



## Office of Children and Family Services

ANDREW M. CUOMO  
Governor

SHEILA J. POOLE  
Commissioner

August 5, 2021

Dear Chief Executive Officer,

Thank you for submitting Cayuga County's Supervision and Treatment Services for Juveniles Program (STSJP) plan for Program Year (PY) 2020-2021. Your entire STSJP plan, including any amounts listed for PY 2020-2021 STSJP-RTA, has been **approved**.

The County is eligible to receive 62% State reimbursement for STSJP expenditures up to the capped STSJP allocation amount. Your municipality will continue to receive 49% State reimbursement for eligible detention services expenditures up to the capped allocation amount. If your municipality shifts a portion of its detention allocation into its STSJP plan, your municipality will receive 62% State reimbursement, up to the capped allocation, if such shifted funds are spent on STSJP eligible expenditures. A municipality may make a detention allocation shift at the time of the STSJP plan submission or up until June 30, 2021, unless otherwise approved by the Office of Children and Family Services.

If the County plans to shift its detention allocation for STSJP eligible expenses, please submit a request on official letterhead to Lynn Tubbs and email it to [stsjp@ocfs.ny.gov](mailto:stsjp@ocfs.ny.gov) outlining

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

Once the shift is approved, an amended STSJP plan will need to be submitted.

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

All STSJP claims, inclusive of STSJP-RTA, must be submitted electronically via the Juvenile Detention Automated System (JDAS) for the service period of October 1, 2020 to September 30, 2021. Questions on all aspects of the claiming process should be directed to the STSJP mailbox at [stsjp@ocfs.ny.gov](mailto:stsjp@ocfs.ny.gov) with the subject line: "STSJP Claiming Questions".

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

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

Sincerely,



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

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

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

### SUBMITTING MUNICIPALITY CONTACT INFORMATION

Name of applicant county, counties, or jurisdiction: Cayuga County		
Lead agency for STSJP submission: DSS		
Contact Person's Name: Ray Bizzari	Title: Commissioner	
Phone: (315) 253-1076	Ext:	Email: rbizzari@cayugacounty.us

### PLAN SUBMISSION INSTRUCTIONS

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

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

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

#### **NOTE:**

#### **Cooperative Applications Submitted Jointly by Two or More Counties**

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

### PART I – MUNICIPALITY LEVEL DETAILS

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

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

#### B. Municipality Level Analysis

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

The City of Auburn (13021) is the population center of the county and has the largest school district. The majority of JD arrests come from Auburn. In 2019, Cayuga County, NY had a population of 78.3k people with a median age of 42.5 and a median household income of \$54,664. ... The population of Cayuga County, NY is 90.3% White, 4.19% Black

or African American, and 2.87% Hispanic or Latino. As the population center, the city is the source of most commerce, school districts and the largest municipal police force. It seems logical that the majority of juvenile activity is centered there.

Factors that impact the numbers of youth at risk for contact with the juvenile justice system or deeper penetration of the JJ system include how COVID disrupted traditional in-person treatment and support services for kids and families. Telephone and video treatment are poor substitutes for interactive groups. Remote learning is a challenging substitute for the structure of classroom instruction and the fatigue caregivers/providers/parents/teachers/kids are experiencing contributes to systems that must divert attention away from their core services to managing the changing COVID landscape. We've seen increases in anxiety, depression and substance use in youth and adults. Family systems have too much on their plate.

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

There were 18 detention admissions in 2019 with an average length of stay of 16.6 days. Ethnic breakdown is as follows: 9 white, 6 black, 1 Hispanic and 2 unknown. There were 5 detention admission through the first 3 quarters of 2020 and all were black with an average length of stay of 16.3 days. Neither number is representative of the county's general population. While the Department advocates in Family Court for alternatives to detention, we often do not know, in advance, about appearances. The plan is to move the juvenile probation officer into DSS under a joint supervision agreement so the Department can have a role in the decision making, advocate for alternatives to detention and have the juvenile PO support the decision. The DMR-county comparison data is not specific to youth involved in juvenile justice but shows that overall, we have 4.5 times the number of black children of all ages in foster care than we should based on our county's black population numbers. The department plans to implement blind reviews of decisions to remove a child and blind reviews of changes to level of foster care and hope to reduce implicit bias in child welfare/juvenile justice decisions.

