

ANDREW M. CUOMO Governor SHEILA J. POOLE Commissioner

July 27, 2021

Dear Chief Executive Officer,

Thank you for submitting Greene 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 <a href="mailto:stsjp@ocfs.ny.gov">stsjp@ocfs.ny.gov</a> 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 <a href="mailto:stsjp@ocfs.ny.gov">stsjp@ocfs.ny.gov</a> with the subject line: "STSJP Claiming Questions".

If you have any STSJP plan questions, please also email us at <a href="mailto:stsjp@ocfs.ny.gov">stsjp@ocfs.ny.gov</a> 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

C - a -

**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: Greene								
Lead agency for STSJP subm	Lead agency for STSJP submission: Greene County Probation Department							
Contact Person's Name: Alar	ı Frisbee	Title: Probation Director						
Phone: (518) 719-3200 Ext: Email: afrisbee@discovergreene.com								

#### 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 <a href="mailto:stsip@ocfs.ny.gov">stsip@ocfs.ny.gov</a>. 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. Coopera	. Cooperative Application (Complete this section only if this is a joint application.)							
1. Describe	Describe the provisions for the proportionate cost to be borne by each county.							
N/A	N/A							
2. Describe	2. Describe how personnel will be compensated across and between counties in the cooperative:							
3. Will a sin	gle fiscal officer	be the custodian of the funds	made available for STSJP?					
		ovide their contact details belo	w.)					
∐ No (If	no, skip to Q4.)							
Officer's Nam	Officer's Name: Title:							
Phone: ( )	Phone: ( ) Ext: Email:							
4. Describe	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:

Catskill is the largest municipality and the County seat. It also has a large, low-income housing project, and several DSS-utilized motels for the homeless. Families tend to stay in the area, due to the availability of various services. However, several of the other school districts have also had youth involved with the juvenile justice system. The

factors that seem to lead to youth entering the JJ system include family conflict and limited skills in responding effectively to adolescent youth and substance abuse issues.

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:

Given that the vast majority of the County's youth population is White (82%), per 2019 data, and the overall White population total (91%, per 2000 Census), and the County population is approx. 50,000, the number of minority youth who enter the system are typically low, therefore, the data can easily be skewed. We have also had a "cluster" from one minority family, with detention/placement service required, due to the youths being out of control and the parent being aged and ineffective. Therefore, little disparity exists, however minority youth could benefit from additional services/resources available in the plan.

#### 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:

This plan follows "on the heels" of the County's overall RTA plan, which involved collaboration with LDSS and the County Administrator. Probation provides JD intake, with PINS diversion now provided by the Greene County Youth Bureau at an early stage, and if unsuccessful at that level, by LDSS in a more formal PINS diversion effort, with additional services applied. Frequent case discussions occur between Probation, LDSS, and Youth Bureau staff on matters of mutual concern.

#### **PART II - PROGRAM LEVEL DETAILS**

PROGE	RAM 1				
A. Pro	ogram 1 Contact	Information			
Progra	m 1 Name: Norther	n Rivers Intensive Aftercare Prev	ention Program		
Operat	ing Agency: Northe	er Rivers/Northeast Parent & Child	d Society		
Prograi	m Mailing Address:	530 Franklin Street			
Addres	s Line 2:				
City: So	chenectady		State: NY	Zip Code: 12305	
Progra	m Contact's Name:	Barbara Passinella	Title: Senior Directo	or of Family Services	
Phone:	(518) 393-2194	Ext:	Email: barbara.pass	sinella@northernrive	rs.org
B. Pro	ogram 1 Descrip	tion and Target Population			
		ne legal definition of a <i>Family Sup</i> vill operate in this capacity for PY			ervices Law
	ease check all applic 20-2021:	cable boxes below to identify the s	service types that will	be utilized for this pr	ogram in PY
S	TSJP STSJP-RTA	· ·			
		Prevention (P)			
		Early Intervention (EI)			
		Alternative to Detention / Pre-I	•	ent (ATD / ATPDP)	
		Alternative to Placement (ATP	)		
		Reentry / Aftercare (R / A)			
		Indirect Services			

3.	Please list the zip codes	this prog	gram will	target:							
	12414, 12413, 12015,12	051,120	83,12422	2,12423,1	2463,1246	8,12470,12	485,1249	6,12439	,12124,1	2087	
4.	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.  This program will be for RTA (ages 16 & 17) youth, serving them at the adjustment phase as well as for adjudicated youth as an alternative to placement. Services consist of intensive home and community-based clinical treatment, coupled with supportive and skill-based "wrap-around" casework interventions that are designed to effectively address those identified factors that place children and families at risk. IAPP clinicians provide these services based on each family's individualized treatment plan. The development and implementation of this plan is guided by the principles of trauma informed care, and a comprehensive strength-based family assessment, using structural family and cognitive behavioral treatment modes.										
5.	Is the program capable of	of being r	eplicated	d across n	nultiple loc	ations?	] Yes	⊠ No			
C.	Program 1 Performa	nce His	tory (Re	efer to you	ır municipa	ality's STSJF	P data file	es.)			
1.	What funding did this pro  ⊠ None ( <i>If none, skip t</i>			PY 2019-2 ☐ STSJF		TSJP-RTA					
2.	Please use the table to record <b>how many youth (#) were served</b> by the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.  Program Type										
	Annual of Finalism	0		(DINO)		ATPDP	(40)	ATD	D/A	T-4-1	
	Approved Funding STSJP	Р	EI	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total	
	STSJP-RTA							0		_	
								0			
	Total							0			
3.	Based on the program's budgeted capacity on 9/ Although funding was a	30/2020?	Please	explain:	, .	·					
4.	Please use the table to r 10/1/2019 and 3/31/2020 Approved Funding				cable. Progr	am Type /ATPDP	youth w	ho exited	I the proo	gram betw	/een
	STSJP										
	STSJP-RTA							0.00			
5.											
6.	Will this program's outco			' 2019-202 Partially	—	ed goals by No	9/30/202	0?			
7.	(a) What outcomes are o	on track t	o meet tl	he goals s	et for PY	2019-2020?	(b) How	will they	be met?		
8.	(a) What outcomes are rebarriers.	not on tra	ck to me	et the goa	als set for	PY 2019-202	20? (b) P	lease de	scribe ar	ny contribi	uting

Program was not initiated, due to cost/reimbursement uncertaincies/limited case numbers

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?

