours, Individual Sessions or Youth Slots*):
  Service Type: Youth/Slots
  Number of Youth/Slots in program at any given time: 50
  Number of unduplicated Youth/Slots served during contract period: 150
  Comments: _____

  Service Type: _____
  Number of _____ in program at any given time: _____
  Number of unduplicated _____ served during contract period: _____
  Comments: _____

  Service Type: _____
  Number of _____ in program at any given time: _____
  Number of unduplicated _____ served during contract period: _____
  Comments: _____

  Service Type: _____
  Number of _____ in program at any given time: _____
  Number of unduplicated _____ served during contract period: _____
  Comments: _____

PROGRAM OUTCOME

List the anticipated impact of this program or service and provide corresponding outcome. For example: Decrease the number of youth engaging in anti-social and delinquent behavior. Eighty (80%) of the twenty-youth involved in the program will not have a formal complaint signed against them for the time that they are in the program.

Anticipated impact: Youth will gain social skills
Outcome #1: 80% of youth enrolled will gain a positive effect on academic success and social behavior as supported by school records, self reports and pre and post tests.

adjudicated?

Anticipated impact: Youth will not become ~~involved~~ in the Juvenile Justice system
Outcome #2: 80% of youth enrolled in the program will be able to choose alternatives to violence and/or substance use when making decisions about high risk behavior
Anticipated impact:
Outcome #3: _____

Describe how each of the outcomes will be measured: Program to administer pre and post tests as well as eself assessments and observation of school records throughout the enrollment period. Follow up with participants to occurr at regular intervals. (5)

self

JUSTIFICATION

1. Refer to the Recommendation section of the Comprehensive Plan, provide the specific data that supports the need for this program or service: There is a reported lack of opportunities for youth to increase their ~~productive~~ skills to prevent delinquency. See 2015-2017 Comprehensive Plan for survey data. (positive- productivity)
2. Describe what competitive process was used for selecting this agency or service: RFP
3. Complete this section if the agency listed above was funded to provide this program or service at any time during the previous or current comprehensive planning cycle.
   a. Refer back to the most recent approved program profile, describe outcomes achieved: _____
   b. Provide the date and results of the last monitoring: _____

Comments: _____

ATTACHMENT C **PROFILE # 4 of 12**

PROGRAM PROFILE
CY 2018

A Program Profile must be completed for *each* proposed program and/or service to be funded with State/Community Partnership and Family Court. **Note: If the County's RFP results in changes to the information submitted on this Program Profile, a revised *Attachment C* must be submitted no later than 30 days after the County Freeholder has approved the contract/award.**

County: Salem **Original Date:** August 24, 2017 **Revision Date:** _____

Allocation by Funding Source: ☒ **Partnership** $27,000 ☐ **Family Court $**_____

Total Allocation: $27,000

PROGRAM GOAL

☒ *Prevention*: To prevent at-risk youth from engaging in anti-social and delinquent behavior and from taking part in other problem behaviors that are pathways to delinquency.
☐ Primary ☒ Secondary
Funding Allocation and Source: $_____/_ $_____/_

☒ *Diversion*: To provide services and/or informal sanctions to youth who have begun to engage in low level delinquent behavior in an effort to prevent youth from continuing on a delinquent pathway.
Funding Allocation and Source: $_____/_ $_____/_

☐ *Detention/Detention Alternatives*: To insure the youth's presence at the next court hearing and to provide short-term (30-60 days) supervision sufficient to safely maintain appropriate youth in the community while awaiting the final disposition of their case.
Funding Allocation and Source: $_____/_ $_____/_

☒ *Disposition*: To provide the court with a range of options that match the supervision and service needs of youth in their communities in an effort to reduce recidivism.
Funding Allocation and Source: $27,000/Family Court $_____/_

☐ *Re-entry*: To provide youth transitioning from a JJC residential or day program with additional support for successful reintegration into their communities in an effort to reduce recidivism.
Funding Allocation and Source: $_____/_ $_____/_

PROGRAM & PROGRAM DESCRIPTION

Program Name or service to be requested (RFP'd): Cognitive Therapy
Implementing Agency *(if known)*: _____

Program/Services Description *(When providing the information below, please limit your description to how the allocated funds will be implemented, not the agency's full range of services.*

- **Program Components/Services** *(The description must minimally include the program components and the referral source)*: A cognitive behavioral/life skills program will be implemented in an effort to reduce delinquent behavior, reduce recidivism and severity of crimes ~~among~~ amongst adolescents. The program will also provide Salem County Juvenile Court and Probation officers with a sentencing option to allow them to be more effective and eficient in holding juvenile offenders accountable for their actions. The program shall be provided to all Salem County adolescents who are referred through the Family Court system, Juvenile Probation, community resources, and Middle or High schools in Salem County. The services will include cognitive behavioral therapy (individual or group as appropriate), life skills instruction, substance ~~&~~ abuse/use evaluation and/or education. Topics must include anger management/healthy communication of emotions, problem solving/reasoning, personal responsibility, verbal and non-verbal communication and interpretation skills. Transportation must be provided for youth who need it.

- **Target Population:** *Must reflect the Program Category selected above based on its Definition and RationaleThe description must include age, gender (admission criteria)*: Salem County male and female youth who are involved with, or are at risk ofinvolvement with Family Court and Juvenile Probation.

  If funding a Prevention or Diversion program or service, list the targeted area to be served (i.e. school, neighborhood or town/community). For example, Area Type: School – High School #1.
  Area Type: Neighborhood -
  Area Type: Town/Community - Urban, Suburban, Rural areas
  Area Type: -

- **Level of Service Type** (*Beds, Classes Days, Evaluations, Group Sessions Hours, Individual Sessions or Youth Slots*):
  Service Type: Group Sessions
  Number of Group Sessions in program at any given time: 2
  Number of unduplicated Group Sessions served during contract period: 48
  Comments: _____

  Service Type: Individual Sessions
  Number of Individual Sessions in program at any given time: 10
  Number of unduplicated Individual Sessions served during contract period: 80
  Comments: _____

  Service Type: _____
  Number of _____ in program at any given time: _____
  Number of unduplicated _____ served during contract period: _____
  Comments: _____

  Service Type: _____
  Number of _____ in program at any given time: _____
  Number of unduplicated _____ served during contract period: _____
  Comments: _____

PROGRAM OUTCOME

List the anticipated impact of this program or service and provide corresponding outcome. For example: Decrease the number of youth engaging in anti-social and delinquent behavior. Eighty (80%) of the twenty-youth involved in the program will not have a formal complaint signed against them for the time that they are in the program.

Anticipated impact: There will be an increase in youths' pro-social interactions
Outcome #1: 80% of youth enrolled will exhibit an improvement in social competence resulting an an 80% graduation rate
Anticipated impact: There will be a decrease in substance use among youth
Outcome #2: 80% of youth enrolled in the program will learn the dangers and consequences of drug/alcohol use resulting in an 80% graduation rate
Anticipated impact:
Outcome #3: _____

Describe how each of the outcomes will be measured: Program to administer pre and post tests as well as evaluate participation and interactions throughout the enrollment period. Follow up at regular intervals post discharge is required.

JUSTIFICATION

1. Refer to the Recommendation section of the Comprehensive Plan, provide the specific data that supports the need for this program or service: While violence overall has been decreasing among youth, weapons offenses and substance use remain areas of concern. Both have increased since the last comprehensive plan was completed. Particularly high is substance use in school. A program that addresses substance use as well as interpersonal communication and personal responsibility can help to mitigate these areas of concern.