**C. Local Collaboration**

1. STSJP legislation requires local collaboration. Please describe your municipality's activities in developing this year's STSJP plan in collaboration with local agencies responsible for probation, law enforcement, detention, diversion, social services, courts, service providers, schools, and youth development programs:

The Family Accessing Services Team, a multi-stakeholder entity that includes, MH, DSS, Probation, School Districts and providers, informs our overall family and youth services work as well as STSJP planning, implementation and monitoring. FAST is strategic in identifying impactful programming and deploying it in families. FAST utilizes youth and family advocates as both paid and volunteer staff so we have a continual feedback loop on our effort to identify and meet youth and family needs. Their voices are critical to our work.

**PART II – PROGRAM LEVEL DETAILS**

**PROGRAM 1**

**A. Program 1 Contact Information**

Program 1 Name: Respite		
Operating Agency: Cayuga Centers		
Program Mailing Address: 101 Hamilton Ave		
Address Line 2:		
City: Auburn	State: NY	Zip Code: 13021
Program Contact's Name: Kelly Ware		Title: VP Residential Services
Phone: (315) 2535383	Ext:	Email: kware@cayugacenters.org

**B. Program 1 Description and Target Population**

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

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

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

3. Please list the zip codes this program will target:  
13021,13092,13140,13152,13071,13118

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

The program is a four bed free-standing respite that's OCFS certified as a group home with the required staffing pattern and supports to maintain youth, transport them to school and meet their basic needs. Other services are wrapped around the youth that are not STSJP funded. The program, as an early intervention strategy, is used for youth at-risk of becoming a JD/PINS by de-escalating home, community and school issues via crisis or planned breaks and wrapping other services around the youth and family. Respite staff teach pro-social and coping skills.

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

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

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

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

Approved Funding	Program Type							ATP	R/A	Total
	P	EI	ATD/ATPDP							
			(PINS)	(JO/JD)	(JD-RTA)	(AO)				
STSJP	0	37	0	0	0	0	0	0	37	
STSJP-RTA	0	0				0	0	0	0	
Total	0	37	0	0	0	0	0	0	37	

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

We expect the program to have served the appropriate number of youth and to meet its budget targets.

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

Approved Funding	Program Type							
	P	EI	ATD/ATPDP				ATP	R/A
			(PINS)	(JO/JD)	(JD-RTA)	(AO)		
STSJP	0.00	17.00	0.00	0.00	0.00	0.00	0.00	0.00
STSJP-RTA	0.00	0.00			0.00	0.00	0.00	0.00

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

We would expect the average length of stay to stay below 21 days as that's the maximum allowed by OCFS

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

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

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

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

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

**D. Program 1 Service Projections for PY 2020-2021**

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

Approved Funding	Program Type								
	P	EI	ATD/ATPDP				ATP	R/A	Total
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	40	0	0	0	0	0	0	40
STSJP-RTA	0	0			0	0	0	0	0
Total	0	40	0	0	0	0	0	0	40

**PROGRAM 2**

**A. Program 2 Contact Information**

Program 2 Name: Restorative Youth Case management Program

Operating Agency: Cayuga Counseling Services

Program Mailing Address: 17 East Genesee Street

Address Line 2:

City: Auburn

State: **NY**

Zip Code: 13021

Program Contact's Name: Evie Noden

Title: Program Director

Phone: (315) 253-9796      Ext:

Email: evien@cayugacounseling.org

**B. Program 2 Description and Target Population**

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

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

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

3. Please list the zip codes this program will target:  
13021,13092,13140,13152,13071,13118

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

Primarily a restorative justice, case management, supervision model, the program works with youth in the home, community and school to promote pro-social skills and teach conflict resolution skills to youth and families. When the program is used as early intervention, it works with at-risk kids to prevent contact with the JJ system and/or prevent further penetration into the system. When used as an alternative to detention, the program's supervision model monitors kids to make sure they attend all Family Court appearances and are not arrested or re-arrested. This program ended 12/31/20.

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

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

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

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

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	120	11	19	0	0	0	0	150
STSJP-RTA	0	0			0	0	0	0	0
Total	0	120	11	19	0	0	0	0	150

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

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

Approved Funding	Program Type							
	P	EI	ATD/ATPDP				ATP	R/A
			(PINS)	(JO/JD)	(JD-RTA)	(AO)		
STSJP	0.00	229.50	24.00	31.00	0.00	0.00	0.00	0.00
STSJP-RTA	0.00	0.00			0.00	0.00	0.00	0.00