To be determined

## 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.

		Program Type										
				ATD/	ATPDP							
Approved Funding	Р	El	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total			
STSJP												
STSJP-RTA		6					6		12			
Total		6					6		12			

PR	OGRAM 2								
A.	Program 2 Contact Information								
Pro	Program 2 Name: Common Ground Dispute Resolution, Inc.								
Op	Operating Agency: Common Ground Dispute Resolution, Inc.								
Pro	Program Mailing Address: 11 William Street								
Add	Address Line 2:								
City	y: Catskill	Zip Code: 12414							
Pro	ogram Contact's Name: Dawn Wallant	Title: Executive Dir	ector						
Pho	one: (518) 943-0523	Email: dwallant@c	ommongroundinc.org						
B.	<b>Program 2 Description and Target Population</b>	1							
1.	This program meets the legal definition of a <i>Family Support Services (FSS) program (Social Services Law Section 458-m)</i> and will operate in this capacity for PY 2020-2021. ☐ Yes ☐ No								
2.									
3.	Please list the zip codes this program will target:		<del></del>						
	12414, 12413, 12015,12051,12083,12422,12423,124		<u> </u>						
4.	Describe the program, including how it is family focus demonstrate how your program meets the definition. Q2 will address the unique needs of youth at that sys youth detained and residentially or otherwise placed.	Also, please explain ho tem point, and how tho	w each of the service types selected in se services will aid in the reduction of						

This program will be for RTA (ages 16 & 17) youth at the adjustment phase, to prevent youth from going further into the juvenile justice system. Common Ground will provide a spectrum of school-based and non-school-based

	programs, in partnership with Greene County Probation, which will include attendance interventions. The services will include: Attendance Mediation, Parent-Child Mediation, Peace Circles, and Conflict Coaching.								
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 <b>how many youth (#) were served</b> by the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.								
	Program Type								
	ATD/ATPDP								
	Approved Funding P EI (PINS) (JO/JD) (JD-RTA) (AO) ATP R/A Total								
	STSJP								
	STSJP-RTA 0								
	Total 0   0								
3.	Based on the program's record of youth served (Q2), do you anticipate this program being over or under its								
	budgeted capacity on 9/30/2020? Please explain:								
	Under, as, although funding was approved, the program wasn't initiated.								
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.								
	Program Type								
	Approved Funding P EI (PINS) (JO/JD) (JD-RTA) (AO) ATP R/A								
	STSJP								
	STSJP-RTA 0.00								
5.	How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths of stay for youth who were in detention and residential placements during the same time period.								
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.								
	Program was not initiated, due to cost/reimbursement uncertaincies/limited case numbers								
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?								
	To be determined								
D.	Program 2 Service Projections for PY 2020-2021								

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

		Program Type									
			ATD/ATPDP								
Approved Funding	Р	El	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total		
STSJP											
STSJP-RTA		15							15		
Total		15							15		

Program 3									
A. Program 3 Contact Information									
Program 3 Name: Forward Thinking Interactive Journaling									
Operating Agency: Train for Change, Inc.									
Program Mailing Address: 5221 Sigstrom Drive									
Address Line 2:									
City: Carson City, Nevada	State: NY	Zip Code: 89706							
Program Contact's Name: Jessica Deal	Title: Unknown								
Phone: (888) 889-8866	Email: jdeal@chang	gecompanies.net							
B. Program 3 Description and Target Population									
This program meets the legal definition of a <i>Family Support Services (FSS) program (Social Services Law Section 458-m)</i> and will operate in this capacity for PY 2020-2021. ☐ Yes ☐ No									
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									
Prevention (P)									
☐ ⊠ Early Intervention (EI)									
Alternative to Detention / Pre-		ent (ATD / ATPDP)							
Alternative to Placement (ATF	?)								
Reentry / Aftercare (R / A) Indirect Services									
indirect Services									
3. Please list the zip codes this program will target:									
	3,12468,12470,12485	,12496,12439,12124,12087							
<ul> <li>12414, 12413, 12015,12051,12083,12422,12423,12463,12468,12470,12485,12496,12439,12124,12087</li> <li>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.</li> </ul>									
This service will be for RTA (ages 16 & 17) youth at the	adjustment phase, to	prevent their further penetration							
into the juvenile justice system. The program will be fa		- · ·							
company. The program involves "Forward Thinking Inte	•	• •							
address various states in their lives, and learn to put su		n an attempt to addresss and correct							
behavior. the projected cost also includes \$5,000 for or									
5. Is the program capable of being replicated across multiple.	ole locations?   Ye	s 🛭 No							
C. Program 3 Performance History (Refer to your mi	inicipality's STSJP da	ata files )							

