



Office of Children and Family Services

KATHY HOCHUL
Governor

SHEILA J. POOLE
Commissioner

November 22, 2021

Dear Chief Executive Officer,

Thank you for submitting Madison 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: Madison County | | |
| Lead agency for STSJP submission: Dept. Of Social Services | | |
| Contact person's name: Jesica Prievo | Title: Deputy Commissioner | |
| Phone: (315) 3662661 | Ext: | Email: jesica.prievo@dfa.state.ny.us |

PLAN SUBMISSION INSTRUCTIONS

STSJP plans are due to the Office of Children and Family Services (OCFS) by 09/08/2021

- 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]."
- Work from the copy saved in Step 1 as you record your municipality information. Save your work as you complete each section.
- Email the completed application to OCFS at stsjp@ocfs.ny.gov. Use the subject line "STSJP 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

- 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
 - Discuss what factors may be contributing to these high numbers:
City of Oneida Zip code : 13421 is the primary area of youth entering the justice system as it is the largest populated city in Madison County. Outside of the city of Oneida, the area is rural with lots of farm land. Some factors contributing to youth entering the juvenile justice system are complex issues around poverty, limited access to services, unmet mental health and substance abuse needs of parents, caregiver and youth. Lower High School graduation rates.
- Resources available at the following link can help you answer these questions:
<https://www.ocfs.ny.gov/programs/youth/stsjp/planning.php>
 - 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 | 318 | 2 | 0 | 0 | 1 | 20 |
| White | 12432 | 92 | 5 | 83 | 3 | 60 |
| Native American/Alaskan | 427 | 3 | 0 | 0 | | |
| Asian/Pacific Islander | 171 | 1 | 0 | 0 | | |
| Hispanic | 106 | 1 | 0 | 0 | | |

| Sex Assigned at Birth | 2019 General Population <18 years | | 2020 Detention Admissions <18 years | | 2020 Placement Admissions <18 years | |
|-----------------------|-----------------------------------|----|-------------------------------------|----|-------------------------------------|----|
| | # | % | # | % | # | % |
| Male | 6885 | 51 | 3 | 50 | 4 | 80 |
| Female | 6569 | 49 | 3 | 50 | 1 | 20 |

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.

I can not make a case for any disparities = None noted.

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:

In person meetings held monthly at Dept. Of Social Services. Present is Child Protective Services, Probation, Berkshire Farms Contract Agency, Stepping Stones Program, Foster Care Unit. Information also gathered from Courts, Attorneys, Mental Health Services, and local Law Enforcement. Schools are coordinated with on a case by case basis when identified as needed.

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

Stepping Stones Program meets with families to solicit feedback and shares with the group. 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. Feedback used for ongoing assessment of services.

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.
 Stepping Stones Program will continue to solicit feedback from community youth groups and programming. This feedback will be primarily from the County Youth Bureau with direct reference to the County wide TAP survey that assesses youth needs.

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.

NA

2. Describe how personnel will be compensated across and between counties in the cooperative:

NA

3. Will a single fiscal officer be the custodian of the funds made available for STSJJP?
 Yes (If Yes, please provide their contact details below.)
 No (If No, skip to Q4.)

| | | |
|--------------------------------|------|--|
| Officer's Name: Steven Chaires | | Title: Deputy Commissioner for Administrative Services |
| Phone: (315) 366-2211 | Ext: | Email: steven.chaires@dfa.state.ny.us |

4. Provide the name and email address of the person who will be responsible for collecting and submitting STSJJP data for joint-funded programs, as well as the names and email addresses of the fiscal officers responsible for joint-funded programs:
 NA