2. Describe what competitive process was used for selecting this agency or service: RFP

3. Complete this section if the agency listed above was funded to provide this program or service at any time during the previous or current comprehensive planning cycle.

   a. Refer back to the most recent approved program profile, describe outcomes achieved: _____

   b. Provide the date and results of the last monitoring: _____

Comments: _____

ATTACHMENT C **PROFILE # 5 of 12**

PROGRAM PROFILE
CY 2018

A Program Profile must be completed for *each* proposed program and/or service to be funded with State/Community Partnership and Family Court. **Note: If the County's RFP results in changes to the information submitted on this Program Profile, a revised *Attachment C* must be submitted no later than 30 days after the County Freeholder has approved the contract/award.**

County: Salem **Original Date:** August 24, 2017 **Revision Date:** _____

Allocation by Funding Source: ☒ **Partnership** $2,300 ☐ **Family Court** $_____

Total Allocation: $2,300

PROGRAM GOAL

☒ *Prevention*: To prevent at-risk youth from engaging in anti-social and delinquent behavior and from taking part in other problem behaviors that are pathways to delinquency.
☐ Primary ☒ Secondary
Funding Allocation and Source: $_____/_ $_____/_

☒ *Diversion*: To provide services and/or informal sanctions to youth who have begun to engage in low level delinquent behavior in an effort to prevent youth from continuing on a delinquent pathway.
Funding Allocation and Source: $_____/_ $_____/_

☐ *Detention/Detention Alternatives*: To insure the youth's presence at the next court hearing and to provide short-term (30-60 days) supervision sufficient to safely maintain appropriate youth in the community while awaiting the final disposition of their case.
Funding Allocation and Source: $_____/_ $_____/_

☒ *Disposition*: To provide the court with a range of options that match the supervision and service needs of youth in their communities in an effort to reduce recidivism.
Funding Allocation and Source: $2,300/Family Court $_____/_

☐ *Re-entry*: To provide youth transitioning from a JJC residential or day program with additional support for successful reintegration into their communities in an effort to reduce recidivism.
Funding Allocation and Source: $_____/_ $_____/_

PROGRAM & PROGRAM DESCRIPTION

Program Name or service to be requested (RFP'd): Substance abuse education/treatment
Implementing Agency *(if known)*: _____

Program/Services Description *(When providing the information below, please limit your description to how the allocated funds will be implemented, not the agency's full range of services.*

- **Program Components/Services** *(The description must minimally include the program components and the referral source)*: The program will provide comprehensive drug and alcohol education/evaluation/treatment to youth referred by the Salem County Family Court system, Juvenile Probation, community resources such as Middle and High schools. The program will be used to determine if a substance abuse problem exists, and, if so, to determine the need for treatment and provide treatment if other funds are unavailable.

- **Target Population:** *Must reflect the Program Category selected above based on its Definition and RationaleThe description must include age, gender (admission criteria)*: Salem County male and female youth over the age of 12 who are suspected of abusing substances.

  If funding a Prevention or Diversion program or service, list the targeted area to be served (i.e. school, neighborhood or town/community). For example, Area Type: School – High School #1.
  Area Type: Neighborhood -
  Area Type: Town/Community - Urban, Suburban, Rural areas
  Area Type: -

- **Level of Service Type** (*Beds, Classes Days, Evaluations, Group Sessions Hours, Individual Sessions or Youth Slots*):
  Service Type: Evaluations
  Number of Evaluations in program at any given time: 2
  Number of unduplicated Evaluations served during contract period: 5
  Comments: _____

  Service Type: Individual Sessions
  Number of Individual Sessions in program at any given time: 2
  Number of unduplicated Individual Sessions served during contract period: 12
  Comments: _____

  Service Type: Group Sessions
  Number of Group Sessions in program at any given time: 4
  Number of unduplicated Group Sessions served during contract period: 35
  Comments: _____

  Service Type: Group Sessions
  Number of Group Sessions in program at any given time: 1
  Number of unduplicated Group Sessions served during contract period: 5
  Comments: Family sessions

PROGRAM OUTCOME

List the anticipated impact of this program or service and provide corresponding outcome. For example: Decrease the number of youth engaging in anti-social and delinquent behavior. Eighty (80%) of the twenty-youth involved in the program will not have a formal complaint signed against them for the time that they are in the program.

Anticipated impact: Substance abuse among youth will decrease
Outcome #1: 100% of youth referred who present for evaluation will receive an evaluation

Anticipated impact: Substance abuse among youth will decrease
Outcome #2: 100% of youth referred requiring treatment will participate in developing their own individualized treatment plan
Anticipated impact:Substance abuse among youth will decrease
Outcome #3: 60% of participants will successfully complete their treatment plan. This number allows for non-drug related program terminations.

Describe how each of the outcomes will be measured: Program to administer pre and post self assessment tests as well as evaluate participation throughout the enrollment period. Agency must provide follow up post discharge at a regular interval.

JUSTIFICATION

1. Refer to the Recommendation section of the Comprehensive Plan, provide the specific data that supports the need for this program or service: Salem County has a high rate of substnce use among school aged adolescents based on Salem County Juvenile Probation Reports.Of particular note is a 33% increase in incidences of substances in schools.

2. Describe what competitive process was used for selecting this agency or service: RFP

3. Complete this section if the agency listed above was funded to provide this program or service at any time during the previous or current comprehensive planning cycle.

   a. Refer back to the most recent approved program profile, describe outcomes achieved: _____

   b. Provide the date and results of the last monitoring: _____

Comments: _____

ATTACHMENT C **PROFILE # 6 of 12**

PROGRAM PROFILE
CY 2018

A Program Profile must be completed for *each* proposed program and/or service to be funded with State/Community Partnership and Family Court. **Note: If the County's RFP results in changes to the information submitted on this Program Profile, a revised *Attachment C* must be submitted no later than 30 days after the County Freeholder has approved the contract/award.**

County: Salem **Original Date:** August 24, 2017 **Revision Date:** _____

Allocation by Funding Source: ☒ **Partnership $15,000** ☐ **Family Court $**_____

Total Allocation: $15,000

PROGRAM GOAL

☐ *Prevention*: To prevent at-risk youth from engaging in anti-social and delinquent behavior and from taking part in other problem behaviors that are pathways to delinquency.
☐ Primary ☐ Secondary
Funding Allocation and Source: $_____/_ $_____/_

☐ *Diversion*: To provide services and/or informal sanctions to youth who have begun to engage in low level delinquent behavior in an effort to prevent youth from continuing on a delinquent pathway.
Funding Allocation and Source: $_____/_ $_____/_

☐ *Detention/Detention Alternatives*: To insure the youth's presence at the next court hearing and to provide short-term (30-60 days) supervision sufficient to safely maintain appropriate youth in the community while awaiting the final disposition of their case.
Funding Allocation and Source: $_____/_ $_____/_

☒ *Disposition*: To provide the court with a range of options that match the supervision and service needs of youth in their communities in an effort to reduce recidivism.
Funding Allocation and Source: $15,000/Family Court $_____/_

☐ *Re-entry*: To provide youth transitioning from a JJC residential or day program with additional support for successful reintegration into their communities in an effort to reduce recidivism.
Funding Allocation and Source: $_____/_ $_____/_

PROGRAM & PROGRAM DESCRIPTION

Program Name or service to be requested (RFP'd): In-Home detention
Implementing Agency *(if known)*: _____

Program/Services Description *(When providing the information below, please limit your description to how the allocated funds will be implemented, not the agency's full range of services.*

- **Program Components/Services** *(The description must minimally include the program components and the referral source)*: TIn-homc dctention is designed to reduce the number of detention placements, maintain public safety and increase pre-disposition options by providing supervision, structure and support to the youth and the youth's family. The services wil provide in-home monitoring and counseling services to youth referred from Family Court or via court order.

- **Target Population:** *Must reflect the Program Category selected above based on its Definition and RationaleThe description must include age, gender (admission criteria)*: Salem County male and female youth over the age of 12 who have charges originating in Salem County, are released to the community pending adjudication and do not present a danger to themselves or others.

  If funding a Prevention or Diversion program or service, list the targeted area to be served (i.e. school, neighborhood or town/community). For example, Area Type: School – High School #1.
  Area Type: Neighborhood -
  Area Type: Town/Community - Urban, Suburban, Rural areas
  Area Type: -

- **Level of Service Type** (*Beds, Classes Days, Evaluations, Group Sessions Hours, Individual Sessions or Youth Slots*):
  Service Type: Youth/Slots
  Number of Youth/Slots in program at any given time: 2
  Number of unduplicated Youth/Slots served during contract period: 8
  Comments: _____

  Service Type: _____
  Number of _____ in program at any given time: _____
  Number of unduplicated _____ served during contract period: _____
  Comments: _____

  Service Type: _____
  Number of _____ in program at any given time: _____
  Number of unduplicated _____ served during contract period: _____
  Comments: _____

  Service Type: _____
  Number of _____ in program at any given time: _____
  Number of unduplicated _____ served during contract period: _____
  Comments: _____

PROGRAM OUTCOME

List the anticipated impact of this program or service and provide corresponding outcome. For example: Decrease the number of youth engaging in anti-social and delinquent behavior. Eighty (80%) of the twenty-youth involved in the program will not have a formal complaint signed against them for the time that they are in the program.

