May 19, 2022

Dear Chief Executive Officer,

Thank you for submitting Greene County's Supervision and Treatment Services for Juveniles Program (STSJP) plan for Program Year (PY) 2021-2022. Your entire STSJP plan, including any amounts listed for PY 2021-2022 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, 2022, unless otherwise approved by the Office of Children and Family Services.

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

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

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

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

All STSJP claims, inclusive of STSJP-RTA, must be submitted electronically via the Juvenile Detention Automated System (JDAS) for the service period of October 1, 2021 to September 30, 2022. Questions on all aspects of the claiming process should be directed to the STSJP mailbox at stsjp@ocfs.ny.gov with the subject line: "STSJP Claiming Questions".

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

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

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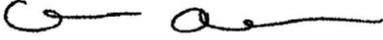
Nina Aledort, Ph.D., LMSW
Deputy Commissioner
Division of Youth Development and Partnerships for Success

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

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**SUPERVISION AND TREATMENT SERVICES
FOR JUVENILES PROGRAM (STSJP) - WITH ROLLOVER
ANNUAL PLAN FOR PROGRAM YEAR OCTOBER 1, 2021 – SEPTEMBER 30, 2022**

SUBMITTING MUNICIPALITY CONTACT INFORMATION

Name of applicant county, counties or jurisdiction: Greene	
Lead agency for STSJP submission: Greene County Probation Department	
Contact person's name: Alan 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 09 / 08 / 2021

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 2021-2022 Annual Plan – [ex. 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. Use the subject line "STSJP 2021-2022 Annual Plan – [Municipality Name]" to facilitate timely review of your plan.

Please direct any STSJP plan questions to the STSJP mailbox at: STSJP@ocfs.ny.gov,
or you may contact 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 C. Cooperative Application*.

PART I – MUNICIPALITY LEVEL DETAILS

A. MUNICIPALITY LEVEL ANALYSIS

1. (a) Identify the communities or neighborhoods (ZIP codes) 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; and (b) Discuss what factors may be contributing to these high numbers:

   Catskill is the largest municipality and the County seat zip code 12414. This zip code serves the village of Catskill and one additional township. 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. Resources available at the following link can help you answer these questions: https://www.ocfs.ny.gov/programs/youth/stsjp/planning.php

   (a) In the charts below, please provide the municipality's distributions by race, ethnicity, and sex assigned at birth for the general population of youth younger than 18, and for the detained and placed population of youth younger than 18. (**Note:** Every July, the National Center for Health Statistics releases population data for the previous year. The population data you are being asked to report on was the latest available at the time OCFS updated the contents of this plan.)

Race/Ethnicity	2019 General Population <18 years		2020 Detention Admissions <18 years		2020 Placement Admissions <18 years	
	#	%	#	%	#	%
Black/African American	440	6	0	0	0	0
White	6267	82	2	100%	1	50%
Native American/Alaskan	40	1	0	0	■	■
Asian/Pacific Islander	145	2	0	0	■	■
Hispanic	754	10	0	0	1	50%

Sex Assigned at Birth	2019 General Population <18 years		2020 Detention Admissions <18 years		2020 Placement Admissions <18 years	
	#	%	#	%	#	%
Male	3944	52	2	100	2	100%
Female	3702	48	0	0	0	0

b) If you identified any disparities when comparing youths' representation in the general population and their representation in detention and placement, explain how this plan will address those disparities. If you did not identify any disparities, please note such.

Given that the figures show that 82% of the Greene County population under age 18 is White, it's not surprising that the 2 detained respondents were White. While 1 of the 2 persons placed in OCFS care was Hispanic, with Hispanics comprising only 10% of the listed population, that's somewhat of an anomaly, however, given that only 1 person was involved it should not be viewed as any significant skewing of statistics, but, a reflection of the actor, not the ethnic makeup.

B. LOCAL COLLABORATION

1. 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.