PART II – PROGRAM LEVEL DETAILS

| PROGRAM | 1 | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------------|--|--------------------------|--------------------------|----------------|-------------------------------------|--------------------------|-------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|-----------------------------|--------------------------|--------------------------|-------------------|
| A. PROGRAM 1 CONTACT INFORMATION | | | | | | | | | | | | | | | | | | | | | | |
| Program 1 Name: Stepping Stones | | | | | | | | | | | | | | | | | | | | | | |
| Operating Agency: Berkshire Farm Center and Services for Youth | | | | | | | | | | | | | | | | | | | | | | |
| Program Mailing Address: 427 New Karner Road | | | | | | | | | | | | | | | | | | | | | | |
| Address Line 2: | | | | | | | | | | | | | | | | | | | | | | |
| City: Albany | State: NY ZIP Code: 12205 | | | | | | | | | | | | | | | | | | | | | |
| Program Contact's Name: Shannon Murphy | Title: Director of Prevention | | | | | | | | | | | | | | | | | | | | | |
| Phone: (518) 346-6201 | Ext: Email: smurphy@berkshirefarm.org | | | | | | | | | | | | | | | | | | | | | |
| B. PROGRAM 1 DESCRIPTION AND TARGET POPULATION | | | | | | | | | | | | | | | | | | | | | | |
| <p>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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2021-2022:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">STSJJP</th> <th style="width: 10%;">STSJJP-RTA</th> <th style="width: 80%;"></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Prevention (P)</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Early Intervention (EI)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Alternative to Placement (ATP)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Reentry / Aftercare (R / A)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Indirect Services</td> </tr> </tbody> </table> <p>*Note: If you indicated this program will operate as an FSS, it cannot provide STSJJP-RTA services under this program.</p> <p>3. Please list the ZIP codes this program will target: Any referral from any zip code will be accepted as per the contract.13035; 13163; 13310; 13032; 13346; 13355; 13043; 13408; 13409; 13061; 13484; 13485; 13421; 13314; 13334; 13037; 13364; 13402; 13052; 13418; 13465; 13072; 13122; 13134.</p> <p>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 STSJJP Annual Plan Development Guide for additional guidance.) The Madison County Stepping Stones program is an early intervention program that focuses on intervening at the earliest possible point with youth coming into the Juvenile Justice System with the goal of preventing a youth's progression into the Juvenile Justice system. This program works with youth on diversion whose needs are best served at this early intervention level as well as those whose cases are being managed both pre and petition.</p> | | STSJJP | STSJJP-RTA | | <input type="checkbox"/> | <input type="checkbox"/> | Prevention (P) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Early Intervention (EI) | <input type="checkbox"/> | <input type="checkbox"/> | Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP) | <input type="checkbox"/> | <input type="checkbox"/> | Alternative to Placement (ATP) | <input type="checkbox"/> | <input type="checkbox"/> | Reentry / Aftercare (R / A) | <input type="checkbox"/> | <input type="checkbox"/> | Indirect Services |
| STSJJP | STSJJP-RTA | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Prevention (P) | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Early Intervention (EI) | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP) | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Alternative to Placement (ATP) | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Reentry / Aftercare (R / A) | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Indirect Services | | | | | | | | | | | | | | | | | | | | |

While it is the youth who has been impacted by the JJ system that brings our services to them, the services are not just focused on that one youth. Full assessments on youth and family are completed in order to be able to create a safety plan for that youth and family to ensure the greatest amount of success during and after the service provision period. In addition to safety planning, as the assessments and on-going family engagement identify specific needs, it is the Stepping Stones Family Specialist that will work with the family to continue to make safe plans and get connected to other targeted services such as mental health, substance abuse, domestic violence, and/or other school/home/community based services. All family member needs are addressed as we understand the impact that the entire family dynamic has on the youth and vice versa. It is our intention to provide the family with resources and skills to work through the conflicts and avoid the need for law enforcement interaction, thereby strengthening the family unit as a whole. In the event that this cannot happen, our program then works to identify other resources for the family in terms of natural respite options to preserve the family unit long enough until skills are demonstrated and any/all court appearances have been met.