Anticipated impact: There will be a decrease in re-offending behavior

Outcome #1: 80% of youth on in-home detention will comply with the courts and not incur any additional charges
Anticipated impact: The number of youth requiring detention placements will decrease
Outcome #2: 80% of youth will not be detained while in the in-home detention program
Anticipated impact:
Outcome #3: _____

Describe how each of the outcomes will be measured: Program to monitor youth activities throughout the enrollment period as well as a period post-discharge.

JUSTIFICATION

1. Refer to the Recommendation section of the Comprehensive Plan, provide the specific data that supports the need for this program or service: The programming addresses the lack of viable detention alternatives and supports the Juvenile Detention Alternative Initiative.

2. Describe what competitive process was used for selecting this agency or service: RFP

3. Complete this section if the agency listed above was funded to provide this program or service at any time during the previous or current comprehensive planning cycle.

   a. Refer back to the most recent approved program profile, describe outcomes achieved: _____

   b. Provide the date and results of the last monitoring: _____

Comments: _____

ATTACHMENT C **PROFILE # 7 of 12**

PROGRAM PROFILE
CY 2018

A Program Profile must be completed for *each* proposed program and/or service to be funded with State/Community Partnership and Family Court. **Note: If the County's RFP results in changes to the information submitted on this Program Profile, a revised *Attachment C* must be submitted no later than 30 days after the County Freeholder has approved the contract/award.**

County: Salem **Original Date:** August 24, 2017 **Revision Date:** _____

Allocation by Funding Source: ☒ **Partnership** $1,500 ☐ **Family Court** $_____

Total Allocation: $1,500

PROGRAM GOAL

☐ *Prevention*: To prevent at-risk youth from engaging in anti-social and delinquent behavior and from taking part in other problem behaviors that are pathways to delinquency.
☐ Primary ☐ Secondary
Funding Allocation and Source: $_____/_ $_____/_

☐ *Diversion*: To provide services and/or informal sanctions to youth who have begun to engage in low level delinquent behavior in an effort to prevent youth from continuing on a delinquent pathway.
Funding Allocation and Source: $_____/_ $_____/_

☐ *Detention/Detention Alternatives*: To insure the youth's presence at the next court hearing and to provide short-term (30-60 days) supervision sufficient to safely maintain appropriate youth in the community while awaiting the final disposition of their case.
Funding Allocation and Source: $_____/_ $_____/_

☒ *Disposition*: To provide the court with a range of options that match the supervision and service needs of youth in their communities in an effort to reduce recidivism.
Funding Allocation and Source: $1,500/Family Court $_____/_

☒ *Re-entry*: To provide youth transitioning from a JJC residential or day program with additional support for successful reintegration into their communities in an effort to reduce recidivism.
Funding Allocation and Source: $_____/_ $_____/_

PROGRAM & PROGRAM DESCRIPTION

Program Name or service to be requested (RFP'd): Client Specific funds
Implementing Agency *(if known)*: _____

Program/Services Description *(When providing the information below, please limit your description to how the allocated funds will be implemented, not the agency's full range of services.*

- **Program Components/Services** *(The description must minimally include the program components and the referral source)*: The funds will provide funding in accordance with JJC Client Specific Guidelines for statewide goals where the primary goal is to assist youth in obtaining services when all other avenues have been exhausted. Referrals made by the Multi Disciplinary Team for matters such as drug/alcohol counseling, career training, counseling or other services for those youth under court disposition or re-entering the community from a JJC placement.

- **Target Population:** *Must reflect the Program Category selected above based on its Definition and RationaleThe description must include age, gender (admission criteria)*: Salem County male and female youth under court disposition or youth re-entering the community from a JJC placement, or their families, in need of services where no other funding source is available.

  If funding a Prevention or Diversion program or service, list the targeted area to be served (i.e. school, neighborhood or town/community). For example, Area Type: School – High School #1.
  Area Type: Neighborhood -
  Area Type: Town/Community - Urban, Suburban, Rural areas
  Area Type: -

- **Level of Service Type** (*Beds, Classes Days, Evaluations, Group Sessions Hours, Individual Sessions or Youth Slots*):
  Service Type: Individual Sessions
  Number of Individual Sessions in program at any given time: 1
  Number of unduplicated Individual Sessions served during contract period: 2
  Comments: Sessions may include drug/alcohol, Career or other counseling

  Service Type: Other
  Number of Other in program at any given time: 1
  Number of unduplicated Other served during contract period: 2
  Comments: Training tools for advanced career training or other services

  Service Type: _____
  Number of _____ in program at any given time: _____
  Number of unduplicated _____ served during contract period: _____
  Comments: _____

  Service Type: _____
  Number of _____ in program at any given time: _____
  Number of unduplicated _____ served during contract period: _____
  Comments: _____

PROGRAM OUTCOME

List the anticipated impact of this program or service and provide corresponding outcome. For example: Decrease the number of youth engaging in anti-social and delinquent behavior. Eighty (80%) of the twenty-youth involved in the program will not have a formal complaint signed against them for the time that they are in the program.

Anticipated impact: Support services will be available for youth under court disposition or re-

entering the community
Outcome #1: 90% of youth and/or their families referred to MDT for counseling will have a successful discharge or the provision of other services.
Anticipated impact: Career training tools will be available to youth under court disposition or re-entering the community
Outcome #2: 90% of youth and/or their families referred to MDT for specific services such as training tools for advanced career training or other services will successfully complete that training or have their needs addressed in a timely manner.
Anticipated impact:
Outcome #3: _____

Describe how each of the outcomes will be measured: Program to administer pre and post self assessment tests as well as evaluate participation throughout the enrollment period.

JUSTIFICATION

1. Refer to the Recommendation section of the Comprehensive Plan, provide the specific data that supports the need for this program or service: The program addresses the need for disposition alternatives for youth to make a positive contribution to the community and a lack of follow-up resources, eg counseling, etc., during the re-entry period.
   Counciling
2. Describe what competitive process was used for selecting this agency or service: RFP
3. Complete this section if the agency listed above was funded to provide this program or service at any time during the previous or current comprehensive planning cycle.
   a. Refer back to the most recent approved program profile, describe outcomes achieved: _____
   b. Provide the date and results of the last monitoring: _____

Comments: _____

ATTACHMENT C **PROFILE # 8 of 12**

PROGRAM PROFILE
CY 2018

A Program Profile must be completed for *each* proposed program and/or service to be funded with State/Community Partnership and Family Court. **Note: If the County's RFP results in changes to the information submitted on this Program Profile, a revised *Attachment C* must be submitted no later than 30 days after the County Freeholder has approved the contract/award.**

County: Salem **Original Date:** August 24, 2017 **Revision Date:** _____

Allocation by Funding Source: ☒ **Partnership** $20,000 ☐ **Family Court $**_____

Total Allocation: $20,000

PROGRAM GOAL

☐ *Prevention*: To prevent at-risk youth from engaging in anti-social and delinquent behavior and from taking part in other problem behaviors that are pathways to delinquency.
☐ Primary ☐ Secondary
Funding Allocation and Source: $_____/__ $_____/__

☐ *Diversion*: To provide services and/or informal sanctions to youth who have begun to engage in low level delinquent behavior in an effort to prevent youth from continuing on a delinquent pathway.
Funding Allocation and Source: $_____/__ $_____/__

☒ *Detention/Detention Alternatives*: To insure the youth's presence at the next court hearing and to provide short-term (30-60 days) supervision sufficient to safely maintain appropriate youth in the community while awaiting the final disposition of their case.
Funding Allocation and Source: $20,000/Partnership $_____/__

☐ *Disposition*: To provide the court with a range of options that match the supervision and service needs of youth in their communities in an effort to reduce recidivism.
Funding Allocation and Source: $_____/__ $_____/__

☐ *Re-entry*: To provide youth transitioning from a JJC residential or day program with additional support for successful reintegration into their communities in an effort to reduce recidivism.
Funding Allocation and Source: $_____/__ $_____/__

PROGRAM & PROGRAM DESCRIPTION

Program Name or service to be requested (RFP'd): GPS Home Detention (ankle bracelet)
Implementing Agency *(if known)*: Salem County Sheriff's Department, Salem, NJ

Program/Services Description *(When providing the information below, please limit your description to how the allocated funds will be implemented, not the agency's full range of services.*

- **Program Components/Services** *(The description must minimally include the program components and the referral source)*: SCP Program service funds will be used to partially fund up tp five (5) staff positions for detention alternative services provided by the County Sheriff. The GPS Home Detention program is an in-home detention program designed to reduce the number of detention placements, maintain public safety and increase pre-disposition options by providing supervision to youth. Referrals are made through the Salem County Family Court system.