2. How is your municipality gathering participant youth and family feedback as part of your STSJP plan development?

In general, we have not been collecting direct feedback from youth and families.
Describe how the plan incorporates that feedback; if you have not yet received youth and family feedback, please describe the municipality implementation plan to develop such feedback mechanisms during PY 2021-2022.
Although we have not formally collected youth and family direct feedback. We will develop a mechanism, in the form of a survey or interviews with youth and family members and will incorporate this feedback into the STSJP plan development. Depending on our internal capacity, we may consider establishing a youth focus group or parent advisory board.

3. Was community feedback in high-need ZIP codes (A.1.) sought as part of the STSJP plan development?
☐ Yes ☒ No
If yes, please describe how the plan incorporates that feedback; if no, please describe the municipality implementation plan to develop such feedback mechanism during PY 2021-2022.

We intend to obtain this information via Single Point of Access (SPOA) meetings with related participants, as well as school-based providers/groups. Local DSS has various outside service providers that compile information re: program participation, and it is anticipated that we will be able to utilize this information. Community meetings will also be considered.

C. 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.   N/A
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. Provide the name and email address of the person who will be responsible for collecting and submitting STSJP data for joint-funded programs, as well as the names and email addresses of the fiscal officers responsible for joint-funded programs:

PART II – PROGRAM LEVEL DETAILS

PROGRAM	1

A. PROGRAM 1 CONTACT INFORMATION
Program 1 Name: Northern Rivers Intensive Aftercare Prevention Program
Operating Agency: Northern Rivers/Northeast Parent & Child Society
Program Mailing Address: 530 Franklin Street
Address Line 2:

City: Schenectady	State: **NY**	ZIP Code: 12305
Program Contact's Name: Barbara Passinella	Title: Senior Director of Family Services	
Phone: (518) 393-2194	Ext:	Email: barbara.passinella@northernrivers.org

B. PROGRAM 1 DESCRIPTION AND TARGET POPULATION

1. A Family Support Service program (FSS) may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS. 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 2021-2022. ☐ Yes ☒ No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2021-2022:

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

*Note: If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program.

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

12414, 12413, 12015,12051,12083,12422,12423,12463,12468,12470,12485,12496,12439,12124,12087

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 each requirement of the legislation. 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. (Please refer to the STSJP Annual Plan Development Guide for additional guidance.)

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 being replicated across multiple locations? ☐ Yes ☒ No

C. PROGRAM 1 PERFORMANCE HISTORY (*REFER TO YOUR MUNICIPALITY'S STSJP DATA FILES.*)

1. What, if any, funding did this program receive in PY 2020-2021? If the program was approved in PY 2020-2021, but was not implemented or is anticipated to serve no youth, please choose None.
   ☒ 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 10/1/2020 and 3/31/2021. 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									
STSJP-RTA		0	███████████████				0		0
Total		0					0		0

3. Based on the program's record of youth served, do you anticipate this program serving more or less than its projected capacity on 9/30/2021? Please explain:

   Although funding was approved, the program wasn't initiated, therefore, it is under the budgeted capacity

4. Please use the table to record the **average length of service (days)** for youth who exited the program between 10/1/2020 and 3/31/2021. 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			███████████████				0	

5. How does the average length of service compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length of stay for youth who were in detention and residential placements during the same time period.

   N/A

6. Will this program's outcomes meet the PY 2020-2021 projected goals by 9/30/2021?
   ☐ Yes (*If Yes, skip to section D.*)   ☐ Partially   ☐ No

7. (a) What outcomes are on track to meet the goals set for PY 2020-2021? (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2020-2021? (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 2021-2022?

   To be determined

D. PROGRAM 1 SERVICE PROJECTIONS FOR PY 2021-2022

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2021-2022. 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									
STSJP-RTA		6					6		12
Total		6					6		12

PROGRAM	2

A. PROGRAM 2 CONTACT INFORMATION

Program 2 Name: Common Ground Dispute Resolution, Inc.

Operating Agency: Common Ground Dispute Resolution, Inc.

Program Mailing Address: 11 William Street

Address Line 2:

City: Catskill	State: **NY**	ZIP Code: 12414

Program Contact's Name: Dawn Wallant	Title: Executive Director

Phone: (518) 943-0523	Ext:	Email: dwallant@commongroundinc.org

B. PROGRAM 2 DESCRIPTION AND TARGET POPULATION

1. A Family Support Service program (FSS) may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS. 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 2021-2022. ☐ Yes   ☒ No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2021-2022:

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

   *Note: If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program.