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 | | | | | | | | Total |
|------------------|--------------|----|-----------|---------|----------|------|-----|-----|-------|
| | P | EI | ATD/ATPDP | | | | ATP | R/A | |
| | | | (PINS) | (JO/JD) | (JD-RTA) | (AO) | | | |
| STSJP | | 14 | | | | | | | 14 |
| STSJP-RTA | | | | | | | | | |
| Total | | 14 | | | | | | | 14 |

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:
 About the same. There are currently 12 youth who have been served since 4/1/21 through today's date (9/28) and 2 days left in the reporting period. It is possible the program will have served about the same number as last reporting period.

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 | | 98.63 | | | | | | |
| STSJP-RTA | | | | | | | | |

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.
 This length of stay is average to last year's LOS. Courts have been impacted by COVID which may result in a longer stay in the program.

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 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 | | | | | | | | Total |
|------------------|--------------|----|-----------|---------|----------|------|-----|-----|-------|
| | P | EI | ATD/ATPDP | | | | ATP | R/A | |
| | | | (PINS) | (JO/JD) | (JD-RTA) | (AO) | | | |
| STSJP | | 18 | 0 | 0 | | | | | 18 |
| STSJP-RTA | | | | | | | | | |
| Total | | 18 | 0 | 0 | | | | | 18 |

PROGRAM 2

A. PROGRAM 2 CONTACT INFORMATION

Program 2 Name:

Operating Agency:

Program Mailing Address:

Address Line 2:

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

Program Contact's Name: Title:

Phone: () Ext: Email:

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

*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 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.

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

3. Based on the program's record of youth served (Q2), do you anticipate this program 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 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.

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

PROGRAM 3

A. PROGRAM 3 CONTACT INFORMATION

Program 3 Name: _____

Operating Agency: _____

Program Mailing Address: _____

Address Line 2: _____

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

Program Contact's Name: _____ Title: _____

Phone: () _____ Ext: _____ Email: _____

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

*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 3 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 | | | | | | | | Total |
|------------------|--------------|----|-----------|---------|----------|------|-----|-----|-------|
| | P | EI | ATD/ATPDP | | | | ATP | R/A | |
| | | | (PINS) | (JO/JD) | (JD-RTA) | (AO) | | | |
| STSJP | | | | | | | | | |
| STSJP-RTA | | | | | | | | | |
| Total | | | | | | | | | |

3. Based on the program's record of youth served (Q2), do you anticipate this program 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 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.

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

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

*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.

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

3. Based on the program's record of youth served (Q2), do you anticipate this program 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 | | | | | | | ATP | R/A |
|------------------|--------------|----|-----------|---------|----------|------|--|-----|-----|
| | P | EI | ATD/ATPDP | | | | | | |
| | | | (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 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 | Program Type | | | | | | | ATP | R/A | Total |
|------------------|--------------|----|-----------|---------|----------|------|--|-----|-----|-------|
| | P | EI | ATD/ATPDP | | | | | | | |
| | | | (PINS) | (JO/JD) | (JD-RTA) | (AO) | | | | |
| STSJP | | | | | | | | | | |
| STSJP-RTA | | | | | | | | | | |
| Total | | | | | | | | | | |

PROGRAM 5

A. PROGRAM 5 CONTACT INFORMATION

Program 5 Name: _____

Operating Agency: _____

Program Mailing Address: _____

Address Line 2: _____

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

Program Contact's Name: _____ Title: _____

Phone: () Ext: _____ Email: _____

B. PROGRAM 5 DESCRIPTION AND TARGET POPULATION

1. 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 | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Prevention (P) |
| <input type="checkbox"/> | <input type="checkbox"/> | Early Intervention (EI) |
| <input type="checkbox"/> | <input type="checkbox"/> | Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP) |
| <input type="checkbox"/> | <input type="checkbox"/> | Alternative to Placement (ATP) |
| <input type="checkbox"/> | <input type="checkbox"/> | Reentry / Aftercare (R / A) |
| <input type="checkbox"/> | <input type="checkbox"/> | Indirect Services |

*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.