- **Target Population:** *Must reflect the Program Category selected above based on its Definition and RationaleThe description must include age, gender (admission criteria)*: Salem County male and female youth over the age of 12 whohave charges originating in Salem County, are released by the Family Court judge to the community pending disposition, and who do not present a danger to themselves or others.

  If funding a Prevention or Diversion program or service, list the targeted area to be served (i.e. school, neighborhood or town/community). For example, Area Type: School – High School #1.
  Area Type: Neighborhood -
  Area Type: Town/Community - Urban, Suburban, Rural areas
  Area Type: -

- **Level of Service Type** (*Beds, Classes Days, Evaluations, Group Sessions Hours, Individual Sessions or Youth Slots*):
  Service Type: Youth/Slots
  Number of Youth/Slots in program at any given time: 6
  Number of unduplicated Youth/Slots served during contract period: 15
  Comments: _____

  Service Type: _____
  Number of _____ in program at any given time: _____
  Number of unduplicated _____ served during contract period: _____
  Comments: _____

  Service Type: _____
  Number of _____ in program at any given time: _____
  Number of unduplicated _____ served during contract period: _____
  Comments: _____

  Service Type: _____
  Number of _____ in program at any given time: _____
  Number of unduplicated _____ served during contract period: _____
  Comments: _____

PROGRAM OUTCOME

List the anticipated impact of this program or service and provide corresponding outcome. For example: Decrease the number of youth engaging in anti-social and delinquent behavior. Eighty (80%) of the twenty-youth involved in the program will not have a formal complaint signed against them for the time that they are in the program.

Anticipated impact: Youth detention placements will decrease
Outcome #1: 100% of youth referred will not be housed in a detention facility
Anticipated impact: Youth will participate in pro-social activities
Outcome #2: 100% of youth participating will attend school and/or maintain a job and have access to community resources where court ordered
Anticipated impact:Youth will not re-offend
Outcome #3: 60% of youth will remain in compliance with the contract, thereby reducing the recidivism

Describe how each of the outcomes will be measured: Youth activity will be closely monitored throughout participation in the program. Sheriff's department to maintain records.

JUSTIFICATION

1. Refer to the Recommendation section of the Comprehensive Plan, provide the specific data that supports the need for this program or service: Salem County does not have a juvenile detention facility.

2. Describe what competitive process was used for selecting this agency or service: N/A - Pursuant to the Comprehensive Planning Guidelines, Salem County opted to set aside up to 1/3 of its SCP program service funds to partially fund up to five (5) staff positions at the County Sheriff's Department for detention alternative services by a County run agency.

3. Complete this section if the agency listed above was funded to provide this program or service at any time during the previous or current comprehensive planning cycle.

   a. Refer back to the most recent approved program profile, describe outcomes achieved: Detention placements were reduced. 100 percent of participants were housed in their own home ans had access to school, work and other community based resources.

   b. Provide the date and results of the last monitoring: 7/27/2017 - the program was found to be in compliance, but utilized fewer times than anticipated.

Comments: _____

ATTACHMENT C **PROFILE # 9 of 12**

PROGRAM PROFILE
CY 2018

A Program Profile must be completed for *each* proposed program and/or service to be funded with State/Community Partnership and Family Court. **Note: If the County's RFP results in changes to the information submitted on this Program Profile, a revised *Attachment C* must be submitted no later than 30 days after the County Freeholder has approved the contract/award.**

County: Salem **Original Date:** August 24, 2017 **Revision Date:** _____

Allocation by Funding Source: ☐ **Partnership** $_____ ☒ **Family Court** $5,000

Total Allocation: $5,000

PROGRAM GOAL

☐ *Prevention*: To prevent at-risk youth from engaging in anti-social and delinquent behavior and from taking part in other problem behaviors that are pathways to delinquency.
☐ Primary ☐ Secondary
Funding Allocation and Source: $_____/_ $_____/_

☐ *Diversion*: To provide services and/or informal sanctions to youth who have begun to engage in low level delinquent behavior in an effort to prevent youth from continuing on a delinquent pathway.
Funding Allocation and Source: $_____/_ $_____/_

☐ *Detention/Detention Alternatives*: To insure the youth's presence at the next court hearing and to provide short-term (30-60 days) supervision sufficient to safely maintain appropriate youth in the community while awaiting the final disposition of their case.
Funding Allocation and Source: $_____/_ $_____/_

☒ *Disposition*: To provide the court with a range of options that match the supervision and service needs of youth in their communities in an effort to reduce recidivism.
Funding Allocation and Source: $5,000/Family Court $_____/_

☒ *Re-entry*: To provide youth transitioning from a JJC residential or day program with additional support for successful reintegration into their communities in an effort to reduce recidivism.
Funding Allocation and Source: $_____/_ $_____/_

PROGRAM & PROGRAM DESCRIPTION

Program Name or service to be requested (RFP'd): Sex Offender Treatment
Implementing Agency *(if known)*: _____

Program/Services Description *(When providing the information below, please limit your description to how the allocated funds will be implemented, not the agency's full range of services.*

- **Program Components/Services** *(The description must minimally include the program components and the referral source)*: The Sex Offender Treatment Program will provide forensic evaluations and individual sex offender therapy for Salem County youth who are involved with the Salem County Court system and who have been adjudicated delinquent of a sexual offense by the Juvenile Justice System. Referrals to be made by court order. Continuing treatment should extend to juveniles re-entering the community from a JJC placement.

- **Target Population:** *Must reflect the Program Category selected above based on its Definition and RationaleThe description must include age, gender (admission criteria)*: Male and female Salem County youth over the age of 12 who have charges of a sexual nature originating in Salem County, and are involved in the court system, probation or re-entering the community from JJC placements.

  If funding a Prevention or Diversion program or service, list the targeted area to be served (i.e. school, neighborhood or town/community). For example, Area Type: School – High School #1.
  Area Type: Neighborhood -
  Area Type: Town/Community - Urban, Suburban, Rural areas
  Area Type: -

- **Level of Service Type** (*Beds, Classes Days, Evaluations, Group Sessions Hours, Individual Sessions or Youth Slots*):
  Service Type: Youth/Slots
  Number of Youth/Slots in program at any given time: 3
  Number of unduplicated Youth/Slots served during contract period: 4
  Comments: _____

  Service Type: _____
  Number of _____ in program at any given time: _____
  Number of unduplicated _____ served during contract period: _____
  Comments: _____

  Service Type: _____
  Number of _____ in program at any given time: _____
  Number of unduplicated _____ served during contract period: _____
  Comments: _____

  Service Type: _____
  Number of _____ in program at any given time: _____
  Number of unduplicated _____ served during contract period: _____
  Comments: _____

PROGRAM OUTCOME

List the anticipated impact of this program or service and provide corresponding outcome. For example: Decrease the number of youth engaging in anti-social and delinquent behavior. Eighty (80%) of the twenty-youth involved in the program will not have a formal complaint signed against them for the time that they are in the program.

Anticipated impact: Youth will not re-offend
Outcome #1: 95% of youth will experience reduced involvement with the juvenile justice system with no new charges during enrollment in the program
Anticipated impact: Youth will participate in pro-social activities
Outcome #2: 100% of youth participating will attend weekly therapy
Anticipated impact:
Outcome #3: _____

Describe how each of the outcomes will be measured: Youth activity will be closely monitored throughout participation in the program. Pre and post treatment assessments to be completed. Agency to follow up post-discharge.

JUSTIFICATION

1. Refer to the Recommendation section of the Comprehensive Plan, provide the specific data that supports the need for this program or service: The Youth Services Commission planning committee noted the need to guarantee treatment for high risk sexual offenders.

