

ANDREW M. CUOMO Governor SHEILA J. POOLE Commissioner

January 21, 2021

Dear Chief Executive Officer,

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

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

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

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

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

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

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

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

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

Sincerely,

co-a-

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: Tioga								
Lead agency for STSJP submission: Tioga County Probation								
Contact Person's Name: Bria	n L. Cain	Title: Probation Supervisor						
Phone: (607) 687-8535	Ext: 8522	Email: cainb@co.tioga.ny.us						

#### PLAN SUBMISSION INSTRUCTIONS

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

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

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

#### **NOTE:**

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

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

PART I – MUNICIPALITY LEVEL DETAILS								
A. Cooperative Applicat	Cooperative Application (Complete this section only if this is a joint application.)							
Describe the provisions for the provision of	Describe the provisions for the proportionate cost to be borne by each county.							
2. Describe how personnel	2. Describe how personnel will be compensated across and between counties in the cooperative:							
	Yes (If yes, please provide their contact details below.)							
Officer's Name:	Officer's Name: Title:							
Phone: ( )	hone: ( ) Ext: Email:							
4. Describe who will be resp	4. Describe who will be responsible for collecting and submitting STSJP data for joint-funded programs:							

#### **B.** Municipality Level Analysis

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

The highest number of Persons In Need of Supervision (PINS), Juvenile Delinquents (JD), Juvenile Offenders (JO), Adolescent Offenders (AO), and Youthful Offenders (YO) entering the youth justice system in Tioga County originated from two communites, Owego (13827) with 24% and Waverly (14895) with 36% for a total of 60% from those two

localities. This is logical as these are two of our largest population centers within Tioga County. These are also two areas where service agencies are located and have more of a presence in the community. The schools in these zip codes are also active participants in our colaborative Youth Assessment Team and aware of service and how to access them for youth in their areas.

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:

Twenty seven out of 33, or 82% of the youth who became involved in the youth justice system from 10/01/19 to 9/30/20 in Tioga Court where Caucasian or White. Six out of 33, or 18% of the youth were African American. These percentages appear to be consistant with the racial make up in Tioga County which is primarily Caucasian/White. Four youth were remanded to non-secure detention during this time period with three of those youth (75%) being Caucasian/White and one of those youth (25%) being African American. This does not appear to indicate a racial/ethnic disparity.

#### 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:

Collaboration is utilized in Tioga County in the form of a Youth Assessment Team which is facilitated by supervisory level staff from the Tioga County Probation Department and the Tioga County Department of Social Services. The Youth Assessment Team is comprised of representatives from Probation, the Tioga County Department of Social Services, Tioga County Alcohol and Drug Services, the Tioga County Department of Mental Hygiene, SPOA (Single Point of Accessibility) Coordinator, Multisystemic Therapy, Glove House, A New Hope Center (domestic violence advocacy center), Cayuga Counseling Services, County Attorney as well as law enforcement, attorney for the child, and schools when available.

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

PROGRAM	1								
A. Program 1 Contact Information									
Program 1 Name: Reminder Call Program/Electronic Monitoring/Enhanced Intake & Diversion Services									
Operating Agency: Tioga County Probation									
Program Mailing Address: 20 Court Street, Suite 1									
Address Line	Address Line 2:								
City: Owego	City: Owego State: NY Zip Code: 13827				Zip Code: 13827				
Program Cor	tact's	Name:	Brian L. Cain	Title: Probation Supervisor					
Phone: (607)	687-	8535	Ext: 8522	Email: cainb@co.ti	oga.ny.us				
B. Program	B. Program 1 Description and Target Population								
	1. This program meets the legal definition of a <i>Family Support Services (FSS) program (Social Services Law Section 458-m)</i> and will operate in this capacity for PY 2020-2021. Yes No								

budgeted capacity.