1.	<ol> <li>What funding did this program receive in PY 2019-2020?</li> <li>None (If none, skip to section D.)</li> <li>STSJP</li> <li>STSJP-RTA</li> </ol>										
2.	Please use the table to r 3/31/2020. Enter zero (0				) were se	rved by the	program	between	10/1/20	19 and	
	Program Type										
	Approved Funding P EI (PINS) (JO/JD) (JD-RTA) (AO) ATP R/A Total										
	STSJP	•		(1.110)	(00/02)	(02 11171)	(, (0)	7111	1 (7) (	- rotar	
	STSJP-RTA		0								
	Total										
3.	Based on the program's budgeted capacity on 9/3				?), do you	anticipate th	is progra	m being	over or u	nder its	
	Under, as, although fund	ding was	approve	d, the pro	gram was	n't initiated.					
4.	Please use the table to r 10/1/2019 and 3/31/2020					ce (days) for	youth w	ho exited	I the proo	gram between	
				1		am Type		1	<b>.</b>	1	
	Approved Funding	Р	EI	(PINS)	ATD/ (JO/JD)	/ATPDP (JD-RTA)	(AO)	ATP	R/A		
	STSJP	-	LI	(FINS)	(30/30)	(JD-KTA)	(AO)	AIF	IVA	-	
	STSJP-RTA		0.00								
									1		
5.	How do the average leng ATP points, compare wit during the same time per	h the ave									
6.	Will this program's outco ☐ Yes (If yes, skip to se			2019-202 Partially	20 project	ed goals by s	9/30/2020	0?			
7.	(a) What outcomes are o	n track t	o meet th	ne goals s	et for PY	2019-2020?	(b) How	will they	be met?		
8.	(a) What outcomes are r barriers.	not on tra	ck to me	et the goa	als set for	PY 2019-202	20? (b) P	lease de	scribe ar	ny contributing	
	Program was not initiate										
9.	What changes have bee desired goals for PY 202			me the ba	arriers ider	ntified in Q8,	so that t	he progra	am can a	achieve its	
<b>D</b>	To be determined	<b>" a la atl</b> a	no for F	NY 2020	2024						
	Program 3 Service P	-						( D)	, 0000 O	004 5.1	
1.	Please use the table to it (0) if not applicable.	ndicate ti	ne <b>proje</b>	cted # yo	uth to be	served by the	ne progra	am for PY	( 2020-20	U21. Enter zero	
						ım Type ATPDP					
	Approved Funding	Р	EI	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total	
	STSJP			, ,	. ,	,	` ′				
	STSJP-RTA		25							25	
	Total		25							25	

Α.	A. Program 4 Contact Information										
	ogram 4 Name: N/A										
_	erating Agency:										
Pro	Program Mailing Address:										
Add	Address Line 2:										
City	y:				Sta	te: NY	Zip	Code:			
	Program Contact's Name: Title:										
		Ext:			Em	ail:					
B.	Program 4 Description	on and 1	Target I	Populati	on						
1.	This program meets the <b>Section 458-m)</b> and will								ocial Ser	vices Law	
2.	<ol> <li>Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:</li> </ol>										
	STSJP STSJP-RTA										
	5155F 5155F-K1A	Prevent	ion (P)								
			terventic	n (FI)							
		•		` ,	Pre-Dispo	sitional Plac	ement (/	ATD / ATI	PDP)		
	☐ Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP) ☐ Alternative to Placement (ATP)										
	Reentry / Aftercare (R / A)										
		Indirect	Services	S							
3.	Please list the zip codes	this prog	ram will	target:							
4.	Describe the program, in demonstrate how your p Q2 will address the uniq youth detained and resid	rogram m ue needs	neets the of youth	e definition n at that s	n. Also, pl system poi	ease explain nt, and how t	how ead	ch of the rvices wil	service t I aid in th	ypes selected in ne reduction of	
5.	Is the program capable	of being re	eplicated	d across r	multiple lo	cations?	] Yes	□No			
C.	Program 4 Performa	nce Hist	ory (Re	efer to you	ur municip	ality's STSJF	P data fil	es.)			
1.	What funding did this pro ☐ None (If none, skip to			PY 2019-		STSJP-R	RTA	·			
2.	Please use the table to 1 3/31/2020. Enter zero (0				#) were se	erved by the	program	between	10/1/20	19 and	
					Progra	am Type				I	
	ATD/ATPDP										
	Approved Funding	Р	El	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total	
	STSJP										
	STSJP-RTA										
	Total									<u> </u>	
3.	Based on the program's budgeted capacity on 9/				2), do you	anticipate th	is progra	am being	over or u	under its	

4.	Please use the table to record the <b>average lengths of service (days)</b> for youth who exited the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.									
	Program Type									
						ATPDP				
	Approved Funding	Р	EI	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	
	STSJP									
	STSJP-RTA									
5.	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 outco ☐ Yes (If yes, skip to se			2019-20 Partially	20 projecte	ed goals by 9 ] No	9/30/2020	)?		
7.	(a) What outcomes are o	n track t	o meet th	ne goals s	set for PY 2	2019-2020?	(b) How	will they	be met?	
8.	8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.									
9.	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 Pr	rojectio	ns for F	Y 2020-	2021					
1.	Please use the table to in (0) if not applicable.	ndicate th	ne <b>proje</b> o	cted # yo	uth to be	served by th	ne progra	m for P	/ 2020-2	021. Enter zero
					Progra	m Type				
					ATD/A	TPDP				1
	Approved Funding	Р	El	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total
	STSJP									
	STSJP-RTA									
	Total									
	OGRAM 5	· C - · · · · · · · · ·	•							
	Program 5 Contact Ir	normat	ion							
Op	erating Agency:									
Pro	gram Mailing Address:									
Add	dress Line 2:									
City	<b>/</b> :				Stat	e: NY	Zip C	Code:		
Pro	gram Contact's Name:				Title					
Pho	Phone: ( ) Ext: Email:									
B.	B. Program 5 Description and Target Population									
1.	1. This program meets the legal definition of a <i>Family Support Services (FSS) program (Social Services Law Section 458-m)</i> and will operate in this capacity for PY 2020-2021  Yes No									