2. Describe what competitive process was used for selecting this agency or service: RFP

3. Complete this section if the agency listed above was funded to provide this program or service at any time during the previous or current comprehensive planning cycle.

   a. Refer back to the most recent approved program profile, describe outcomes achieved: _____

   b. Provide the date and results of the last monitoring: _____

Comments: _____

ATTACHMENT C **PROFILE # 10 of 12**

PROGRAM PROFILE
CY 2018

A Program Profile must be completed for *each* proposed program and/or service to be funded with State/Community Partnership and Family Court. **Note: If the County's RFP results in changes to the information submitted on this Program Profile, a revised *Attachment C* must be submitted no later than 30 days after the County Freeholder has approved the contract/award.**

County: Salem **Original Date:** August 24, 2017 **Revision Date:** _____

Allocation by Funding Source: ☐ **Partnership** $_____ ☒ **Family Court** $20,000

Total Allocation: $20,000

PROGRAM GOAL

☐ *Prevention*: To prevent at-risk youth from engaging in anti-social and delinquent behavior and from taking part in other problem behaviors that are pathways to delinquency.
☐ Primary ☐ Secondary
Funding Allocation and Source: $_____/_ $_____/_

☐ *Diversion*: To provide services and/or informal sanctions to youth who have begun to engage in low level delinquent behavior in an effort to prevent youth from continuing on a delinquent pathway.
Funding Allocation and Source: $_____/_ $_____/_

☐ *Detention/Detention Alternatives*: To insure the youth's presence at the next court hearing and to provide short-term (30-60 days) supervision sufficient to safely maintain appropriate youth in the community while awaiting the final disposition of their case.
Funding Allocation and Source: $_____/_ $_____/_

☒ *Disposition*: To provide the court with a range of options that match the supervision and service needs of youth in their communities in an effort to reduce recidivism.
Funding Allocation and Source: $20,000/Family Court $_____/_

☐ *Re-entry*: To provide youth transitioning from a JJC residential or day program with additional support for successful reintegration into their communities in an effort to reduce recidivism.
Funding Allocation and Source: $_____/_ $_____/_

PROGRAM & PROGRAM DESCRIPTION

Program Name or service to be requested (RFP'd): Summer Youth Employment
Implementing Agency *(if known)*: _____

Program/Services Description *(When providing the information below, please limit your description to how the allocated funds will be implemented, not the agency's full range of services.*

- **Program Components/Services** *(The description must minimally include the program components and the referral source)*: The program will assist high school students to be placed in a summer job. Program components will work to develop independence, academic skills, job skills and work readiness training in order to move forward on a career path, find and maintain employment, and be successful in achieving life goals Referrals will be accepted from juvenile probation and family court.

- **Target Population:** *Must reflect the Program Category selected above based on its Definition and RationaleThe description must include age, gender (admission criteria)*: Salem County male and female youth who are involved with, or are at risk of furhter involvement with Family Court and Juvenile Probation.

  If funding a Prevention or Diversion program or service, list the targeted area to be served (i.e. school, neighborhood or town/community). For example, Area Type: School – High School #1.
  Area Type: Neighborhood -
  Area Type: Town/Community - Urban, Suburban, Rural areas
  Area Type: -

- **Level of Service Type** (*Beds, Classes Days, Evaluations, Group Sessions Hours, Individual Sessions or Youth Slots*):
  Service Type: Youth/Slots
  Number of Youth/Slots in program at any given time: 10
  Number of unduplicated Youth/Slots served during contract period: 10
  Comments: _____

  Service Type: _____
  Number of _____ in program at any given time: _____
  Number of unduplicated _____ served during contract period: _____
  Comments: _____

  Service Type: _____
  Number of _____ in program at any given time: _____
  Number of unduplicated _____ served during contract period: _____
  Comments: _____

  Service Type: _____
  Number of _____ in program at any given time: _____
  Number of unduplicated _____ served during contract period: _____
  Comments: _____

PROGRAM OUTCOME

List the anticipated impact of this program or service and provide corresponding outcome. For example: Decrease the number of youth engaging in anti-social and delinquent behavior. Eighty (80%) of the twenty-youth involved in the program will not have a formal complaint signed against them for the time that they are in the program.

Anticipated impact: Youth will gain work readiness skills

Outcome #1: 75% of youth enrolled will complete a career plan, action and learning plan, resume and basic interviewing skills that will help them obtain employment.
Anticipated impact: Youth will gain employment experience
Outcome #2: 75% of youth enrolled in the program will be maintained in a job throughout the entire summer.
Anticipated impact:
Outcome #3: _____

Describe how each of the outcomes will be measured: Program to administer pre and post tests as well as evaluate employer reports and payment statements throughout the enrollment period.Post-discharge follow up is required.

JUSTIFICATION

1. Refer to the Recommendation section of the Comprehensive Plan, provide the specific data that supports the need for this program or service: Salem County has a high rate of unemploymentbased on NJ Department of Labor data coupled with a high rate of juvenile crime in high poverty areas based on Salem County Juvenile Probation Reports.

2. Describe what competitive process was used for selecting this agency or service: RFP

3. Complete this section if the agency listed above was funded to provide this program or service at any time during the previous or current comprehensive planning cycle.

   a. Refer back to the most recent approved program profile, describe outcomes achieved: _____

   b. Provide the date and results of the last monitoring: _____

Comments: _____

ATTACHMENT C **PROFILE # 11 of 12**

PROGRAM PROFILE
CY 2018

A Program Profile must be completed for *each* proposed program and/or service to be funded with State/Community Partnership and Family Court. **Note: If the County's RFP results in changes to the information submitted on this Program Profile, a revised *Attachment C* must be submitted no later than 30 days after the County Freeholder has approved the contract/award.**

County: Salem **Original Date:** August 24, 2017 **Revision Date:** _____

Allocation by Funding Source: ☒ **Partnership** $39,616 ☒ **Family Court** $10,261

Total Allocation: $49,877

PROGRAM GOAL

☒ *Prevention*: To prevent at-risk youth from engaging in anti-social and delinquent behavior and from taking part in other problem behaviors that are pathways to delinquency.
☒ Primary ☒ Secondary
Funding Allocation and Source: $39,616/Partnership $10,261/Family Court

☒ *Diversion*: To provide services and/or informal sanctions to youth who have begun to engage in low level delinquent behavior in an effort to prevent youth from continuing on a delinquent pathway.
Funding Allocation and Source: $_____/_ $_____/_

☐ *Detention/Detention Alternatives*: To insure the youth's presence at the next court hearing and to provide short-term (30-60 days) supervision sufficient to safely maintain appropriate youth in the community while awaiting the final disposition of their case.
Funding Allocation and Source: $_____/_ $_____/_

☐ *Disposition*: To provide the court with a range of options that match the supervision and service needs of youth in their communities in an effort to reduce recidivism.
Funding Allocation and Source: $_____/_ $_____/_

☐ *Re-entry*: To provide youth transitioning from a JJC residential or day program with additional support for successful reintegration into their communities in an effort to reduce recidivism.
Funding Allocation and Source: $_____/_ $_____/_

PROGRAM & PROGRAM DESCRIPTION

Program Name or service to be requested (RFP'd): Delinquency Prevention Services
Implementing Agency *(if known)*: _____

Program/Services Description *(When providing the information below, please limit your description to how the allocated funds will be implemented, not the agency's full range of services.*

- **Program Components/Services** *(The description must minimally include the program components and the referral source)*: The program will provide students with structured support services to help each child prepare to graduate from high school with a plan for the future, demonstrate good character and citizenship, and maintain a physically, emotionally and behaviorally healthy lifestyle. Transportation should be included for those who require it.

- **Target Population:** *Must reflect the Program Category selected above based on its Definition and RationaleThe description must include age, gender (admission criteria)*: Salem County male and female students in Middle and High school and their families.

  If funding a Prevention or Diversion program or service, list the targeted area to be served (i.e. school, neighborhood or town/community). For example, Area Type: School – High School #1.
  Area Type: Neighborhood -
  Area Type: Town/Community - Urban, Suburban, Rural areas
  Area Type: -

- **Level of Service Type** (*Beds, Classes Days, Evaluations, Group Sessions Hours, Individual Sessions or Youth Slots*):
  Service Type: Youth/Slots
  Number of Youth/Slots in program at any given time: 50
  Number of unduplicated Youth/Slots served during contract period: 150
  Comments: _____

  Service Type: _____
  Number of _____ in program at any given time: _____
  Number of unduplicated _____ served during contract period: _____
  Comments: _____

  Service Type: _____
  Number of _____ in program at any given time: _____
  Number of unduplicated _____ served during contract period: _____
  Comments: _____

  Service Type: _____
  Number of _____ in program at any given time: _____
  Number of unduplicated _____ served during contract period: _____
  Comments: _____

PROGRAM OUTCOME

List the anticipated impact of this program or service and provide corresponding outcome. For example: Decrease the number of youth engaging in anti-social and delinquent behavior. Eighty (80%) of the twenty-youth involved in the program will not have a formal complaint signed against them for the time that they are in the program.