2.	Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:										
	STSJP STSJP-RTA										
	Prevention (P)										
Early Intervention (EI)											
					/ Pre-Dispo	ositional Plac	cement	(ATD	ATPD	P)	
	Alterna	tive	to P	lacement	(ATP)						
	Reentr	y / A	fterd	are (R / /	۹)						
	Indirec	t Sei	rvice	s							
3.	Please list the zip codes this program will target:										
	13827, 14892, 13811, 13732, 14										
4.	Describe the program, including demonstrate how your program of Q2 will address the unique need youth detained and residentially	meets of	ts th	e definition h at that	on. Also, pl system poi	ease explair nt, and how	n how e those s	ach of service	the se s will a	rvice ty id in the	pes selected in e reduction of
	Program 1 contains three components. First the Reminder Call Program, which is designed to contact youth who have a petition pending in Family Court and a scheduled court appearance. A Probation Officer contacts the youth on a weekly basis to remind them of their appearance an thereforce reducing the risk of the youth not appearing and a warrant being issued. Second, Electronic Monitoring (EM). EM is used to more closely monitor the youth using the GPS capability of the device. The hope is this element will reduce or eliminate the youth visiting undesirable locations or if the youth does leave home without permission, allow parents or authorities to locate the youth before the youth commits further undesirable acts. EM is used both Pre-Disposition and Post Disposition to attempt to keep the youth in the community to avoid either a detention placement or placement with the Department of Social Services. Third, Enhanced Intake and Diversion Services allows for youth issued Juvenile Delinquency Appearance Tickets to appear at Probation for intake the following business day. This option is designed to keep youth out of detention by offering a more timely intervention by the Juvenile Justice System therefore reducing the chance of the youth's removal from the home and the community.										
	Program 1 Performance His				· · · · · · · · · · · · · · · · · · ·	ality's STSJ	P data	files.)			
1.	What funding did this program re  None (If none, skip to section			PY 2019 ⊠ STS		STSJP-RTA					
2.	Please use the table to record he 3/31/2020. Enter zero (0) if not a				#) were se	erved by the	progra	m betv	een 1	0/1/201	9 and
			1			ram Type		1			
	Approved Funding	Р	ΕI	(PINS)	ATD/A (JO/JD)	TPDP (JD-RTA)	(AO)	ATP	R/A	Total	
	Approved Funding STSJP	0	0	0	13	0	0	0	0	13	-
	STSJP-RTA	0	0	U	13	0	0	0	0	0	-
	Total	0	0	0	13	0	0	0	0	13	-
	i Otal	U	U	<u> </u>		U			U		
3.	Based on the program's record of budgeted capacity on 9/30/2020				(2), do you	anticipate tl	his prog	gram be	eing ov	er or u	nder its
	As the projected number of you			•	r the previ	ious Progran	n Year v	was 20	it wou	ıld appe	ear that serving
	13 halfway through the Program Year would project the program to be over budget for the full Program Year.										

However, due to limited use of Electronic Monitoring during the Program Year, the program finished under it's

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

		Program Type								
				ATD/ATPDP						
Approved Funding	Р	EI	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A		
STSJP	0.00	0.00	0.00	86	0.00	0.00	0.00	0.00		
STSJP-RTA	0.00	0.00			0.00	0.00	0.00	0.00		

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

Tioga County had no youth in detention or residential placements during that time period so comparisons are not possible. However, given the time it takes for the Presentment Agency to file petitions, time to complete the PDI and Court scheduing, the average length of service of 86 days does not appear unreasonable.

6.	Will this program's outcomes meet t	he PY 2019-2020	projected goals	by 9/30/2020?
	$\boxtimes$ 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 wi
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- 8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.
- 9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2020-2021?

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

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

					ĺ				
				ATD/A					
Approved Funding	Ρ	EI	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total
STSJP	0	0	0	20	0	0	0	0	20
STSJP-RTA	0	0			0	0	0	0	0
Total	0	0	0	20	0	0	0	0	20

PROGRAM	2	
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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 Descrip	tion and Target Population								

2.	Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:								
	STSJP STSJP-RTA								
Prevention (P)									
	Early Intervention (EI)								
	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)								
	Alternative to Placement (ATP)								
	Reentry / Aftercare (R / A) Indirect Services								
3.	Please list the zip codes this program will target:								
4.	Describe the program, including how it is family 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?								
C.	Program 2 Performance History (Refer to your municipality's STSJP data files.)								
1.	What funding did this program receive in PY 2019-2020?  ☐ None (If none, skip to section D.) ☐ STSJP ☐ STSJP-RTA								
2.	Please use the table to record <b>how many youth (#) were served</b> by the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.								
	Program Type								
	ATD/ATPDP								
	Approved Funding P EI (PINS) (JO/JD) (JD-RTA) (AO) ATP R/A Total								
	STSJP								
	STSJP-RTA								
	Total 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 <b>average lengths of service (days)</b> for youth who exited the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.								
	· · · · · · · · · · · · · · · · · · ·								
	Program Type ATD/ATPDP								
	Approved Funding P EI (PINS) (JO/JD) (JD-RTA) (AO) ATP R/A								
	STSJP								
	STSJP-RTA								
5.	How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths of stay for youth who were in detention and residential placements during the same time period.								
6.	Will this program's outcomes meet the PY 2019-2020 projected goals by 9/30/2020?  ☐ Yes (If yes, skip to section D.) ☐ Partially ☐ No								