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

3. Based on the program's record of youth served (Q2), do you anticipate this program 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.

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

3. Based on the program’s record of youth served (Q2), do you anticipate this program 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 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.

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

PROGRAM 7

A. PROGRAM 7 CONTACT INFORMATION

Program 7 Name: _____

Operating Agency: _____

Program Mailing Address: _____

Address Line 2: _____

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

Program Contact's Name: _____ Title: _____

Phone: () _____ Ext: _____ Email: _____

B. PROGRAM 7 DESCRIPTION AND TARGET POPULATION

1. 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 | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Prevention (P) |
| <input type="checkbox"/> | <input type="checkbox"/> | Early Intervention (EI) |
| <input type="checkbox"/> | <input type="checkbox"/> | Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP) |
| <input type="checkbox"/> | <input type="checkbox"/> | Alternative to Placement (ATP) |
| <input type="checkbox"/> | <input type="checkbox"/> | Reentry / Aftercare (R / A) |
| <input type="checkbox"/> | <input type="checkbox"/> | Indirect Services |

*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 | | | | | | | | Total |
|------------------|--------------|----|-----------|---------|----------|------|-----|-----|-------|
| | P | EI | ATD/ATPDP | | | | ATP | R/A | |
| | | | (PINS) | (JO/JD) | (JD-RTA) | (AO) | | | |
| STSJP | | | | | | | | | |
| STSJP-RTA | | | | | | | | | |
| Total | | | | | | | | | |

3. Based on the program's record of youth served (Q2), do you anticipate this program 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 | | | | | | | | Total |
|------------------|--------------|----|-----------|---------|----------|------|-----|-----|-------|
| | P | EI | ATD/ATPDP | | | | ATP | R/A | |
| | | | (PINS) | (JO/JD) | (JD-RTA) | (AO) | | | |
| STSJP | | | | | | | | | |
| STSJP-RTA | | | | | | | | | |
| Total | | | | | | | | | |

PROGRAM 8

A. PROGRAM 8 CONTACT INFORMATION

Program 8 Name:

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

B. PROGRAM 8 DESCRIPTION AND TARGET POPULATION

1. 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 | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Prevention (P) |
| <input type="checkbox"/> | <input type="checkbox"/> | Early Intervention (EI) |
| <input type="checkbox"/> | <input type="checkbox"/> | Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP) |
| <input type="checkbox"/> | <input type="checkbox"/> | Alternative to Placement (ATP) |
| <input type="checkbox"/> | <input type="checkbox"/> | Reentry / Aftercare (R / A) |
| <input type="checkbox"/> | <input type="checkbox"/> | Indirect Services |

*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.

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

3. Based on the program's record of youth served (Q2), do you anticipate this program 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 | | | | | | | ATP | R/A |
|------------------|--------------|----|-----------|---------|----------|------|--|-----|-----|
| | P | EI | ATD/ATPDP | | | | | | |
| | | | (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 | | | | | | | ATP | R/A | Total |
|------------------|--------------|----|-----------|---------|----------|------|--|-----|-----|-------|
| | P | EI | ATD/ATPDP | | | | | | | |
| | | | (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 | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Prevention (P) |
| <input type="checkbox"/> | <input type="checkbox"/> | Early Intervention (EI) |
| <input type="checkbox"/> | <input type="checkbox"/> | Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP) |
| <input type="checkbox"/> | <input type="checkbox"/> | Alternative to Placement (ATP) |
| <input type="checkbox"/> | <input type="checkbox"/> | Reentry / Aftercare (R / A) |
| <input type="checkbox"/> | <input type="checkbox"/> | Indirect Services |

*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.