2.	<ol> <li>Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:</li> </ol>											
	STSJP STSJP-RTA											
	Pr	revention (P) arly Interventio ternative to De ternative to Pla eentry / Afterca direct Services	etention / I acement ( are (R / A)	ATP)	sitional Place	ement (A <sup>-</sup>	TD / ATP	PDP)				
		un 001 001 11000										
3.	Please list the zip codes this	s 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.	5. Is the program capable of being replicated across multiple locations?   Yes   No											
C.	C. Program 5 Performance History (Refer to your municipality's STSJP data files.)											
1.	<ol> <li>What funding did this program receive in PY 2019-2020?</li> <li>□ None (If none, skip to section D.)</li> <li>□ STSJP</li> <li>□ STSJP-RTA</li> </ol>											
2.	3/31/2020. Enter zero (0) if not applicable.											
	Program Type ATD/ATPDP											
	Approved Funding	P EI	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total			
	STSJP				,							
	STSJP-RTA											
	Total											
3.	Based on the program's rec budgeted capacity on 9/30/2			), do you a	anticipate this	s prograr	n being o	over or u	inder its			
4.	Please use the table to reco 10/1/2019 and 3/31/2020. E				<b>e (days)</b> for	youth wh	no exited	the proo	gram betw	een		
			1		am Type		I	ı				
	Approved Funding	P EI	(DIMC)	1	ATPDP	(40)	ATD	D/A				
	Approved Funding STSJP	P EI	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A				
	STSJP-RTA								1			
	SISST-KIA								J			
5.	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											

	barriers.										
9.	What changes have bee desired goals for PY 20:			ome the b	arriers ide	ntified in Q8,	so that	the progr	am can a	achieve its	
D.	<b>Program 5 Service F</b>	Projectio	ns for F	PY 2020-	-2021						
1.	<ol> <li>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.</li> </ol>										
						am Type					
	ATD/ATPDP										
	Approved Funding	Р	El	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total	
	STSJP									<u> </u>	
	STSJP-RTA										
	Total										
PROGRAM 6											
A. Program 6 Contact Information											
	gram 6 Name: erating Agency:										$\dashv$
	gram Mailing Address:										-
	dress Line 2:										_
City					Stat	e: NY	Zip (	Code:			
	gram Contact's Name:				Title	<b>)</b> :					_
Pho	one: ( )	Ext:			Ema	ail:					
B.	<b>Program 6 Descripti</b>	on and	Target F	Populati	on						
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										
		Preven	tion (P)				-				
		Early Ir	terventic	n (EI)							

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

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

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

Alternative to Placement (ATP) Reentry / Aftercare (R / A)

**Indirect Services** 

Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)

<sup>4.</sup> 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	f being re	eplicated	d across r	nultiple loc	ations?	] Yes	☐ No				
C.	<b>Program 6 Performar</b>	nce Hist	ory (Re	efer to you	ır municipa	ality's STSJF	data file	es.)				
1.	What funding did this pro  None (If none, skip to			PY 2019-2		STSJP-F	RTA					
2.	Please use the table to re 3/31/2020. Enter zero (0)				e) were se	rved by the p	program	between	10/1/20	19 and		
					Progra	ım Type				]		
		_				ATPDP						
	Approved Funding	Р	EI	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total		
	STSJP											
	STSJP-RTA									<u> </u>		
	Total									1		
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 <b>average lengths of service (days)</b> for youth who exited the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.											
	Program Type											
	ATD/ATPDP											
	Approved Funding	Р	EI	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	4		
	STSJP									_		
	STSJP-RTA											
5.	How do the average leng ATP points, compare with during the same time per	n the ave										
6.	Will this program's outco ☐ Yes (If yes, skip to se			′ 2019-20   Partially		ed goals by No	9/30/202	0?				
7.	(a) What outcomes are o	n track to	meet th	ne goals s	set for PY	2019-2020?	(b) How	will they	be met?			
8.	(a) What outcomes are n barriers.	ot on trad	ck to me	et the goa	als set for	PY 2019-202	20? (b) F	Please de	scribe a	ny contributing		
9.	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 Pr	ojectio	ns for F	PY 2020-	2021							

1.	Please use the table to in (0) if not applicable.	ndicate the <b>projected # youth to be served</b> by the program for PY 2020-202	21. Enter zero
		Program Type	

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

PR	ROGRAM 7			
A.	Program 7 Contact Information			
Pro	ogram 7 Name:			
Оре	perating Agency:			
Pro	ogram Mailing Address:			
Add	Idress Line 2:			
City	y:	State: NY	Zip Code:	
Pro	ogram Contact's Name:			
Pho	one: ( ) Ext:	Email:		
B.	Program 7 Description and Target Population	1		
1.	This program meets the legal definition of a <i>Family Section 458-m</i> ) and will operate in this capacity for F			ervices Law
2.	Please check all applicable boxes below to identify the 2020-2021:	e service types that will	be utilized for this pr	rogram in PY
	STSJP STSJP-RTA			
	Prevention (P)			
	☐ Early Intervention (EI)			
	☐ Alternative to Detention / Pr	e-Dispositional Placeme	ent (ATD / ATPDP)	
	☐ Alternative to Placement (A	TP)		
	☐ Reentry / Aftercare (R / A)			
	☐ Indirect Services			
3.	Please list the zip codes this program will target:			
4.	Describe the program, including how it is family focus demonstrate how your program meets the definition. Q2 will address the unique needs of youth at that sys youth detained and residentially or otherwise placed.	Also, please explain how tem point, and how those	w each of the service se services will aid in	e types selected in the reduction of
5.	Is the program capable of being replicated across mu	ultiple locations?   \[ \sum_{\text{out}} \text{Ye} \]	es 🗌 No	
C.	Program 7 Performance History (Refer to your	municipality's STSJP da	ata files.)	
1.	What funding did this program receive in PY 2019-20 ☐ None (If none, skip to section D.) ☐ STSJF			