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

   12414, 12413, 12015,12051,12083,12422,12423,12463,12468,12470,12485,12496,12439,12124,12087

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 each requirement of the legislation. 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. (Please refer to the STSJP Annual Plan Development Guide for additional guidance.)

   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, if any, funding did this program receive in PY 2020-2021? If the program was approved in PY 2020-2021, but was not implemented or is anticipated to serve no youth, please choose None.

   ☒ 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 10/1/2020 and 3/31/2021. 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							

3. Based on the program's record of youth served (Q2), do you anticipate this program serving more or less than its projected capacity on 9/30/2021? Please explain:

   Under, as, although funding was approved, the program wasn't initiated. 0

4. Please use the table to record the **average length of service (days)** for youth who exited the program between 10/1/2020 and 3/31/2021. Enter zero (0) if not applicable.

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

5. How does the average length of service (Q4) compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length 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 2020-2021 projected goals by 9/30/2021?
   ☐ Yes (*If Yes, skip to section D.*) ☐ Partially ☐ No

7. (a) What outcomes are on track to meet the goals set for PY 2020-2021? (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2020-2021? (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 2021-2022?

   To be determined

D. PROGRAM 2 SERVICE PROJECTIONS FOR PY 2021-2022

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2021-2022. 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		15	██████████						15
Total		15							15

<table>
<tr><td style="background-color:#6a5d8f; color:white">PROGRAM</td><td style="background-color:#4b3d6e; color:white">3</td></tr>
</table>

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: 89708
Program Contact's Name: Jessica Deal	Title: Unknown	
Phone: (888) 889-8866	Ext:	Email: deal@changecompanies.net

B. PROGRAM 3 DESCRIPTION AND TARGET POPULATION

1. A Family Support Service program (FSS) may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS. 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 2021-2022. ☐ Yes ☒ No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2021-2022:

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

*Note: If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program.

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

   12414, 12413, 12015,12051,12083,12422,12423,12463,12468,12470,12485,12496,12439,12124,12087

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 each requirement of the legislation. 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. (Please refer to the STSJP Annual Plan Development Guide for additional guidance.)

   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 facilitated by probation staff, upon training supplied by the company. The program involves "Forward Thinking Interactive Journaling," and participants will be required to address various states in their lives, and learn to put such down in writing, in an attempt to addresss and correct behavior. the projected cost also includes $5,000 for on-site training.

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.*)

<table>
<tr><td>1.</td><td>What, if any, funding did this program receive in PY 2020-2021? If the program was approved in PY 2020-2021 but was not implemented or is anticipated to serve no youth, please choose None.
☒ None (*If none, skip to section D.*)　　☐ STSJP　　☐ STSJP-RTA</td></tr>
</table>

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2020 and 3/31/2021. 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	▨	▨					0
Total		0							0

3. Based on the program's record of youth served (Q2), do you anticipate this program serving more or less than its projected capacity on 9/30/2021? Please explain:

Under, as, although funding was approved, the program wasn't initiated.

4. Please use the table to record the **average length of service (days)** for youth who exited the program between 10/1/2020 and 3/31/2021. Enter zero (0) if not applicable.

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

5. How does the average length of service (Q4) compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length 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 2020-2021 projected goals by 9/30/2021?
☐ Yes (*If Yes, skip to section D.*)　　☐ Partially　　☐ No

7. (a) What outcomes are on track to meet the goals set for PY 2020-2021? (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2020-2021? (b) Please describe any contributing barriers.

Program was not initiated, due to cost/reimbursement uncertaincies/limited case numbersTo be detemined

9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2021-2022?

D. PROGRAM 3 SERVICE PROJECTIONS FOR PY 2021-2022

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2021-2022. 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		25	▨	▨					25
Total		25							25

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. A Family Support Service program (FSS) may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS. 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 2021-2022. ☐ Yes ☐ No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2021-2022:

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

*Note: If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program.