Anticipated impact: Youth will develop healthy physical habits
Outcome #1: 80% of youth will demonstrate the ability to weigh options, identify potentially harmful choices, and develop skills to avoid poor choices.

Anticipated impact: Youth will develop healthy emotional habits
Outcome #2: 80% of youth will be able to define, explain and describe emotions and identify ways of influencing thoughts in a positive direction
Anticipated impact:
Outcome #3: _____

Describe how each of the outcomes will be measured: Program to administer pre and post self assessment tests as well as evaluate participation throughout the enrollment period.Program to provide follow up at regular intervals post discharge.

JUSTIFICATION

1. Refer to the Recommendation section of the Comprehensive Plan, provide the specific data that supports the need for this program or service: There is a reported lack of opportunities for youth to increase their productive skills to prevent delinquency. See 2015-2017 Comprehensive Plan for survey data.

2. Describe what competitive process was used for selecting this agency or service: RFP

3. Complete this section if the agency listed above was funded to provide this program or service at any time during the previous or current comprehensive planning cycle.

   a. Refer back to the most recent approved program profile, describe outcomes achieved: _____

   b. Provide the date and results of the last monitoring: _____

Comments: _____

ATTACHMENT C **PROFILE # 12 of 12**

PROGRAM PROFILE
CY 2018

A Program Profile must be completed for *each* proposed program and/or service to be funded with State/Community Partnership and Family Court. **Note: If the County's RFP results in changes to the information submitted on this Program Profile, a revised *Attachment C* must be submitted no later than 30 days after the County Freeholder has approved the contract/award.**

County: Salem **Original Date:** August 24, 2017 **Revision Date:** _____

Allocation by Funding Source: ☒**Partnership** $10,000 ☒**Family Court** $30,000

Total Allocation: $40,000

PROGRAM GOAL

☐ *Prevention*: To prevent at-risk youth from engaging in anti-social and delinquent behavior and from taking part in other problem behaviors that are pathways to delinquency.
☐ Primary ☐ Secondary
Funding Allocation and Source: $_____/_ $_____/_

☐ *Diversion*: To provide services and/or informal sanctions to youth who have begun to engage in low level delinquent behavior in an effort to prevent youth from continuing on a delinquent pathway.
Funding Allocation and Source: $_____/_ $_____/_

☐ *Detention/Detention Alternatives*: To insure the youth's presence at the next court hearing and to provide short-term (30-60 days) supervision sufficient to safely maintain appropriate youth in the community while awaiting the final disposition of their case.
Funding Allocation and Source: $_____/_ $_____/_

☒ *Disposition*: To provide the court with a range of options that match the supervision and service needs of youth in their communities in an effort to reduce recidivism.
Funding Allocation and Source: $10,000/Partnership $30,000/Family Court

☐ *Re-entry*: To provide youth transitioning from a JJC residential or day program with additional support for successful reintegration into their communities in an effort to reduce recidivism.
Funding Allocation and Source: $_____/_ $_____/_

PROGRAM & PROGRAM DESCRIPTION

Program Name or service to be requested (RFP'd): Intensive In-Home Support Services
Implementing Agency *(if known)*: _____

Program/Services Description *(When providing the information below, please limit your description to how the allocated funds will be implemented, not the agency's full range of services.*

- **Program Components/Services** *(The description must minimally include the program components and the referral source)*: The program will provide the court with a range of options that match the supervision and service of youth in their communities in an effort to reduce recidivism. Implementation activities include supportive services with individual/family participation, crisis intervention, school advocacy, formal resource linkages, information resource linkages and after care planning. Referrals to be made by Family Court and Juvenile Probation staff. Should a wait list develop, priority for intakes is determined by need with deference given to minority youth.

- **Target Population:** *Must reflect the Program Category selected above based on its Definition and RationaleThe description must include age, gender (admission criteria)*: Salem County male and female who are involved in, or at risk of further involvement with Family Court and/or Juvenile Probation.

  If funding a Prevention or Diversion program or service, list the targeted area to be served (i.e. school, neighborhood or town/community). For example, Area Type: School – High School #1.
  Area Type: Neighborhood -
  Area Type: Town/Community - Urban, Suburban, Rural areas
  Area Type: -

- **Level of Service Type** (*Beds, Classes Days, Evaluations, Group Sessions Hours, Individual Sessions or Youth Slots*):
  Service Type: Youth/Slots
  Number of Youth/Slots in program at any given time: 6
  Number of unduplicated Youth/Slots served during contract period: 24
  Comments: _____

  Service Type: _____
  Number of _____ in program at any given time: _____
  Number of unduplicated _____ served during contract period: _____
  Comments: _____

  Service Type: _____
  Number of _____ in program at any given time: _____
  Number of unduplicated _____ served during contract period: _____
  Comments: _____

  Service Type: _____
  Number of _____ in program at any given time: _____
  Number of unduplicated _____ served during contract period: _____
  Comments: _____

PROGRAM OUTCOME

List the anticipated impact of this program or service and provide corresponding outcome. For example: Decrease the number of youth engaging in anti-social and delinquent behavior. Eighty (80%) of the twenty-youth involved in the program will not have a formal complaint signed against them for the time that they are in the program.

Anticipated impact: Youth will not re-offend
Outcome #1: 70% of youth will not have any additional involvement in the Juvenile Justice system while enrolled in the program
Anticipated impact: Youth will not re-offend
Outcome #2: 70% of families will have reduced involvement with the Juvenile Justice system three months after case closing as indicated in the absence of new charges
Anticipated impact:Youth will participate in pro-social activities
Outcome #3: 80% of families will demonstrate improved family and child functioning

Describe how each of the outcomes will be measured: Program to administer pre and post self assessment tests as well as evaluate participation throughout the enrollment period. Program to provide follow up at regular intervals..

JUSTIFICATION

1. Refer to the Recommendation section of the Comprehensive Plan, provide the specific data that supports the need for this program or service: Prior survey (2014- see 2015-2017 Comprehensive Plan) indicated concern about parenting and family and juvenile interactions. Minorities have historically, and continue to be over respresented in the juvenile justice system, thus priority given to minority youth..

2. Describe what competitive process was used for selecting this agency or service: RFP

3. Complete this section if the agency listed above was funded to provide this program or service at any time during the previous or current comprehensive planning cycle.

   a. Refer back to the most recent approved program profile, describe outcomes achieved: _____

   b. Provide the date and results of the last monitoring: _____

Comments: _____

ATTACHMENT D

COUNTY OF Salem
Youth Services Commission
CY 2018
Membership List

County Youth Service Commission Administrator: ***Frank Carozza***

NAME & DESIGNEE	POSITION/ REPRESENTATIVE	RACE/ ETHNICITY***
1. Honorable Judge Sandra Lopez	Presiding Judge – Family Part of the Superior Court	Hispanic
2. Shane't Bowe	Family Division Manager (or Assistant Family Division Manager)	Black
3. Armando Gonzalez	Chief Probation Officer	Hispanic
4. Melissa DeCastro	Highest elected official of County government (e.g., Freeholder/ County Executive)	Other*
5. John Lenahan	County Prosecutor	White
6. Gabrille Hall	County Public Defender	White
7. Jerry Oglesby	County DCP&P District Manager	Black
8. Rebecca DiLisciandro	County Mental Health Administrator	White
Peggy Nicolosi	County Superintendent of Schools	White
10. John Swain	Superintendent of the County Vocational School	White
11. Melanie Ernest	County Human Services Department Director	White
12. Jim Whit, Co-Chairperson	Youth Shelter Director	White
13. Vacant	Youth Detention Center Director	
14. Nicole Stemberger	Juvenile Family Crisis Intervention Unit - Director	White
15. Warren Mabey	President – Juvenile Officers Association or other law enforcement representative who works primarily with youth/Police	White
16. Joe Katz	County Alcoholism and Drug Abuse Director	White
17. Kathy Lockbaum	Workforce Investment Board Representative	White
18. Kathy Lockbaum	Business Representative	White

19. Spencer Young	Court Liaison - Juvenile Justice Commission	Black

Youth Services Commission
Membership
Page 2

NAME & DESIGNEE	POSITION/ REPRESENTATIVE	RACE/ ETHNICITY***
20. Jean Kuhl*	Interested Citizen, Chairperson	White
21. Ashley Garner	Healthcare Commons Inc.	White
22. Jennifer Rodriguez	Youth Advocate Programs, Inc.	Hispanic
23. Armando Gonzalez	Court Services Supervisor Probation- Salem	Hispanic
24. Ron Hudak	Community Representative CGS CMO Family Parthership	White
25. Chuck Goldstein	CGS CMO Family Partnership Director	White
26. Karen Vann	CGS Family Support	Black
27. Rick Bird	Juvenile Parole	White
28. Chief John Pelura	Salem City Police Department	White
29. Gregory Wolf	Court Services Supervisor	White
30.		