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.	<b>Program 2 Service P</b>	Program 2 Service Projections for PY 2020-2021								
1.	Please use the table to indicate the <b>projected # youth to be served</b> by the program for PY 2020-2021. Enter zero (0) if not applicable.									
					Progra	ım Type				
						ATPDP				
	Approved Funding	Р	EI	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total
	STSJP									
	STSJP-RTA									<u> </u>
	Total									
PR	OGRAM 3									
A.	Program 3 Contact I	nformat	ion							
Pro	gram 3 Name:									
Оре	erating Agency:									
Pro	gram Mailing Address:									
Add	dress Line 2:									
City	<i>r</i> :				Stat	e: <b>NY</b>	Zip (	Code:		
Pro	gram Contact's Name:				Title	):				
Pho	one: ( )	Ext:			Ema	ail:				
B.	<b>Program 3 Description</b>	on and <sup>-</sup>	Farget F	opulation	on					
1.	This program meets the <b>Section 458-m)</b> and will							gram (So No	ocial Sei	rvices Law
2.	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									
		Prevent	tion (P)							
			terventio	n (El)						
		•			Pre-Dispo	sitional Place	ement (A	TD / ATI	PDP)	
				acement (	-		`			
		Reentry	/ / Afterca	are (R / A	)					
		Indirect	Services	S						

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

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												
1. What funding did this program receive in PY 2019-2020?   None (If none, skip to section D.)   STSJP   STSJP-RTA	5.	Is the program capable of	of being re	eplicated	l across n	nultiple loc	ations?	Yes [	] No			
None (If none, skip to section D.) STSJP STSJP-RTA  2. Please use the table to record how many youth (#) were served by the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.    Program Type	Ċ.	Program 3 Performan	nce Hist	ory (Re	fer to you	ır municipa	ality's STSJF	data file	es.)			
3/31/2020. Enter zero (0) if not applicable.  Program Type Approved Funding P EI (PINS) (JO/JD) (JD-RTA) (AO) ATP R/A Total  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.  Program Type Approved Funding P EI (PINS) (JO/JD) (JD-RTA) (AO) ATP R/A STSJP STSJP-RTA STSJ	1.						☐ STSJP-R	TA				
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4. Please use the table to record the average lengths of service (days) for youth who exited the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.    Program Type		Total									l	
10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.  Program Type  Approved Funding P EI (PINS) (JO/JD) (JD-RTA) (AO) ATP R/A  STSJP  STSJP-RTA  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?	3.											
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Approved Funding P EI (PINS) (JO/JD) (JD-RTA) (AO) ATP R/A  STSJP STSJP-RTA  5. How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths of stay for youth who were in detention and residential placements during the same time period.  6. Will this program's outcomes meet 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?		Program Type										
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?												
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?		Approved Funding	Р	EI	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A		
<ul> <li>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.</li> <li>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</li> <li>7. (a) What outcomes are on track to meet the goals set for PY 2019-2020? (b) How will they be met?</li> <li>8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.</li> <li>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?</li> </ul>		STSJP										
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?		STSJP-RTA										
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?	5.	ATP points, compare wit	h the ave									
<ul> <li>8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.</li> <li>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?</li> </ul>	6.					20 project		9/30/202	0?			
<ul><li>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?</li></ul>	7.	(a) What outcomes are c	n track to	meet th	ne goals s	et for PY	2019-2020?	(b) How	will they	be met?		
desired goals for PY 2020-2021?	8.											
D. Program 3 Service Projections for PY 2020-2021												
	D.	Program 3 Service P	rojectio	ns for F	PY 2020-	2021						