2.	Please use the table to record <b>how many youth (#) were served</b> by the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.											
						ım Type				]		
	A 1 = P	Б		(DINIO)		ATPDP	(40)	4 TD	D / A	T. (.)		
	Approved Funding	Р	El	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total		
	STSJP											
	STSJP-RTA											
	Total											
3.	Based on the program's budgeted capacity on 9/3				2), do you	anticipate th	is progra	m being	over or u	ınder its		
4.	Please use the table to record the <b>average lengths of service (days)</b> for youth who exited the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.											
	Program Type											
	Annuaria d Francisca			(DINIC)		ATPDP	(40)		D/A			
	Approved Funding STSJP	Р	EI	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	-		
	STSJP-RTA									-		
	STOJF-KTA											
5.	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.	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 o	on track to	o meet t	he goals s	set for PY	2019-2020?	(b) How	will they	be met?			
8.	(a) What outcomes are r barriers.	ot on tra	ck to me	et the go	als set for	PY 2019-202	20? (b) P	lease de	scribe a	ny contributing		
9.	What changes have bee desired goals for PY 202		o overco	ome the ba	arriers ide	ntified in Q8,	so that t	he progr	am can a	achieve its		
D.	Program 7 Service P	rojectio	ns for I	PY 2020-	2021							
1.	Please use the table to in (0) if not applicable.	ndicate th	ne <b>proje</b>	cted # yo	uth to be	<b>served</b> by the	he progra	am for P	/ 2020-2	021. Enter zero		
				1		m Type						
	Approved Funding	Р	EI	(PINS)	(JO/JD)	ATPDP (JD-RTA)	(AO)	ATP	R/A	Total		
	STSJP	F.	<u>EI</u>	(FINO)	(30/30)	(3D-1/11H)	(۸0)	AIF	IV/A	10(a)		
	STSJP-RTA											
	Total									<del>                                     </del>		
	ı Uldi									l		
PR	ROGRAM 8											

I ROSKAW 0
A. Program 8 Contact Information
Program 8 Name:
Operating Agency:

Pro	Program Mailing Address:											
	dress Line 2:											
City				State: NY	Zip C	ode.						
_	ogram Contact's Name:			Title:	1 1							
		Ext:		Email:								
	Program 8 Descripti	on and Target F	Population									
1.	This program meets the <b>Section 458-m)</b> and will	legal definition of	a <b>Family Su</b>				cial Ser	vices Law				
2.	Please check all applica 2020-2021:	able boxes below to	o identify the	service types that	will be util	ized for t	this prog	gram in PY				
	STSJP STSJP-RTA											
	Prevention (P)											
	Early Intervention (EI)											
	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)  Alternative to Placement (ATP)											
	Reentry / Aftercare (R / A)											
	☐ Indirect Services											
3.	3. Please list the zip codes this program will target:											
4.	Describe the program, in demonstrate how your p Q2 will address the unit youth detained and residual.	program meets the que needs of youth	definition. Al at that syste	so, please explain m point, and how	how each those serv	of the s	ervice ty aid in th	pes selecte e reduction				
5.	Is the program capable	of being replicated	l across multi	ple locations?	] Yes [	□No						
C.	Program 8 Performa	nce History (Re	fer to your m	unicipality's STSJI	P data files	s.)						
1.	What funding did this pr ☐ None ( <i>If none, skip t</i>		PY 2019-2020	)? □ STSJP-F	RTA							
2.	Please use the table to 3/31/2020. Enter zero (0			ere served by the	program b	etween	10/1/20 <sup>-</sup>	19 and				
		I		Program Type								
			·	ATD/ATPDP								
	Approved Funding	P EI	(PINS) (JC	D/JD) (JD-RTA)	(AO)	ATP	R/A	Total				
	STSJP											
	STSJP-RTA STSJP-RTA											
	Total											
3.												

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4.	Please use the table to re 10/1/2019 and 3/31/2020					e (days) for	youth wh	no exited	the pro	gram between	
	10/1/2019 and 3/31/2020	. Lillei Z	610 (0) 11	ποι αρριι	cable.					_	
			ı	1		am Type				_	
	Approved Funding	Р	EI	(PINS)	(JO/JD)	ATPDP (JD-RTA)	(AO)	ATP	R/A		
	STSJP	Г	<u> </u>	(FINS)	(30/30)	(JD-KTA)	(AO)	AIF	N/A	1	
	STSJP-RTA									-	
	3133F-KTA										
5.	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 outco Yes (If yes, skip to se		_	2019-20 Partially		ed goals by 9	9/30/2020	)?			
7.	(a) What outcomes are o	n track to	meet th	ne goals s	set for PY 2	2019-2020?	(b) How	will they	be met?		
8.	8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.										
9.	<ol> <li>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?</li> </ol>										
D.	Program 8 Service Pr	ojectio	ns for F	Y 2020-	2021						
1.	<ol> <li>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.</li> </ol>										
	-					m Type		Г			
	Approved Funding	Р	EI	(PINS)		(ID BTA)	(40)	ATP	R/A	Total	
	Approved Funding STSJP	Р	EI	(PINS)	(JO/JD)	(JD-RTA)	(AO)	AIP	K/A	Total	
	STSJP-RTA										
	Total										
	rotai										
PR	OGRAM 9										
	Program 9 Contact In	formati	on								
	gram 9 Name:										
	erating Agency:										
	ogram Mailing Address:										
	dress Line 2:				<u> </u>		T				
	City: State: NY Zip Code:										
	ogram Contact's Name:				Title						
		xt:		Name 1 / C	Ema	il:					
В.	Program 9 Description										
1.	1. This program meets the legal definition of a <i>Family Support Services (FSS) program (Social Services Law Section 458-m)</i> and will operate in this capacity for PY 2020-2021.  Yes No										