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 each requirement of the legislation. 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. (Please refer to the STSJP Annual Plan Development Guide for additional guidance.)

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, if any, funding did this program receive in PY 2020-2021? If the program was approved in PY 2020-2021, but was not implemented or is anticipated to serve no youth, please choose None.
   ☐ 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 10/1/2020 and 3/31/2021. 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 record of youth served (Q2), do you anticipate this program serving more or less than its projected capacity on 9/30/2021? Please explain:

4. Please use the table to record the **average length of service (days)** for youth who exited the program between 10/1/2020 and 3/31/2021. Enter zero (0) if not applicable.

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

5. How does the average length of service (Q4) compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length 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 2020-2021 projected goals by 9/30/2021?
   ☐ Yes *(If Yes, skip to section D.)*   ☐ Partially   ☐ No

7. (a) What outcomes are on track to meet the goals set for PY 2020-2021? (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2020-2021? (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 2021-2022?

D. PROGRAM 4 SERVICE PROJECTIONS FOR PY 2021-2022

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2021-2022. Enter zero (0) if not applicable.

Approved Funding	P	EI	ATD/ATPDP (PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total
			Program Type						
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. A Family Support Service program (FSS) may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS. 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 2021-2022. ☐ Yes ☐ No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2021-2022:

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

*Note: If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program.

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 each requirement of the legislation. 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. (Please refer to the STSJP Annual Plan Development Guide for additional guidance.)

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, if any, funding did this program receive in PY 2020-2021? If the program was approved in PY 2020-2021, but was not implemented or is anticipated to serve no youth, please choose None.
    ☐ 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 10/1/2020 and 3/31/2021. 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 record of youth served (Q2), do you anticipate this program serving more or less than its projected capacity on 9/30/2021? Please explain:

4. Please use the table to record the **average length of service (days)** for youth who exited the program between 10/1/2020 and 3/31/2021. Enter zero (0) if not applicable.

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

5. How does the average length of service (Q4) compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length 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 2020-2021 projected goals by 9/30/2021?
   ☐ Yes *(If Yes, skip to section D.)*   ☐ Partially   ☐ No

7. (a) What outcomes are on track to meet the goals set for PY 2020-2021? (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2020-2021? (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 2021-2022?

D. PROGRAM 5 SERVICE PROJECTIONS FOR PY 2021-2022

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2021-2022. Enter zero (0) if not applicable.

Approved Funding	P	EI	ATD/ATPDP (PINS)	ATD/ATPDP (JO/JD)	ATD/ATPDP (JD-RTA)	ATD/ATPDP (AO)	ATP	R/A	Total
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. A Family Support Service program (FSS) may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS. 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 2021-2022. ☐ Yes ☐ No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2021-2022:

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

*Note: If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program.

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 each requirement of the legislation. 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. (Please refer to the STSJP Annual Plan Development Guide for additional guidance.)

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, if any, funding did this program receive in PY 2020-2021? If the program was approved in PY 2020-2021, but was not implemented or is anticipated to serve no youth, please choose None.
   ☐ 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 10/1/2020 and 3/31/2021. Enter zero (0) if not applicable.

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

3. Based on the program's record of youth served (Q2), do you anticipate this program serving more or less than its projected capacity on 9/30/2021? Please explain:

4. Please use the table to record the **average length of service (days)** for youth who exited the program between 10/1/2020 and 3/31/2021. Enter zero (0) if not applicable.

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

5. How does the average length of service (Q4) compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length 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 2020-2021 projected goals by 9/30/2021?
   ☐ Yes *(If Yes, skip to section D.)* ☐ Partially ☐ No

7. (a) What outcomes are on track to meet the goals set for PY 2020-2021? (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2020-2021? (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 2021-2022?