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

3. Based on the program's record of youth served (Q2), do you anticipate this program 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 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 | | | | | | | | Total |
|------------------|--------------|----|-----------|---------|----------|------|-----|-----|-------|
| | P | EI | ATD/ATPDP | | | | ATP | R/A | |
| | | | (PINS) | (JO/JD) | (JD-RTA) | (AO) | | | |
| STSJP | | | | | | | | | |
| STSJP-RTA | | | | | | | | | |
| Total | | | | | | | | | |

PROGRAM 10

A. PROGRAM 10 CONTACT INFORMATION

Program 10 Name:
 Operating Agency:
 Program Mailing Address:
 Address Line 2:
 City: State: **NY** ZIP Code:
 Program Contact's Name: Title:
 Phone: () Ext: Email:

B. PROGRAM 10 DESCRIPTION AND TARGET POPULATION

1. 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 | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Prevention (P) |
| <input type="checkbox"/> | <input type="checkbox"/> | Early Intervention (EI) |
| <input type="checkbox"/> | <input type="checkbox"/> | Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP) |
| <input type="checkbox"/> | <input type="checkbox"/> | Alternative to Placement (ATP) |
| <input type="checkbox"/> | <input type="checkbox"/> | Reentry / Aftercare (R / A) |
| <input type="checkbox"/> | <input type="checkbox"/> | Indirect Services |

*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.

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

3. Based on the program’s record of youth served (Q2), do you anticipate this program 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 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 | | | | | | | | Total |
|------------------|--------------|----|-----------|---------|----------|------|-----|-----|-------|
| | P | EI | ATD/ATPDP | | | | ATP | R/A | |
| | | | (PINS) | (JO/JD) | (JD-RTA) | (AO) | | | |
| STSJP | | | | | | | | | |
| STSJP-RTA | | | | | | | | | |
| Total | | | | | | | | | |

PROGRAM 11

A. PROGRAM 11 CONTACT INFORMATION

Program 11 Name: _____

Operating Agency: _____

Program Mailing Address: _____

Address Line 2: _____

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

Program Contact's Name: _____ Title: _____

Phone: () _____ Ext: _____ Email: _____

B. PROGRAM 11 DESCRIPTION AND TARGET POPULATION

1. 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 | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Prevention (P) |
| <input type="checkbox"/> | <input type="checkbox"/> | Early Intervention (EI) |
| <input type="checkbox"/> | <input type="checkbox"/> | Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP) |
| <input type="checkbox"/> | <input type="checkbox"/> | Alternative to Placement (ATP) |
| <input type="checkbox"/> | <input type="checkbox"/> | Reentry / Aftercare (R / A) |
| <input type="checkbox"/> | <input type="checkbox"/> | Indirect Services |

*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.

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

3. Based on the program's record of youth served (Q2), do you anticipate this program 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 | | | | | | ATP | R/A |
|------------------|--------------|----|-----------|---------|----------|------|-----|-----|
| | P | EI | ATD/ATPDP | | | | | |
| | | | (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 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.

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

PROGRAM 12

A. PROGRAM 12 CONTACT INFORMATION

Program 12 Name:

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

B. PROGRAM 12 DESCRIPTION AND TARGET POPULATION

1. 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 | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Prevention (P) |
| <input type="checkbox"/> | <input type="checkbox"/> | Early Intervention (EI) |
| <input type="checkbox"/> | <input type="checkbox"/> | Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP) |
| <input type="checkbox"/> | <input type="checkbox"/> | Alternative to Placement (ATP) |
| <input type="checkbox"/> | <input type="checkbox"/> | Reentry / Aftercare (R / A) |
| <input type="checkbox"/> | <input type="checkbox"/> | Indirect Services |

*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.