2.	<ol> <li>Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:</li> </ol>											
	STSJP STSJP-RTA											
		Prevent	` ,									
		•	terventio	` ,								
						sitional Place	ement (A	TD / ATF	PDP)			
				acement ( are (R / A	,							
		-	Services	•	,							
3.	Please list the zip codes	this prog	ram 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.	<u> </u>											
C.	C. Program 9 Performance History (Refer to your municipality's STSJP data files.)											
1.	1. What funding did this program receive in PY 2019-2020? ☐ None (If none, skip to section D.) ☐ STSJP ☐ STSJP-RTA											
2.	3/31/2020. Enter zero (0) if not applicable.											
	Program Type ATD/ATPDP											
	Approved Funding	Р	EI	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total		
	STSJP	'	<u> </u>	(1 1140)	(00/00)	(OD ICIA)	(140)	AII	IV/A	Total		
	STSJP-RTA											
	Total											
		l I		l	l	l	I			<b>I</b>		
3.	Based on the program's budgeted capacity on 9/				2), do you a	anticipate thi	s prograr	m being	over or u	inder its		
4.	Please use the table to r 10/1/2019 and 3/31/2020					e (days) for	youth wh	no exited	the pro	gram betw	een	
		Ī			Progra	am Type						
		_		/=···-:	ATD/	ATPDP	1 /: 5:					
	Approved Funding	Р	EI	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	4		
	STSJP	<u> </u>										
	STSJP-RTA											
5.	How do the average leng ATP points, compare with during the same time pe	th the ave										
6.	i. 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											

	barriers.												
9.	What changes have been m desired goals for PY 2020-2		ome the bar	riers ider	ntified in Q8,	so that t	he progr	am can a	achieve its				
D.	Program 9 Service Proje	ections for	PY 2020-2	021									
1.	Please use the table to indic (0) if not applicable.	ate the <b>proje</b>	cted # you	th to be	served by the	ne progra	am for P	/ 2020-2	021. Enter z	zero			
					m Type								
	Approved Funding	P EI	(DINC)		ATPDP	(40)	۸TD	R/A	Total				
Approved Funding P EI (PINS) (JO/JD) (JD-RTA) (AO) ATP R/A Total STSJP													
	STSJP-RTA Total												
	Total												
	PROGRAM 10  A. Program 10 Contact Information												
	ogram 10 Name:	Ji iliation								<u> </u>			
	erating Agency:												
	ogram Mailing Address:												
Add	dress Line 2:												
City	y:			Stat	e: <b>NY</b>	Zip (	Code:						
Pro	ogram Contact's Name:			Title	:					•			
	one: ( ) Ext:			Ema	ail:								
B.	Program 10 Description	and Target	Population	on									
1.	This program meets the lega <b>Section 458-m)</b> and will open						gram (So No	ocial Sei	vices Law				
2.	<ol> <li>Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:</li> </ol>												
	STSJP STSJP-RTA												
		evention (P)											
		rly Intervention	on (EI)										
	Alt	ernative to D	etention / P	re-Dispo	sitional Place	ement (A	TD / ATF	PDP)					
		ernative to Pl	lacement (A	TP)									

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

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

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

Reentry / Aftercare (R / A)

**Indirect Services** 

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.

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5.	Is the program capable of	of being re	eplicated	d across n	nultiple loc	ations?	Yes	☐ No			
C.	Program 10 Perform	ance His	story (F	Refer to yo	our munici	pality's STSJ	IP data fi	ïles.)			
1.	What funding did this pro ☐ None ( <i>If none, skip</i>			PY 2019-2 ☐ STS		STSJP-I	RTA				
2.	Please use the table to r 3/31/2020. Enter zero (0				•		orogram	between	10/1/20	19 and	
						m Type ATPDP		<u> </u>			
	Approved Funding	Р	El	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total	
	STSJP			(1.110)	(00,02)	(02 ::::)	(1.10)	7111	1 47 1		
	STSJP-RTA										
	Total										
3.	Based on the program's budgeted capacity on 9/3				2), do you a	anticipate thi	s progra	m being	over or u	under its	
4.	Please use the table to record the <b>average lengths of service (days)</b> for youth who exited the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.										
						am Type					
		_		(51116)	1	ATPDP		┦			
	Approved Funding	Р	El	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A		
	STSJP	<u> </u>								_	
	STSJP-RTA										
5.	How do the average leng ATP points, compare wit during the same time pe	th the ave									
6.	Will this program's outco			′ 2019-20 ] Partially	20 project	ed goals by 9 No	9/30/202	0?			
7.	(a) What outcomes are of	on track to	o meet th	ne goals s	set for PY 2	2019-2020?	(b) How	will they	be met?		
8.	(a) What outcomes are r barriers.	not on trad	ck to me	et the goa	als set for	PY 2019-202	20? (b) F	Please de	scribe a	ny contributing	
9.	What changes have bee desired goals for PY 202		overco	me the ba	arriers ider	ntified in Q8,	so that t	the progr	am can a	achieve its	
D.	Program 10 Service	Projection	ons for	PY 2020	)-2021						