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

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

3. Please list the zip codes this program will target:  
13021, 13092, 13140, 13152, 13071, 13118

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

The Restorative Case Management (RCM) Program provides evidence-based intensive case management to youth as an early intervention and alternative to detention/pre-dispositional placement. When the program is used as early intervention, it works with at-risk kids to prevent contact with the JJ system and/or prevent further penetration into the system. When used as an alternative to detention, the program's supervision model monitors kids to make sure they attend all Family Court appearances and are not arrested or re-arrested. Case Managers, trained in trauma-informed practice and using a restorative justice approach, will provide 24/7 support to the youth and families and work in partnership with them to develop and implement individualized plans to meet their social, emotional, behavioral, environmental and safety needs. Case Managers will meet with the youth regularly and collaborate with schools, family courts and community-based programs to address the areas of concern. This contract started 1/1/21 and replaced the RYSC program. We did not have enough in our initial STSJP plan to cover all of the costs for the RCM program. This additional STSJP allocation will allow us to cover additional months of our current contract with Cayuga Centers through STSJP funding.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**D. Program 3 Service Projections for PY 2020-2021**

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

Approved Funding	Program Type							ATP	R/A	Total
	P	EI	ATD/ATPDP							
			(PINS)	(JO/JD)	(JD-RTA)	(AO)				
STSJP		55	5	15					75	
STSJP-RTA										
Total		55	5	15					75	

**PROGRAM 4**

**A. Program 4 Contact Information**

Program 4 Name: \_\_\_\_\_

Operating Agency: \_\_\_\_\_

Program Mailing Address: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: **NY** Zip Code: \_\_\_\_\_

Program Contact's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: (    )    Ext: \_\_\_\_\_ Email: \_\_\_\_\_

**B. Program 4 Description and Target Population**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**D. Program 4 Service Projections for PY 2020-2021**

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

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

**PROGRAM 5**

**A. Program 5 Contact Information**

Program 5 Name: \_\_\_\_\_

Operating Agency: \_\_\_\_\_

Program Mailing Address: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: **NY** Zip Code: \_\_\_\_\_

Program Contact's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Ext: \_\_\_\_\_ Email: \_\_\_\_\_

**B. Program 5 Description and Target Population**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**D. Program 5 Service Projections for PY 2020-2021**

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

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

**PROGRAM 6**

**A. Program 6 Contact Information**

Program 6 Name: \_\_\_\_\_

Operating Agency: \_\_\_\_\_

Program Mailing Address: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: **NY** Zip Code: \_\_\_\_\_

Program Contact's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Ext: \_\_\_\_\_ Email: \_\_\_\_\_

**B. Program 6 Description and Target Population**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**D. Program 6 Service Projections for PY 2020-2021**

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

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

**PROGRAM 7**

**A. Program 7 Contact Information**

Program 7 Name:

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

**B. Program 7 Description and Target Population**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**D. Program 7 Service Projections for PY 2020-2021**

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

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

**PROGRAM 8**

**A. Program 8 Contact Information**

Program 8 Name: \_\_\_\_\_

Operating Agency: \_\_\_\_\_

Program Mailing Address: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: **NY** Zip Code: \_\_\_\_\_

Program Contact's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Ext: \_\_\_\_\_ Email: \_\_\_\_\_

**B. Program 8 Description and Target Population**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**D. Program 8 Service Projections for PY 2020-2021**

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

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

**PROGRAM 9**

**A. Program 9 Contact Information**

Program 9 Name: \_\_\_\_\_

Operating Agency: \_\_\_\_\_

Program Mailing Address: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: **NY** Zip Code: \_\_\_\_\_

Program Contact's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Ext: \_\_\_\_\_ Email: \_\_\_\_\_

**B. Program 9 Description and Target Population**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**D. Program 9 Service Projections for PY 2020-2021**

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

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

**PROGRAM 10**

**A. Program 10 Contact Information**

Program 10 Name: \_\_\_\_\_

Operating Agency: \_\_\_\_\_

Program Mailing Address: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: **NY** Zip Code: \_\_\_\_\_

Program Contact's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Ext: \_\_\_\_\_ Email: \_\_\_\_\_

**B. Program 10 Description and Target Population**

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

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

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

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

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

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

**C. Program 10 Performance History (Refer to your municipality's STSJP data files.)**

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

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

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

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

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

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

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

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

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

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

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

**D. Program 10 Service Projections for PY 2020-2021**

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

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

**PROGRAM 11**

**A. Program 11 Contact Information**

Program 11 Name:

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

**B. Program 11 Description and Target Population**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**D. Program 11 Service Projections for PY 2020-2021**

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

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

**PROGRAM 12**

**A. Program 12 Contact Information**

Program 12 Name:

Operating Agency:

Program Mailing Address:

Address Line 2:

City:

State: **NY**

Zip Code:

Program Contact's Name:

Title:

Phone: ( )

Ext:

Email:

**B. Program 12 Description and Target Population**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**D. Program 12 Service Projections for PY 2020-2021**

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

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

**PART III – Goals for PY 2020-2021**

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

**Prevention**

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

**Other, locally collected outcomes:**

**Early Intervention**

STSJP		STSJP RTA		Outcomes
100	%		%	of youth will have no PINS referrals during service engagement
90	%		%	of youth will have no truancies during service engagement
90	%		%	of youth will have no school suspensions during service engagement
90	%		%	of youth will have no arrests or probation intakes during service engagement
90	%		%	of youth will have their cases successfully adjusted/diverted during service engagement
100	%		%	of youth will be able to identify at least one accessible, positive adult connection <b>*(new)</b>
100	%		%	of youth will be engaged in at least one positive community activity <b>*(new)</b>
90	%		%	of youth will comply with program rules

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



**PART IV – FUNDING**

**A. Anticipated Program Expenses and Funding Distribution**

Program Name & Service Types	STSJP					STSJP-RTA
	Detention Allocation Shifted	PY20-21 STSJP Allocation	Total Expenses (100%)	Local Share (38%)	State Share (62%)	State Share (100%)
<b>1</b> Respite	<b>\$139,994.00</b>	<b>\$41,046.00</b>	<b>\$292,000.00</b>	<b>\$110,960.00</b>	<b>\$181,040.00</b>	<b>\$0.00</b>
Prevention						
Early Intervention	\$139,994.00	\$41,046.00	\$292,000.00	\$110,960.00	\$181,040.00	
ATD/ATPDP						
ATP						
Reentry/Aftercare						\$0.00
Indirect						
<b>2</b> RYSC	<b>\$19,885.88</b>	<b>\$0.00</b>	<b>\$32,074.00</b>	<b>\$12,188.12</b>	<b>\$19,885.88</b>	
Prevention						
Early Intervention	\$11,334.95	\$0.00	\$18,282.18	\$6,947.23	\$11,334.95	
ATD/ATPDP	\$8,550.93	\$0.00	\$13,791.82	\$5,240.89	\$8,550.93	
ATP						
Reentry/Aftercare						
Indirect						
<b>3</b> RCM	<b>\$18,726.48</b>	<b>\$8,485.00</b>	<b>\$43,889.48</b>	<b>\$16,678.00</b>	<b>\$27,211.48</b>	
Prevention						
Early Intervention	\$10,674.09	\$4,836.45	\$25,017.00	\$9,506.46	\$15,510.54	
ATD/ATPDP	\$8,052.39	\$3,648.55	\$18,872.48	\$7,171.54	\$11,700.94	
ATP						
Reentry/Aftercare						
Indirect						
<b>4</b>						
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						
<b>5</b>						
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						

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

Program Name & Service Types	STSJP					STSJP-RTA
	Detention Allocation Shifted	PY20-21 STSJP Allocation	Total Expenses (100%)	Local Share (38%)	State Share (62%)	State Share (100%)
<b>11</b>						
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						
<b>12</b>						
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						
<b>Sum of Program Totals:</b>	<b>\$178,606.36</b>	<b>\$49,531.00</b>	<b>\$367,963.48</b>	<b>\$139,826.12</b>	<b>\$228,137.36</b>	

B. STSJP Reimbursement Summary		
STSJP Allocation Amount	\$49,531.00	
Locally Approved Amount of PY 2020-2021 STSJP Allocation	\$49,531.00	
Approved Detention Allocation Shifted	\$178,606.36	
<b>Total Approved for State Reimbursement</b>	<b>\$228,137.36</b>	

C. STSJP-RTA Reimbursement Summary	
STSJP-RTA Approved Plan Amount	
<b>Total Approved for State Reimbursement</b>	

PART V – PLAN APPROVAL		
A. Municipality Level Approval – Chief Executive / Administrative Official		
As STSJP Lead for Cayuga County, I certify that the Chief Executive/Administrative Official, [Name and Title] Raymond Bizzari, Commissioner, has reviewed and approved the 2020-2021 STSJP Plan.		
User ID: rbizzari	Print Name: Raymond Bizzari	Date: 7/29/2021
B. State Level Approval – OCFS Program Reviewer		
As OCFS STSJP reviewer, I certify that I approve of this STSJP plan for Cayuga County for 2020-2021.		
User ID: IT1619	Print Name: Geneva Hilliard	Date: 8/5/2021