NOTE: If a position is vacant, you must submit a copy of the letter sent to the individual requesting their representation.
NOTE: Positions listed in rows 1-19 are required pursuant to N.J.AC 13:90-2.4.

Comments:

PLEASE IDENTIFY CHAIR/CO-CHAIRS OF THE YOUTH SERVICES COMMISSION WITH AN ASTERISK (*).

PLEASE IDENTIFY NEW MEMBERS OR INDIVIDUALS FILLING VACANCIES WITH TWO ASTERISKS (**).

***** RACE/ETHNICITY: WHITE, BLACK, HISPANIC OR OTHER (OTHER REPRESENTS NATIVE AMERICAN, ALASKAN NATIVE AND ASIAN OR PACIFIC ISLANDER).**

ATTACHMENT E

PARTNERSHIP 1/3 SET-ASIDE JUSTIFICATION

CY 2018

COUNTY OF Salem

Provide a detailed explanation and justification to support a determination by the county to set aside a portion of its Partnership Program Services allocation (not to exceed 1/3) to be used to implement or expand county-operated sanctions and services. Describe how using a **county-operated** approach to implementing this service represents the most efficient and expedient method for addressing priorities established by the Youth Services Commission.

Electronic monitoring programs help lower public safety expenses for taxpayers by reducing detention populations and lower costs than secure placements. Juvenile offenders continue to have access to community resources such as work, job training or eduction programming. In addition, electronic monitoring provides increased public safety by utilizing the latest ankle monitoring technologies and other supervision strategies.

Program Profile Number: 8 $20,000.00
Program Profile Number: _____ $_____
Program Profile Number: _____ $_____
Program Profile Number: _____ $_____

Total: $20,000.00

Has the above justification been approved and endorsed by the County Youth Services Commission by a 2/3 vote? ☒ YES ☐ NO Meeting date: January 4, 2017

Required Attachments:

- *Program Profile (Attachment C) for each service to be provided*
- *Line Item Budget*
- *Minutes reflecting the Youth Services Commission 2/3 vote approving the 1/3 Set-Aside*

Salem County New Jersey

Board of Chosen Freeholders

YOUTH SERVICES COMMISSION & JUVENILE CRIME ENFORCEMENT COALITION
Administered By
Inter Agency Council of Human Services

98 Market Street, Salem, New Jersey 08079
Telephone: 856-935-7510 x 8314 **Facsimile: 856-935-7747**

Daffonie Moore
YSC Administrator

Rebekah Rosado
Administrative Assistant

January 04, 2017 Meeting Minutes
St. John's Parish House, 76 Market Street, Salem, NJ 08079

Present:

Daffonie Moore	Lani Allen-Davis	Greg Wolf
Shanet Bowe	Jim Whitt	Jennifer Rodriguez
Jerry Oglesby	Jean Kuhl	Judge Sandra Lopez
Lois Diamond	Melissa DeCastro	Nicki Botsford
Nicole Stemberger	Caroline Knower	Spencer Young
Ron Hudak	Capt. Holmes	Sarah Kuhl
Chuck Goldstein	Justin Caruso	Kiandra Anthony
Joseph Katz	Karen Vann	Kelly Bertonazzi
Erin Klein	Donald Noblett	

CALL TO ORDER–Meeting was called to order by **Nicki Botsford**, at **12:35** P.M., in accordance with the Open Public Meetings Act, Chapter 231: Public Law 1975. The Salem County Youth Services Commission (which also serves as the Juvenile Crime Enforcement Coalition) transmitted notice of this meeting, to be held at St. John's Parish House, 76 Market Street, Salem, New Jersey to South Jersey Times, the Clerk of the County of Salem and all members. A copy of the meeting schedule is also posted on the bulletin board in the basement hallway of the Courthouse and the Salem County web page.

Introductions were made around the room.

APPROVAL OF THE MINUTES
A motion to approve the December 07, 2016 minutes was made by **Chuck Goldstein (M)** and seconded by **Jim Whitt (S), Motion Carried.**

COMMITTEE REPORTS

- **Planning/Allocation Committee:** January 3rd was the meeting and Planning is working on identifying which programs/services are working and/or not working. The 1/3 set aside passed but it did not have enough votes to pass it. Chuck Goldstein proposed they approve the funding for the electronic bracelets as awarded for 2017, motion **(M)** Chuck Goldstein and **(S)** Jim Whitt, **Motion Carried.**
- **Quality Assurance Committee (Monitoring/Site Visits):** Karen Vann announced that Daffonie Moore sent pre-monitoring forms out via email and only received 3 of the 12 provider's documents. Daffonie and Patrick will follow up with providers.
- **Juvenile Expediting Team: Greg Wolf, Chair.** JETS met on January 3rd. Agencies need to follow up on anything that they are supposed to do. Judge Lopez stated she reviews all the reports.

EXPENDITURE REPORT– Report was the same as December and no handout was provided.

ADMINISTRATOR'S REPORT–Safiya was at the IAC December 8th for an audit and it went well.
Corrections to the Plan Update are still being worked on and waiting to go over it with Spencer Young.

JJC LIAISON REPORT– The grants department is running slow due to recent staffing changes

PROVIDERS REPORT– **YAP/Rodriguez**- Currently have 1 youth in prevention, 3 youth in Diversions and 1 youth in Disposition **Robin's Nest/ Caruso** –**Saint**, will start the sessions again in late January early February; **Connect II**, 3 open, 4 waiting; **Grounded**, 0; **Strengthening Family Bonds**, 3 open and 1 waiting.
Mid-Atlantic/Allen-Davis-Effective January 1, 2017 Mid-Atlantic wants to end their contract for YSC and no longer offer the work program for the youth. Spencer and Daffonie will follow up this this.
Ranch Hope/Whitt–Camp Edge did not have any juveniles last quarter
RAP- Ron Hudak reported that George Worrell no longer works for RAP and the contact person is CEO Prajakta Harshe, LPC, LCADC,
SODAT/Katz- Cognitive did not have any sessions in the Fall but will have their session in the Spring with approximately 9 to 10 juveniles in attendance.

OLD BUSINESS– No Report

NEW BUSINESS– **Nicki Botsford-** Welcomed the new Inter Agency Council Executive Director Patrick McHugh.

ANNOUNCEMENTS– **Mid-Atlantic/Allen-Davis-** Mid-Atlantic will have two testing sites for the High School Equivalent Test
Interested Citizen/Kuhl, J- Was invited to the Penns Grove School Based Youth Services meeting and was very impressed, they are looking to build more programs in Salem County.
IAC/Moore- FAST is a 8 week program for Kindergarten to 8th grade from 5:30pm to 8:00pm and it is being held at the Fenwick Plaza Building in Salem City. In a few weeks FAST will have a graduation after the graduation there will be a recruitment for new attendees.

ADJOURNMENT-There being no further business, the meeting was adjourned at **2:00 PM, Jim Whitt (M)** and **Lois Diamond (S),** motion to adjourn carried.

The Juvenile Expediting Team (JET)–The JET will meet in confidential session on Tuesday, February 7, 2017 at 12:00 pm to discuss the status of and how to best assist juveniles currently in detention using a Multi-Disciplinary Team process.