Total

Please use the table to indicate the <b>projected # youth to be served</b> by the program for PY 2020-2021. Enter zero (0) if not applicable.										
		Program Type								
		ATD/ATPDP								
Approved Funding	Р	El	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total	
STSJP										
STSJP-RTA										

PR	OGRAM 11							
A.	Program 11 Contact Information							
Pro	Program 11 Name:							
Op	erating Agency:							
	ogram Mailing Address:							
	dress Line 2:	T	T					
City		State: NY	Zip Code:					
	ogram Contact's Name:	Title:						
	one: ( ) Ext:	Email:						
B.	Program 11 Description and Target Population							
1.	This program meets the legal definition of a <i>Family Su Section 458-m</i> ) and will operate in this capacity for PY			ervices Law				
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							
	Prevention (P)							
	☐ Early Intervention (EI)							
	Alternative to Detention / Pre-	•	ent (ATD / ATPDP)					
	Alternative to Placement (ATI	P)						
	Reentry / Aftercare (R / A)							
	☐ Indirect Services							
3.	Please list the zip codes this program will target:							
4.	Describe the program, including how it is family focuse							
	demonstrate how your program meets the definition. Al							
	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 multi	ple locations?	es 🗌 No					
C.	Program 11 Performance History (Refer to your r	nunicipality's STSJP o	data files.)					
1.	What funding did this program receive in PY 2019-2020 ☐ None (If none, skip to section D.) ☐ STSJP	)? □ STSJP-RTA						

2.	<ol> <li>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.</li> </ol>									
		Program Type								
		_		,		ATPDP				
	Approved Funding	Р	El	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total
	STSJP									
	STSJP-RTA									
	Total									
3.	Based on the program's budgeted capacity on 9/3				2), do you	anticipate thi	is progra	m being	over or u	ınder its
4.	<ol> <li>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.</li> </ol>									
			_	ı		am Type		1	1	_
	Annana d Franklina			(DINC)		ATPDP	(40)	, TD	D/A	
	Approved Funding	Р	EI	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	4
	STSJP STSJP-RTA	1								4
	313JP-R1A									
5.	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 outco		_	′ 2019-20 ] Partially	–	ed goals by s	9/30/202	0?		
7.	(a) What outcomes are o	on track t	o meet th	ne goals s	set for PY	2019-2020?	(b) How	will they	be met?	
8.	(a) What outcomes are r barriers.	not on tra	ck to me	et the go	als set for	PY 2019-202	20? (b) P	lease de	scribe aı	ny contributing
9.	What changes have bee desired goals for PY 202			me the b	arriers ide	ntified in Q8,	so that t	he progra	am can a	achieve its
D.	Program 11 Service	Projecti	ons for	PY 2020	0-2021					
	Please use the table to it (0) if not applicable.	-			uth to be	·	ne progra	am for P\	′ 2020-2	021. Enter zero
						m Type ATPDP				
	Approved Funding	Р	EI	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total
	STSJP				(	/-	( - )		•	
	STSJP-RTA									
	Total									
PR	OGRAM 12									

A. Program 12 Contact Information							
Program 12 Name:							
Operating Agency:							

D.,										
	Program Mailing Address:									
_	dress Line 2:			1 0		<b>—</b>				
Cit	•				e: <b>NY</b>	Zip (	Code:			
	ogram Contact's Name:	_		Title						
		xt:		Ema	AII:					
B.	Program 12 Descript	ion and Tar	get Populat	tion						
1.	This program meets the <b>Section 458-m</b> ) and will							ocial Ser	vices Law	
2.	Please check all applicate 2020-2021:	ble boxes belo	ow to identify	the servic	e types that	will be ut	ilized for	this prog	gram in PY	
	STSJP STSJP-RTA									
		Prevention (I	P)							
		Early Interve	•							
		Alternative to	Detention /	Pre-Dispo	sitional Place	ement (A	TD / ATF	PDP)		
		Alternative to	Placement	(ATP)						
	Reentry / Aftercare (R / A)									
		Indirect Serv	ices							
•										
3.	Please list the zip codes this program will target:									
4.	Describe the program, in demonstrate how your p Q2 will address the uniq youth detained and resid	rogram meets ue needs of yo	the definition outh at that s	n. Also, ple ystem poir	ease explain nt, and how t	how eac hose ser	h of the s vices wil	service ty I aid in th	pes selected reduction of	
5.	Is the program capable of	of being replica	ated across r	nultiple loc	ations?	] Yes	□No			
C.	Program 12 Performa	ance History	(Refer to yo	our munici	pality's STSJ	IP data fi	les.)			
1.	What funding did this pro		in PY 2019-2		☐ STSJP-R	:TA				
2.	Please use the table to r 3/31/2020. Enter zero (0			) were se	rved by the p	program	between	10/1/20	19 and	
	Ī			Progra	m Type					
					ATPDP					
	Approved Funding	P EI	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total	
	STSJP								_	
	STSJP-RTA									
	Total									
		l I	I .	I				I		
3.	Based on the program's budgeted capacity on 9/3			2), do you	anticipate thi	is progra	m being	over or u	nder its	

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.

		Program Type							
			ATD/ATPDP						
Approved Funding	Р	EI	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	
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 th	ne PY 2019-2020	projected goals b	y 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.

