



Office of Children and Family Services

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Commissioner

June 11, 2021

Dear Chief Executive Officer,

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

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

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

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

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

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

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

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

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

Sincerely,

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

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

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

SUBMITTING MUNICIPALITY CONTACT INFORMATION

Name of applicant county, counties, or jurisdiction: STEUBEN COUNTY		
Lead agency for STSJP submission: STEUBEN COUNTY PROBATION DEPARTMENT		
Contact Person's Name: CHERYL A CROCKER	Title: PROBATION DIRECTOR	
Phone: (607) 664-2330	Ext:	Email: CCrocker@SteubenCountyNY.gov

PLAN SUBMISSION INSTRUCTIONS

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

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

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

NOTE:

Cooperative Applications Submitted Jointly by Two or More Counties

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

PART I – MUNICIPALITY LEVEL DETAILS

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

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

B. Municipality Level Analysis

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

Steuben County covers roughly 1397 square miles with a population of approximately 100,000 people living in rural agricultural areas, small towns and villages and two small cities. There are three main population centers in the county from where the majority of our PINS and JD referrals, AO and YO Offenders come from, which are the cities of

Corning(14830) and Hornell(14843) and the Village of Bath (14810). Steuben County is divided into 32 towns, 14 villages, 2 cities and is governed by a Board of Legislators comprised of 17 elected officials and a County Manager. There are 13 School Districts throughout the County.

The factors that contribute as to why the majority of these youth that enter into the juvenile justice system come from the Corning, Hornell and Bath areas are that they have the largest populations, the most school districts, a greater Law Enforcement presence and greater access to drugs, retail businesses, larger gatherings of other youth that lack accessto structured, supervised activities.

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

The data for Steuben County provided by OCFS and DCJS identifies that there are no disparities or disproportionalities in our system in regards to racial/ethnic groups or gender.

C. Local Collaboration

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

The consensus of major stake holders in Steuben County is to continue operating as we are with the current STSJP Plan, utilizing Probation Officers who have dedicated caseloads of PINS, JD and AO youth, conduct intakes, perform asesments with the use of YASI and focus on those juveniles who are at greatest risk of being referred to Family Court therefore at greatest risk of being placed in detention and subsequently placed in residential placement. Probation Officers will provide diversion servies, Pre-dispositional Supervision, court ordered Probation Supervision, utilize GPS electronic monitoring, and continue working closely with other agencies such as- Department of Social Services, Steuben County Mental Health,Steuben County Alcohol and Substance Abuse Services, and Local private counseling agencies.

In addition Probation will continue working with the 13 local area school districts and continue utilizing other preventive services such as WRAP, Family Focus through Family Service Society and SHAPE parenting education through Kinship agency. Probation wil continue to work on reducing juvenile justice placements in detention and residential placement.

PART II – PROGRAM LEVEL DETAILS

PROGRAM	1
A. Program 1 Contact Information	
Program 1 Name: PINS/JD Intake/Diversion	
Operating Agency: Steuben County Probation Department	
Program Mailing Address: 3 East Pulteney Sq.	
Address Line 2:	
City: Bath	State: NY Zip Code: 14810
Program Contact’s Name: Craig Pomplas	Title: Deputy Director
Phone: (607) 664-2330 Ext:	Email: CPomplas@SteubenCountyNY.gov
B. Program 1 Description and Target Population	
1. This program meets the legal definition of a Family Support Services (FSS) program (Social Services Law Section 458-m) and will operate in this capacity for PY 2020-2021. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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

3. Please list the zip codes this program will target:
14830, 14810, 14843, 14870, 14572

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

The Steuben County Probation Department will provide direct services to PINS and JD youth from the Intake stage through the diversion process by providing assessments, case management and supervision . During the diversion process, the Probation Department will work diligently with the youth and his/her family by making referrals for needed services/treatment based on a YASI assessment , and then provide close supervision to assure that these needed services/treatment are followed.

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

C. Program 1 Performance History (Refer to your municipality’s STJSJP data files.)

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

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

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STJSJP		82							82
STJSJP-RTA									
Total		82							82

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

It is anticipated that this program will be slightly over its budgeted capacity. This is based on our projected number in the 2019-2020 plan being 80 as the number of youth who will receive services from this program.

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

Approved Funding	Program Type							
	P	EI	ATD/ATPDP				ATP	R/A
			(PINS)	(JO/JD)	(JD-RTA)	(AO)		
STJSJP		64.50						
STJSJP-RTA								

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

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

3. Please list the zip codes this program will target:
14830, 14870,14843,14810, 14572

4. Describe the program, including how it is family focused. If you answered “yes” to Q1 (FSS), be sure to demonstrate how your program meets the definition. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them.
Court ordered Probation Supervision for PINS, JD and JD RTA youth cases provides close monitoring of the youth by a Probation Officer as well as referrals for identified services / treatment as determined by a YASI assessment and reassessments. In addition, the Probation Officer works with the family, school and service providers to facilitate compliance from the juvenile in following the court ordered Probation conditions to avoid further court involvement, detention and/or out of home placement.