D. PROGRAM 6 SERVICE PROJECTIONS FOR PY 2021-2022

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2021-2022. 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									

PROGRAM	**7**

A. PROGRAM 7 CONTACT INFORMATION

Program 7 Name:
Operating Agency:
Program Mailing Address:
Address Line 2:

City:	State: **NY**	ZIP Code:

Program Contact's Name:	Title:

Phone: ( )	Ext:	Email:

B. PROGRAM 7 DESCRIPTION AND TARGET POPULATION

1. A Family Support Service program (FSS) may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS. 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 2021-2022. ☐ Yes ☐ No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2021-2022:

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

*Note: If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program.

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 each requirement of the legislation. 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. (Please refer to the STSJP Annual Plan Development Guide for additional guidance.)

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, if any, funding did this program receive in PY 2020-2021? If the program was approved in PY 2020-2021, but was not implemented or is anticipated to serve no youth, please choose None.
   ☐ 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 10/1/2020 and 3/31/2021. 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									
STSJP-RTA			■	■					
Total									

3. Based on the program's record of youth served (Q2), do you anticipate this program serving more or less than its projected capacity on 9/30/2021? Please explain:

4. Please use the table to record the **average length of service (days)** for youth who exited the program between 10/1/2020 and 3/31/2021. 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 does the average length of service (Q4) compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length 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 2020-2021 projected goals by 9/30/2021?
☐ Yes *(If Yes, skip to section D.)* ☐ Partially ☐ No

7. (a) What outcomes are on track to meet the goals set for PY 2020-2021? (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2020-2021? (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 2021-2022?

D. PROGRAM 7 SERVICE PROJECTIONS FOR PY 2021-2022

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2021-2022. 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									
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. A Family Support Service program (FSS) may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS. 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 2021-2022. ☐ Yes ☐ No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2021-2022:

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

*Note: If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program.

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 each requirement of the legislation. 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. (Please refer to the STSJP Annual Plan Development Guide for additional guidance.)

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, if any, funding did this program receive in PY 2020-2021? If the program was approved in PY 2020-2021, but was not implemented or is anticipated to serve no youth, please choose "*None*".
☐ 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 10/1/2020 and 3/31/2021. 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 record of youth served (Q2), do you anticipate this program serving more or less than its projected capacity on 9/30/2021? Please explain:

4. Please use the table to record the **average length of service (days)** for youth who exited the program between 10/1/2020 and 3/31/2021. 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 does the average length of service (Q4) compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length 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 2020-2021 projected goals by 9/30/2021?
   ☐ Yes *(If Yes, skip to section D.)* ☐ Partially ☐ No

7. (a) What outcomes are on track to meet the goals set for PY 2020-2021? (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2020-2021? (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 2021-2022?

D. PROGRAM 8 SERVICE PROJECTIONS FOR PY 2021-2022

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2021-2022. 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									
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. A Family Support Service program (FSS) may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS. 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 2021-2022. ☐ Yes ☐ No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2021-2022:

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

*Note: If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program.

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 each requirement of the legislation. 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. (Please refer to the STSJP Annual Plan Development Guide for additional guidance.)

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, if any, funding did this program receive in PY 2020-2021? If the program was approved in PY 2020-2021, but was not implemented or is anticipated to serve no youth, please choose None.
   ☐ 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 10/1/2020 and 3/31/2021. 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 record of youth served (Q2), do you anticipate this program serving more or less than its projected capacity on 9/30/2021? Please explain:

4. Please use the table to record the **average length of service (days)** for youth who exited the program between 10/1/2020 and 3/31/2021. Enter zero (0) if not applicable.

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

5. How does the average length of service (Q4) compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length 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 2020-2021 projected goals by 9/30/2021?
   ☐ Yes *(If Yes, skip to section D.)*   ☐ Partially   ☐ No

7. (a) What outcomes are on track to meet the goals set for PY 2020-2021? (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2020-2021? (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 2021-2022?

D. PROGRAM 9 SERVICE PROJECTIONS FOR PY 2021-2022

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2021-2022. Enter zero (0) if not applicable.

Approved Funding	Program Type								
			ATD/ATPDP						
	P	EI	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total
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. A Family Support Service program (FSS) may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS. 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 2021-2022. ☐ Yes   ☐ No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2021-2022:

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

*Note: If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program.

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 each requirement of the legislation. 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. (Please refer to the STSJP Annual Plan Development Guide for additional guidance.)