Respectfully Submitted,
Rebekah Rosado
Rebekah Rosado
Administrative Assistant
RR/DM
NEXT MEETING REORGANIZATION: February 01, 2017

ATTACHMENT C **PROFILE # 8 of 12**

PROGRAM PROFILE
CY 2018

A Program Profile must be completed for *each* proposed program and/or service to be funded with State/Community Partnership and Family Court. **Note: If the County's RFP results in changes to the information submitted on this Program Profile, a revised *Attachment C* must be submitted no later than 30 days after the County Freeholder has approved the contract/award.**

County: Salem **Original Date:** August 24, 2017 **Revision Date:** _____

Allocation by Funding Source: ☒ **Partnership** $20,000 ☐ **Family Court $**_____

Total Allocation: $20,000

PROGRAM GOAL

☐ *Prevention*: To prevent at-risk youth from engaging in anti-social and delinquent behavior and from taking part in other problem behaviors that are pathways to delinquency.
☐ Primary ☐ Secondary
Funding Allocation and Source: $_____/_ $_____/_

☐ *Diversion*: To provide services and/or informal sanctions to youth who have begun to engage in low level delinquent behavior in an effort to prevent youth from continuing on a delinquent pathway.
Funding Allocation and Source: $_____/_ $_____/_

☒ *Detention/Detention Alternatives*: To insure the youth's presence at the next court hearing and to provide short-term (30-60 days) supervision sufficient to safely maintain appropriate youth in the community while awaiting the final disposition of their case.
Funding Allocation and Source: $20,000/Partnership $_____/_

☐ *Disposition*: To provide the court with a range of options that match the supervision and service needs of youth in their communities in an effort to reduce recidivism.
Funding Allocation and Source: $_____/_ $_____/_

☐ *Re-entry*: To provide youth transitioning from a JJC residential or day program with additional support for successful reintegration into their communities in an effort to reduce recidivism.
Funding Allocation and Source: $_____/_ $_____/_

PROGRAM & PROGRAM DESCRIPTION

Program Name or service to be requested (RFP'd): GPS Home Detention (ankle bracelet)
Implementing Agency *(if known)*: Salem County Sheriff's Department, Salem, NJ

Program/Services Description *(When providing the information below, please limit your description to how the allocated funds will be implemented, not the agency's full range of services.*

- **Program Components/Services** *(The description must minimally include the program components and the referral source)*: SCP Program service funds will be used to partially fund up tp five (5) staff positions for detention alternativc services provided by the County Sheriff. The GPS Home Detention program is an in-home detention program designed to reduce the number of detention placements, maintain public safety and increase pre-disposition options by providing supervision to youth. Referrals are made through the Salem County Family Court system.

- **Target Population:** *Must reflect the Program Category selected above based on its Definition and RationaleThe description must include age, gender (admission criteria)*: Salem County male nad female youth over the age of 12 whohave charges originating in Salem County, are released by the Family Court judge to the community pending disposition, and who do not present a danger to themselves or others.

  If funding a Prevention or Diversion program or service, list the targeted area to be served (i.e. school, neighborhood or town/community). For example, Area Type: School – High School #1.
  Area Type: Neighborhood -
  Area Type: Town/Community - Urban, Suburban, Rural areas
  Area Type: -

- **Level of Service Type** (*Beds, Classes Days, Evaluations, Group Sessions Hours, Individual Sessions or Youth Slots*):
  Service Type: Youth/Slots
  Number of Youth/Slots in program at any given time: 6
  Number of unduplicated Youth/Slots served during contract period: 15
  Comments: _____

  Service Type: _____
  Number of _____ in program at any given time: _____
  Number of unduplicated _____ served during contract period: _____
  Comments: _____

  Service Type: _____
  Number of _____ in program at any given time: _____
  Number of unduplicated _____ served during contract period: _____
  Comments: _____

  Service Type: _____
  Number of _____ in program at any given time: _____
  Number of unduplicated _____ served during contract period: _____
  Comments: _____

PROGRAM OUTCOME

List the anticipated impact of this program or service and provide corresponding outcome. For example: Decrease the number of youth engaging in anti-social and delinquent behavior. Eighty (80%) of the twenty-youth involved in the program will not have a formal complaint signed against them for the time that they are in the program.

Anticipated impact: Youth detention placements will decrease
Outcome #1: 100% of youth referred will not be housed in a detention facility
Anticipated impact: Youth will participate in pro-social activities
Outcome #2: 100% of youth participating will attend school and/or maintain a job and have access to community resources where court ordered
Anticipated impact:Youth will not re-offend
Outcome #3: 60% of youth will remain in compliance with the contract, thereby reducing the recidivism

Describe how each of the outcomes will be measured: Youth activity will be closely monitored throughout participation in the program. Sheriff's department to maintain records.

JUSTIFICATION

1. Refer to the Recommendation section of the Comprehensive Plan, provide the specific data that supports the need for this program or service: Salem County does not have a juvenile detention facility.

2. Describe what competitive process was used for selecting this agency or service: N/A - Pursuant to the Comprehensive Planning Guidelines, Salem County opted to set aside up to 1/3 of its SCP program service funds to partially fund up to five (5) staff positions at the County Sheriff's Department for detention alternative services by a County run agency.

3. Complete this section if the agency listed above was funded to provide this program or service at any time during the previous or current comprehensive planning cycle.

   a. Refer back to the most recent approved program profile, describe outcomes achieved: Detention placements were reduced. 100 percent of participants were housed in their own home ans had access to school, work and other community based resources.

   b. Provide the date and results of the last monitoring: 7/27/2017 - the program was found to be in compliance, but utilized fewer times than anticipated.

Comments: _____

State of New Jersey
Office of the Attorney General
DEPARTMENT OF LAW AND PUBLIC SAFETY
Juvenile Justice Commission
P.O. Box 107
Trenton, New Jersey 08625-0107

Chris Christie
Governor

Kim Guadagno
Lt. Governor

Christopher S. Porrino
Attorney General

Kevin M. Brown
Executive Director

July 21, 2017

Melanie Ernest
Salem County Youth Services Commission
94 Market Street
Salem, NJ 08079

Re: CY 2018 Comprehensive County Funding Allocation

Dear Ms. Ernest:

I am pleased to provide you with Salem County's allocation for the State/Community Partnership and the Family Court Services grant programs for the period January 1, 2018 to December 31, 2018.

These figures are provided to assist in the Completion of the 2018 Comprehensive County Youth Services Commission Plan and Application, which was previously sent to you. The Juvenile Justice Commission (JJC) must receive the 2018 Comprehensive County Youth Services Commission Plan and Application by 3:00 p.m. on September 1, 2017.

A breakdown of Salem County's Comprehensive Funding Allocation for the one year period January 1, 2018 to December 31, 2018 follows:

State/Community Partnership	
Program Services Funds	$145,416.00
Program Management Funds	$55,550.00
Award Total	**$200,966.00**
Family Court Services	
Program Services	$100,261.00
Award Total	**$100,261.00**
Comprehensive Funding Grand Total	**$301,227.00**

Thank you for your cooperation with the implementation of the State/Community Partnership and Family Court Services grant programs. If you have any questions about this process, please call Safiya L. Baker at (609) 341-3632. I look forward to continuing to work with you and the Salem County Youth Services Commission.

Sincerely,

Kevin M. Brown
Executive Director

KMB: mmr
c: Katie B. Coleman, Treasurer, Salem County
Jennifer LeBaron, Ph.D., Deputy Executive Director of Policy, Research and Planning, JJC
Doris S. Darling, Director, Office of Local Programs & Services, JJC
Paul Sumners, Chief of Budget & Finance, JJC
Safiya L. Baker, Manager, YSC Grants Management Unit, JJC
Connie Price, Supervisor, Court Liaison Unit, JJC
Spencer Young, Court Liaison, JJC

COMPREHENSIVE COUNTY YOUTH SERVICES PLAN

JANUARY 2018 – DECEMBER 2020

GUIDELINES

NEW JERSEY
JUVENILE JUSTICE COMMISSION

Christopher S. Porrino, Attorney General
Chair, JJC Executive Board

Kevin M. Brown, Executive Director

2018-2020
Comprehensive County Youth Services Planning Guidelines

General Instructions

- **All forms within the guidelines are required**. The enclosed forms cannot be re-typed or re-formatted in any way.

- Counties may use additional data to support their plans. If a County chooses to use additional data, this data must be appended to Section 11.

- The Comprehensive County Youth Services (CCYS) Plan is to be submitted to the Juvenile Justice Commission (JJC) no later than September 1, 2017.

- Counties are to submit one original (in the binder provided) and six copies of the CCYS Plan.

- The one original (in the binder provided) and all six copies of the CCYS Plan must follow the same order as the planning guideline Table of Contents (Section by Section).

JUVENILE JUSTICE COMMISSION
FUNDING SOURCES

PLANNING BODIES &
COUNTY MANAGEMENT STRUCTURE

PLANNING PROCESS

EXISTING CONTINUUM OF
PROGRAMS & SERVICES

DELINQUENCY PREVENTION

DIVERSION
(Law Enforcement, FCIU, &
Family Court)

DETENTION

DISPOSITION

REENTRY

VISION

ATTACHMENTS
(e.g, Additional data, copy of survey, etc.)