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

C. Program 2 Performance History (Refer to your municipality’s STSJ data files.)

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

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

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP							31		31
STSJP-RTA									
Total							31		31

3. Based on the program’s record of youth served (Q2), do you anticipate this program being over or under its budgeted capacity on 9/30/2020? Please explain:
It is believed that this program will be slightly over its budgeted capacity. This is based on our current numbers and that the projected number of youth who will receive services from this program in the 2019-2020 plan was 30.

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

Approved Funding	Program Type							
	P	EI	ATD/ATPDP				ATP	R/A
			(PINS)	(JO/JD)	(JD-RTA)	(AO)		
STSJP							249.43	
STSJP-RTA								

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

The average length of service for this program is what we expected which is about one year. This is also the average for a court ordered placement in a residential program.

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

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

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

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

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

D. Program 2 Service Projections for PY 2020-2021

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

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP							30		30
STSJP-RTA									
Total							30		30

PROGRAM 3

A. Program 3 Contact Information

Program 3 Name: Pre-Dispositional Court ordered Supervision

Operating Agency: Steuben County Probation Department

Program Mailing Address: 3 East Pulteney Sq.

Address Line 2:

City: Bath

State: **NY**

Zip Code: 14810

Program Contact's Name: Craig Pomplas

Title: Deputy Director

Phone: (607) 664-2330 Ext:

Email: CPomplas@SteubenCountyNY.gov

B. Program 3 Description and Target Population

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

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

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

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

14810, 14830, 14870, 14843, 14572

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

The Probation Department screens all youth petitioned into Family Court for alternatives to detention. If there appears to be a high risk of remand, an assessment is done determining if court ordered Pre-Dispositional Supervision is appropriate and /or the use of GPS Monitoring. If Pre-Dispositional Supervision is ordered by the court, the Probation Department provides intensive supervision, monitors the juveniles compliance with court orders as while their matter is pending disposition.

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

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

1. What funding did this program receive in PY 2019-2020?

None (If none, skip to section D.) STSJP STSJP-RTA

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

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP				9					9
STSJP-RTA									
Total				9					9

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

It is anticipated that this program will be slightly over its budgeted capacity. This is based on our current numbers and that the projected number of youth who will receive services from this program in the 2019-2020 plan was 10.

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

Approved Funding	Program Type							
	P	EI	ATD/ATPDP				ATP	R/A
			(PINS)	(JO/JD)	(JD-RTA)	(AO)		
STSJP				51.80				
STSJP-RTA								

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

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

3. Please list the zip codes this program will target:
14830, 14870, 14843, 14810, 14572

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

Youth WRAP Around program is a program operated by Pathways, Inc.that provides community based, family focused, comprehensive services to high-risk RTA youth and their families.This program utilizes a strengths-based assessment and develops a comprehensive, realistic family focused treatment plan based on identified strengths and needs of the youth and family. Services available to all families participating in this program include Intensive Case Management, Respite Services, Skill Building Service.

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

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

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

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

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP									
STSJP-RTA	8								8
Total	8								8

3. Based on the program’s record of youth served (Q2), do you anticipate this program being over or under its budgeted capacity on 9/30/2020? Please explain:
It is anticipated that this program will be right on tract for its budgeted capacity.This is based on our current numbers and that the projected number of youth who would receive services from this program in the 2019-2020 plan was 12.

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

Approved Funding	Program Type							
	P	EI	ATD/ATPDP				ATP	R/A
			(PINS)	(JO/JD)	(JD-RTA)	(AO)		
STSJP								
STSJP-RTA	115.37							

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

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

3. Please list the zip codes this program will target:
14830 14810 14870 14801

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

At risk youth in these communities will be referred to the Youth and Law Enforcement Mentoring Program to help prevent said youth from entering into the juvenile justice system and/or prevent them from being referred to Family Court as JD's or AO's. This mentoring program utilizes Law Enforcement as mentors and the \$24,750 goes towards part of a Sheriff Deputy's salary for participating in the program as a mentor.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

D. Program 6 Service Projections for PY 2020-2021

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

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

PROGRAM 7

A. Program 7 Contact Information

Program 7 Name: _____

Operating Agency: _____

Program Mailing Address: _____

Address Line 2: _____

City: _____ State: **NY** Zip Code: _____

Program Contact's Name: _____ Title: _____

Phone: () _____ Ext: _____ Email: _____

B. Program 7 Description and Target Population

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

D. Program 7 Service Projections for PY 2020-2021

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

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

PROGRAM 8

A. Program 8 Contact Information

Program 8 Name:

Operating Agency:

Program Mailing Address:		
Address Line 2:		
City:	State: NY	Zip Code:
Program Contact's Name:		Title:
Phone: ()	Ext:	Email:

B. Program 8 Description and Target Population

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

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

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

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

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

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

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

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

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

Approved Funding	Program Type						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 being over or under its budgeted capacity on 9/30/2020? Please explain:

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

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

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

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

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

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

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

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

D. Program 8 Service Projections for PY 2020-2021

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

D. Program 9 Service Projections for PY 2020-2021

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

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

PROGRAM 10

A. Program 10 Contact Information

Program 10 Name:

Operating Agency:

Program Mailing Address:

Address Line 2:

City: State: **NY** Zip Code:

Program Contact's Name: Title:

Phone: () Ext: Email:

B. Program 10 Description and Target Population

1. This program meets the legal definition of a **Family Support Services (FSS) program (Social Services Law Section 458-m)** and will operate in this capacity for PY 2020-2021. Yes No
2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:

STSJP	STSJP-RTA	
<input type="checkbox"/>	<input type="checkbox"/>	Prevention (P)
<input type="checkbox"/>	<input type="checkbox"/>	Early Intervention (EI)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Placement (ATP)
<input type="checkbox"/>	<input type="checkbox"/>	Reentry / Aftercare (R / A)
<input type="checkbox"/>	<input type="checkbox"/>	Indirect Services
3. Please list the zip codes this program will target:
4. Describe the program, including how it is family focused. If you answered "yes" to Q1 (FSS), be sure to demonstrate how your program meets the definition. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them.

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

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

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

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

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

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

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

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

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

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

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

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

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

D. Program 10 Service Projections for PY 2020-2021

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

Approved Funding	Program Type							R/A	Total
	P	EI	ATD/ATPDP				ATP		
			(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. This program meets the legal definition of a **Family Support Services (FSS) program (Social Services Law Section 458-m)** and will operate in this capacity for PY 2020-2021. Yes No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

D. Program 11 Service Projections for PY 2020-2021

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

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

PROGRAM 12

A. Program 12 Contact Information

Program 12 Name:

Operating Agency:

Program Mailing Address:		
Address Line 2:		
City:	State: NY	Zip Code:
Program Contact's Name:		Title:
Phone: ()	Ext:	Email:

B. Program 12 Description and Target Population

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

D. Program 12 Service Projections for PY 2020-2021

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

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

PART III – Goals for PY 2020-2021

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

Prevention

STSJP	STSJP RTA	Outcomes
%	100	% of youth will have no PINS referrals during service engagement
%	90	% of youth will have no trancies during service engagement
%	90	% of youth will have no school suspensions during service engagement
%	90	% of youth will have no arrests or probation intakes during service engagement
%	90	% of youth will be able to identify at least one accessible, positive adult connection *(new)
%	80	% of youth will be engaged in at least one positive community activity *(new)
%	90	% of youth will comply with program rules
%	90	% of youth will attend at least 90 percent of programming

Other, locally collected outcomes:				
Early Intervention				
STSJP		STSJP RTA		Outcomes
100	%		%	of youth will have no PINS referrals during service engagement
90	%		%	of youth will have no truancies during service engagement
90	%		%	of youth will have no school suspensions during service engagement
90	%		%	of youth will have no arrests or probation intakes during service engagement
90	%		%	of youth will have their cases successfully adjusted/diverted during service engagement
90	%		%	of youth will be able to identify at least one accessible, positive adult connection * (new)
80	%		%	of youth will be engaged in at least one positive community activity * (new)
90	%		%	of youth will comply with program rules
90	%		%	of youth will attend at least 90 percent of programming
Other, locally collected outcomes:				
Alternative to Detention / Pre-Dispositional Placement				
STSJP		STSJP RTA		Outcomes
100	%		%	of youth will have no missed court appearances during service engagement
90	%		%	of youth will have no warrants issued during service engagement
90	%		%	of youth will have no arrests or probation intakes during service engagement
90	%		%	of youth will have no detention or jail admissions during service engagement
90	%		%	of PINS will have no pre-dispositional placements during service engagement
90	%		%	of youth will be able to identify at least one accessible, positive adult connection * (new)
80	%		%	of youth will be engaged in at least one positive community activity * (new)
90	%		%	of youth will comply with program rules
90	%		%	of youth will attend at least 90 percent of programming
Other, locally collected outcomes:				
Alternative to Placement				
STSJP		STSJP RTA		Outcomes
90	%		%	of youth will have no warrants issued during service engagement
90	%		%	of youth will have no arrests or probation intakes during service engagement
90	%		%	of youth will have no detention or jail admissions during service engagement
100	%		%	of PINS will have no pre-dispositional placements during service engagement
90	%		%	of youth will have no violations of probation filed during service engagement
90	%		%	of youth will have no new placements during service engagement
90	%		%	of youth will be able to identify at least one accessible, positive adult connection * (new)
80	%		%	of youth will be engaged in at least one positive community activity * (new)
90	%		%	of youth will comply with program rules
90	%		%	of youth will attend at least 90 percent of programming
Other, locally collected outcomes:				
Reentry / Aftercare				