		Program Type								
				ATD/ATPDP						
Approved Funding	Р	EI	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total	
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	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 *(new)								
%	%	of youth will be engaged in at least one positive community activity * (new)								
%	%	of youth will comply with program rules								
%	%	of youth will attend at least 90 percent of programming								

## Other, locally collected outcomes:

Early Inte	ervent	tion		
STSJI	STSJP		P	Outcomes
	%	75	%	of youth will have no PINS referrals during service engagement
	%	75 %		of youth will have no truancies during service engagement
	%	75 %		of youth will have no school suspensions during service engagement
	%	75 %		of youth will have no arrests or probation intakes during service engagement
	%	75	%	of youth will have their cases successfully adjusted/diverted during service engagement
	%	100	%	of youth will be able to identify at least one accessible, positive adult connection * (new)
	%	75 %		of youth will be engaged in at least one positive community activity * (new)
	% 100 %		%	of youth will comply with program rules
% 100 %		%	of youth will attend at least 90 percent of programming	

## Other, locally collected outcomes:

Alternative to	Alternative to Detention / Pre-Dispositional Placement							
STSJP	STSJP RTA	Outcomes						
%	%	of youth will have no missed court appearances during service engagement						
%	%	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 be able to identify at least one accessible, positive adult connection * (new)						
%	%	of youth will be engaged in at least one positive community activity * (new)						
%	%	of youth will comply with program rules						
%	%	of youth will attend at least 90 percent of programming						

## Other, locally collected outcomes:

Alternati	ve to	Placemen	nt			
STSJ	STSJP		P	Outcomes		
	%	75	%	of youth will have no warrants issued during service engagement		
	%	75	%	of youth will have no arrests or probation intakes during service engagement		
	%	75	%	of youth will have no detention or jail admissions during service engagement		
	%	%		of PINS will have no pre-dispositional placements during service engagement		
	%	75 %		of youth will have no violations of probation filed during service engagement		
	%	75	%	of youth will have no new placements during service engagement		
	%	100	%	of youth will be able to identify at least one accessible, positive adult connection * (new)		
	%	75	%	of youth will be engaged in at least one positive community activity * (new)		
	%	100	%	of youth will comply with program rules		
	% 100 %		%	of youth will attend at least 90 percent of programming		
Other le	oolly (	adlaatad	01140	nomoci .		

## Other, locally collected outcomes:

## Reentry / Aftercare

STSJP	STSJP RTA	Outcomes
%	%	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 * (new)
%	%	of youth will be engaged in at least one positive community activity * (new)
%	%	of youth will comply with program rules
%	%	of youth will attend at least 90 percent of programming
Other, locally c	ollected outc	omes:

#### **PART IV – FUNDING** A. Anticipated Program Expenses and Funding Distribution STSJP-**STSJP** RTA Detention PY20-21 Total Local State State Allocation **STSJP Program Name Expenses** Share **Share Share** (100%) & Service Types **Shifted Allocation** (38%)(62%) (100%)Northern Rivers Intensive \$191,460.00 Aftercare Prevention Program Prevention \$95,730.00 Early Intervention ATD/ATPDP ATP \$95,730.00 Reentry/Aftercare Indirect **Common Ground Dispute** \$15,000.00 Resolution, Inc. Prevention Early Intervention \$15,000.00 ATD/ATPDP ATP Reentry/Aftercare Indirect Forward Thinking Interactive \$6,420.00 **Journaling** Prevention Early Intervention \$6,420.00 ATD/ATPDP ATP Reentry/Aftercare Indirect 4 Prevention Early Intervention ATD/ATPDP **ATP** Reentry/Aftercare Indirect 5 Prevention Early Intervention ATD/ATPDP ATP Reentry/Aftercare

Indirect			

		STSJP					STSJP- RTA
	ım Name ice Types	Detention Allocation Shifted	PY20-21 STSJP Allocation	Total Expenses (100%)	Local Share (38%)	State Share (62%)	State Share (100%)
6							
Pr	revention						
Ea	arly Intervention						
Α٦	TD/ATPDP						
A	ГР						
Re	eentry/Aftercare						
Inc	direct						
7							
Pr	evention						
Ea	arly Intervention						
A	TD/ATPDP						
Α٦	ГР						
Re	eentry/Aftercare						
Inc	direct						
8							
Pr	evention						
Ea	arly Intervention						
A	TD/ATPDP						
Α٦	ГР						
Re	eentry/Aftercare						
Inc	direct						
9							
Pr	evention						
Ea	arly Intervention						
Α٦	TD/ATPDP						
Α٦	ГР						
Re	eentry/Aftercare						
Inc	direct						
10							
Pr	evention						
Ea	arly Intervention						
Α	ΓD/ATPDP						
Α٦	ГР						
Re	eentry/Aftercare						
	direct						

			STSJP			STSJP- RTA
Program Name & Service Types	Detention Allocation Shifted	PY20-21 STSJP Allocation	Total Expenses (100%)	Local Share (38%)	State Share (62%)	State Share (100%)
11						
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						
12						
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						
Sum of Program Totals:						\$212,880.00

B. STSJP Reimbursement Summary				
STSJP Allocation Amount	\$40,000.00			
Locally Approved Amount of PY 2020-202	\$0.00			
Approved Detention Allocation Shifted	\$0.00			
Total Approved for State Reimburseme	ent	\$0.00		

C. STSJP-RTA Reimbursement Summary				
STSJP-RTA Approved Plan Amount \$212,880.00				
Total Approved for State Reimbursement \$212,880.00				

PART V – PLAN APPROVAL							
A. Municipality Level Approval – Chief Executive / Administrative Official							
As STSJP Lead for Greene County, I certify that the Chief Executive/Administrative Official, [Name and Title] Shaun							
Groden, Greene Count	ry Administrator, has reviewed and approved the 20	020-2021 STSJP Plan.					
User ID: AF3201	er ID: AF3201 Print Name: Alan Frisbee Date: 7/23/2021						
B. State Level Approval – OCFS Program Reviewer							
As OCFS STSJP reviewer, I certify that I approve of this STSJP plan for Greene County for 2020-2021.							
User ID: JM9737 Print Name: Karen Sessions Date: 7/27/2021							