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

3. Based on the program's record of youth served (Q2), do you anticipate this program 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 | | | | | | | ATP | R/A |
|------------------|--------------|----|-----------|---------|----------|------|--|-----|-----|
| | P | EI | ATD/ATPDP | | | | | | |
| | | | (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 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.

| Approved Funding | Program Type | | | | | | | ATP | R/A | Total |
|------------------|--------------|----|-----------|---------|----------|------|--|-----|-----|-------|
| | P | EI | ATD/ATPDP | | | | | | | |
| | | | (PINS) | (JO/JD) | (JD-RTA) | (AO) | | | | |
| 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 trancies 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 |
|-------|---|-----------|---|---|
| 80 | % | | % | of youth will have no PINS referrals during service engagement |
| 80 | % | | % | of youth will have no trancies during service engagement |
| 80 | % | | % | of youth will have no school suspensions during service engagement |
| 80 | % | | % | of youth will have no arrests or probation intakes during service engagement |
| 80 | % | | % | of youth will have their cases successfully adjusted/diverted during service engagement |
| 80 | % | | % | of youth will be able to identify at least one accessible, positive adult connection |
| 80 | % | | % | of youth will be engaged in at least one positive community activity |
| 80 | % | | % | of youth will comply with program rules |
| 80 | % | | % | 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 |
|-------|---|-----------|---|--|
| | % | | % | of youth will have no warrants issued during service engagement |
| | % | | % | of youth will have no arrests or probation intakes during service engagement |
| | % | | % | of youth will have no detention or jail admissions during service engagement |
| | % | | % | of PINS will have no pre-dispositional placements during service engagement |
| | % | | % | of youth will have no violations of probation filed during service engagement |
| | % | | % | of youth will have no new placements during service engagement |
| | % | | % | of youth will be able to identify at least one accessible, positive adult connection |
| | % | | % | 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 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 | | | | | | STSJP-RTA |
| | Detention Allocation Shifted | Approved Rollover | PY21-22 STSJP Allocation | Total Expenses (100%) | Local Share (38%) | State Share (62%) | State Share (100%) |
| 1 Berkshire Farms Stepping Stones Program. | \$49,484.60 | | \$40,000.00 | \$144,330.00 | \$54,845.40 | \$89,484.60 | |
| Prevention | | | | | | | |
| Early Intervention | \$49,484.60 | | \$40,000.00 | \$144,330.00 | \$54,845.40 | \$89,484.60 | |
| ATD/ATPDP | | | | | | | |
| ATP | | | | | | | |
| Reentry/Aftercare | | | | | | | |
| Indirect | | | | | | | |
| 2 | | | | | | | |
| Prevention | | | | | | | |
| Early Intervention | | | | | | | |
| ATD/ATPDP | | | | | | | |
| ATP | | | | | | | |
| Reentry/Aftercare | | | | | | | |
| Indirect | | | | | | | |
| 3 | | | | | | | |
| Prevention | | | | | | | |
| Early Intervention | | | | | | | |
| 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: | \$49,484.60 | | \$40,000.00 | \$144,330.00 | \$54,845.40 | \$89,484.60 | |

| B. STSJP REIMBURSEMENT SUMMARY | |
|--|--------------------|
| STSJP Allocation Amount | \$40,000.00 |
| Locally Approved Amount of PY 2021-2022 STSJP Allocation | \$40,000.00 |
| Approved Detention Allocation Shifted | \$49,484.60 |
| Approved Rollover Amount | |
| Total Approved for State Reimbursement | \$89,484.60 |
| C. STSJP-RTA REIMBURSEMENT SUMMARY | |
| STSJP-RTA Approved Plan Amount | \$0.00 |
| Total Approved for State Reimbursement | 0 |

| PART V – PLAN APPROVAL | | |
|--|-------------------------------|------------------|
| A. Municipality Level Approval – Chief Executive / Administrative Official | | |
| As STSJP Lead for Choose an item., I certify that the Chief Executive/Administrative Official, [Name and Title] Mark Scimone County Administrator, has reviewed and approved the 2021-2022 STSJP Plan. | | |
| User ID: 25a409 | Print Name: Jessica L. Prievo | Date: 10/29/2021 |
| B. State Level Approval – OCFS Program Reviewer | | |
| As OCFS STSJP reviewer, I certify that I approve of this STSJP plan for Madison County for 2021-2022. | | |
| User ID: JM9737 | Print Name: Karen Sessions | Date: 11/19/2021 |