STSJP		STSJP RTA		Outcomes
	%		%	of youth will have no warrants issued during service engagement
	%		%	of youth will have no arrests or probation intakes during service engagement
	%		%	of youth will have no detention or jail admissions during service engagement
	%		%	of PINS will have no pre-dispositional placements during service engagement
	%		%	of youth will have no new placements during service engagement
	%		%	of youth will have no returns to their previous placements during service engagement
	%		%	of youth will be able to identify at least one accessible, positive adult connection * (new)
	%		%	of youth will be engaged in at least one positive community activity * (new)
	%		%	of youth will comply with program rules
	%		%	of youth will attend at least 90 percent of programming
Other, locally collected outcomes:				

PART IV – FUNDING**A. Anticipated Program Expenses and Funding Distribution**

Program Name & Service Types	STSJP					STSJP- RTA
	Detention Allocation Shifted	PY20-21 STSJP Allocation	Total Expenses (100%)	Local Share (38%)	State Share (62%)	State Share (100%)
1 PINS/JD Intake/Diversion	\$44,067.11	\$21,401.99	\$105,595.33	\$40,126.23	\$65,469.10	
Prevention						
Early Intervention	\$44,067.11	\$21,401.99	\$105,595.33	\$40,126.23	\$65,469.10	
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						
2 PINS, JD, AO Supervision	\$44,067.10	\$21,402.00	\$105,595.33	\$40,126.23	\$65,469.10	
Prevention						
Early Intervention						
ATD/ATPDP						
ATP	\$44,067.10	\$21,402.00	\$105,595.33	\$40,126.23	\$65,469.10	
Reentry/Aftercare						
Indirect						
3 Pre-Dispositional Supervision	\$44,067.10	\$21,402.01	\$105,595.34	\$40,126.23	\$65,469.11	
Prevention						
Early Intervention						
ATD/ATPDP	\$44,067.10	\$21,402.01	\$105,595.34	\$40,126.23	\$65,469.11	
ATP						
Reentry/Aftercare						
Indirect						
4 Youth WRAP Around Program						\$168,792.00
Prevention						\$168,792.00
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						
5 Youth and Law Enforcement Mentoring Program						\$24,750.00
Prevention						\$24,750.00
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						

Program Name & Service Types	STSJP					STSJP-RTA
	Detention Allocation Shifted	PY20-21 STSJP Allocation	Total Expenses (100%)	Local Share (38%)	State Share (62%)	State Share (100%)
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 & Service Types	STSJP					STSJP-RTA
	Detention Allocation Shifted	PY20-21 STSJP Allocation	Total Expenses (100%)	Local Share (38%)	State Share (62%)	State Share (100%)
11						
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						
12						
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						
Sum of Program Totals:	\$132,201.31	\$64,206.00	\$316,786.00	\$120,378.69	\$196,407.31	\$193,542.00

B. STSJP Reimbursement Summary	
STSJP Allocation Amount	\$64,206.00
Locally Approved Amount of PY 2020-2021 STSJP Allocation	\$64,206.00
Approved Detention Allocation Shifted	\$132,201.31
Total Approved for State Reimbursement	\$196,407.31

C. STSJP-RTA Reimbursement Summary	
STSJP-RTA Approved Plan Amount	\$193,542.00
Total Approved for State Reimbursement	\$193,542.00

PART V – PLAN APPROVAL		
A. Municipality Level Approval – Chief Executive / Administrative Official		
As STSJP Lead for Steuben County, I certify that the Chief Executive/Administrative Official, [Name and Title] Jack Wheeler, County Manager, has reviewed and approved the 2020-2021 STSJP Plan.		
User ID: 46A816	Print Name: Cheryl A Crocker	Date: 10/19/2020
B. State Level Approval – OCFS Program Reviewer		
As OCFS STSJP reviewer, I certify that I approve of this STSJP plan for Choose an item. for 2020-2021.		
User ID: IT1619	Print Name: Geneva Hilliard	Date: 6/8/2021