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, if any, funding did this program receive in PY 2020-2021? If the program was approved in PY 2020-2021, but was not implemented or is anticipated to serve no youth, please choose "*None*".
  ☐ 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 10/1/2020 and 3/31/2021. 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 record of youth served (Q2), do you anticipate this program serving more or less than its projected capacity on 9/30/2021? Please explain:

4. Please use the table to record the **average length of service (days)** for youth who exited the program between 10/1/2020 and 3/31/2021. Enter zero (0) if not applicable.

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

5. How does the average length of service (Q4) compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length 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 2020-2021 projected goals by 9/30/2021?
  ☐ Yes *(If Yes, skip to section D.)*   ☐ Partially   ☐ No

7. (a) What outcomes are on track to meet the goals set for PY 2020-2021? (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2020-2021? (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 2021-2022?

D. PROGRAM 10 SERVICE PROJECTIONS FOR PY 2021-2022

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2021-2022. 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									
STSJP-RTA			■■■■■■■■■■■■						
Total									

PROGRAM 11

A. PROGRAM 11 CONTACT INFORMATION

Program 11 Name:	
Operating Agency:	
Program Mailing Address:	
Address Line 2:	

City:	State: **NY**	ZIP Code:

Program Contact's Name:	Title:

Phone: ( )	Ext:	Email:

B. PROGRAM 11 DESCRIPTION AND TARGET POPULATION

1. A Family Support Service program (FSS) may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS. 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 2021-2022.   ☐ Yes   ☐ No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2021-2022:

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

*Note: If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program.

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 each requirement of the legislation. 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. (Please refer to the STSJP Annual Plan Development Guide for additional guidance.)

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

C. PROGRAM 11 PERFORMANCE HISTORY (*REFER TO YOUR MUNICIPALITY'S STSJP DATA FILES.*)

1. What, if any, funding did this program receive in PY 2020-2021? If the program was approved in PY 2020-2021, but was not implemented or is anticipated to serve no youth, please choose None.
☐ 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 10/1/2020 and 3/31/2021. 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 record of youth served (Q2), do you anticipate this program serving more or less than its projected capacity on 9/30/2021? Please explain:

4. Please use the table to record the **average length of service (days)** for youth who exited the program between 10/1/2020 and 3/31/2021. Enter zero (0) if not applicable.

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

5. How does the average length of service (Q4) compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length 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 2020-2021 projected goals by 9/30/2021?
   ☐ Yes *(If Yes, skip to section D.)*   ☐ Partially   ☐ No

7. (a) What outcomes are on track to meet the goals set for PY 2020-2021? (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2020-2021? (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 2021-2022?

D. PROGRAM 11 SERVICE PROJECTIONS FOR PY 2021-2022

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2021-2022. 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									

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. A Family Support Service program (FSS) may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS. 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 2021-2022. ☐ Yes ☐ No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2021-2022:

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

*Note: If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program.

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 each requirement of the legislation. 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. (Please refer to the STSJP Annual Plan Development Guide for additional guidance.)

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, if any, funding did this program receive in PY 2020-2021? If the program was approved in PY 2020-2021, but was not implemented or is anticipated to serve no youth, please choose None.
   ☐ 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 10/1/2020 and 3/31/2021. 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 record of youth served (Q2), do you anticipate this program serving more or less than its projected capacity on 9/30/2021? Please explain:

4. Please use the table to record the **average length of service (days)** for youth who exited the program between 10/1/2020 and 3/31/2021. Enter zero (0) if not applicable.

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

5. How does the average length of service (Q4) compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length 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 2020-2021 projected goals by 9/30/2021?
   ☐ Yes *(If Yes, skip to section D.)*   ☐ Partially   ☐ No

7. (a) What outcomes are on track to meet the goals set for PY 2020-2021? (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2020-2021? (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 2021-2022?

D. PROGRAM 12 SERVICE PROJECTIONS FOR PY 2021-2022

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2021-2022. 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									

PART III – Goals for PY 2021-2022

Please set the municipality's goals for its programs to achieve in PY 2021-2022. State-required outcomes have been included with space for you to identify what programs in *Part II-Program Details* will serve youth within each service domain. 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. Goals should reflect high, yet realistic, expectations for the programs.

PREVENTION
(Programs ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ N/A)

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
	%		%	of youth will be engaged in at least one positive community activity
	%		%	of youth will comply with program rules
	%		%	of youth will attend at least 90% of programming

If goal is set below 70% for any outcome please explain:

EARLY INTERVENTION
(Programs ☒ 1 ☒ 2 ☒ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ N/A)

STSJP		STSJP RTA		Outcomes
	%	75	%	of youth will have no PINS referrals during service engagement
	%	75	%	of youth will have no truancies during service engagement
	%	75	%	of youth will have no school suspensions during service engagement
	%	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
	%	75	%	of youth will be engaged in at least one positive community activity
	%	75	%	of youth will comply with program rules
	%	75	%	of youth will attend at least 90% of programming

If goal is set below 70% for any outcome please explain:

ALTERNATIVE TO DETENTION / PRE-DISPOSITIONAL PLACEMENT
(Programs ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ N/A)

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
	%		%	of youth will be engaged in at least one positive community activity
	%		%	of youth will comply with program rules
	%		%	of youth will attend at least 90% of programming

If goal is set below 70% for any outcome please explain:

ALTERNATIVE TO PLACEMENT (Programs ☒ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ N/A)				

STSJP		**STSJP RTA**		**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
	%	75	%	of youth will be engaged in at least one positive community activity
	%	75	%	of youth will comply with program rules
	%	75	%	of youth will attend at least 90 percent of programming

If goal is set below 70 percent for any outcome please explain:

REENTRY / AFTERCARE (Programs ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ N/A)				

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
	%		%	of youth will be engaged in at least one positive community activity
	%		%	of youth will comply with program rules
	%		%	of youth will attend at least 90% of programming

If goal is set below 70% for any outcome please explain:

PART IV – FUNDING

A. ANTICIPATED PROGRAM EXPENSES AND FUNDING DISTRIBUTION

Program Name and Service Types	STSJP Detention Allocation Shifted	Approved Rollover	PY21-22 STSJP Allocation	Total Expenses (100%)	Local Share (38%)	State Share (62%)	STSJP-RTA State Share (100%)
1 Northern Rivers IAPP							**$191,460.00**
Prevention							
Early Intervention							$95,730.00
ATD/ATPDP							
ATP							$95,730.00
Reentry/Aftercare							
Indirect							
2 Common Ground							**$15,000.00**
Prevention							
Early Intervention							$15,000.00
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							
3 Thinking for a Change							**$6,420.00**
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							

Program Name and Service Types	STSJP						STSJP-RTA
	Detention Allocation Shifted	Approved Rollover	PY21-22 STSJP Allocation	Total Expenses (100%)	Local Share (38%)	State Share (62%)	State Share (100%)
6							
Prevention							
Early Intervention							
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							
7							
Prevention							
Early Intervention							
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							
8							
Prevention							
Early Intervention							
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							
9							
Prevention							
Early Intervention							
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							
10							
Prevention							
Early Intervention							
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							

| Program Name and Service Types | STSJP | | | | | | STSJP-RTA |
	Detention Allocation Shifted	Approved Rollover	PY21-22 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:**	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$212,880.00

B. STSJP REIMBURSEMENT SUMMARY	
STSJP Allocation Amount	$40,000.00
Locally Approved Amount of PY 2021-2022 STSJP Allocation	$0.00
Approved Detention Allocation Shifted	$0.00
Approved Rollover Amount	$0.00
Total Approved for State Reimbursement	$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 Grode, County Administrator, has reviewed and approved the 2021-2022 STSJP Plan.

User ID: AF3201	Print Name: Alan Frisbee	Date: 5/17/2022

B. State Level Approval – OCFS Program Reviewer

As OCFS STSJP reviewer, I certify that I approve of this STSJP plan for Greene County for 2021-2022.

User ID: JM9737	Print Name: Karen Sessions	Date: 5/18/2022