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

PR	OGRAM 4										
A.	Program 4 Contact Information										
Pro	gram 4 Name:										
Оре	erating Agency:										
	gram Mailing Address:										
	dress Line 2:	1									
City		State: NY	Zip Code:								
	gram Contact's Name:	Title:									
	one: ( ) Ext:	Email:									
B.	Program 4 Description and Target Population										
1.	This program meets the legal definition of a <i>Family Sup Section 458-m</i> ) and will operate in this capacity for PY		<b>) program (Social S</b> ☐ No	ervices Law							
2.	Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:										
	STSJP STSJP-RTA										
	Prevention (P)										
	☐ Early Intervention (EI)										
	Alternative to Detention / Pre-	•	ent (ATD / ATPDP)								
	Alternative to Placement (ATF	P)									
	Reentry / Aftercare (R / A)										
	☐ Indirect Services										
3.	Please list the zip codes this program will target:										
4.	Describe the program, including how it is family focused demonstrate how your program meets the definition. All Q2 will address the unique needs of youth at that syste youth detained and residentially or otherwise placed. If	so, please explain how m point, and how thos	w each of the service se services will aid in	types selected in the reduction of							
5.	Is the program capable of being replicated across multi	ole locations?	es 🗌 No								
C.	Program 4 Performance History (Refer to your me	unicipality's STSJP da	ata files.)								
1.	What funding did this program receive in PY 2019-2020 ☐ None ( <i>If none, skip to section D.</i> ) ☐ STSJP	)? □ STSJP-RTA									

2.	2. Please use the table to record <b>how many youth (#) were served</b> by the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.											
	Ī				Progra	ım Type						
						ATPDP						
	Approved Funding	Р	El	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total		
	STSJP											
	STSJP-RTA											
	Total	,										
3.	Based on the program's budgeted capacity on 9/3				2), do you	anticipate thi	is progra	m being (	over or u	nder its		
4.	Please use the table to record the <b>average lengths of service (days)</b> for youth who exited the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.											
	Program Type											
	ATD/ATPDP											
	Approved Funding	Р	El	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	_		
	STSJP									-		
	STSJP-RTA											
6. 7. 8.	☐ 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?											
	What changes have bee desired goals for PY 202	20-2021?						o prog.				
D.	Program 4 Service P	rojectio	ns for F	PY 2020-	-2021							
1.	<ol> <li>Please use the table to indicate the projected # youth to be served by the program for PY 2020-2021. Enter zero         (0) if not applicable.</li> <li>Program Type</li> </ol>											
	ATD/ATPDP											
	Approved Funding	Р	El	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total		
	STSJP											
	STSJP-RTA											
	Total	-					-					

PROGRAM 5

# A. Program 5 Contact Information

Program 5 Name:

OCFS-2121 (Rev. (08/2020)

On	Operating Agency:										
	ogram Mailing Address:										
	dress Line 2:										
Cit											
	ogram Contact's Name: Title:										
Pho	one: ( ) Ext: Email:										
B.	Program 5 Description and Target Population										
1.	This program meets the legal definition of a <i>Family Support Services (FSS) program (Social Services Law Section 458-m)</i> and will operate in this capacity for PY 2020-2021.   Yes No										
2.	Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:										
	STSJP STSJP-RTA										
	Prevention (P)										
	Early Intervention (EI)										
	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)										
	☐ Alternative to Placement (ATP)										
	Reentry / Aftercare (R / A)										
	☐ Indirect Services										
3.	. Please list the zip codes this program will target:										
_	D " " O (FOO)										
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?										
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										
_	<u> </u>										
2.	Please use the table to record <b>how many youth (#) were served</b> by the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.										
	Program Type										
	ATD/ATPDP										
	Approved Funding P EI (PINS) (JO/JD) (JD-RTA) (AO) ATP R/A Total										
	STSJP										
	STSJP-RTA										
	Total										
3.	Based on the program's record of youth served (Q2), do you anticipate this program being over or under its										
0.	budgeted capacity on 9/30/2020? Please explain:										
	budgeted capacity on 9/30/2020? Please explain:										

4.	4. Please use the table to record the <b>average lengths of service (days)</b> for youth who exited the program between										
	10/1/2019 and 3/31/2020					, ,	•				
				1		am Type		1	1		
	Ammanad Frankina			(DINIC)	1	ATPDP	(40)		D/A		
	Approved Funding STSJP	Р	EI	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	-	
	STSJP-RTA									-	
	313JF-RTA									_	
5.	How do the average leng ATP points, compare with during the same time per	h the ave									
6.	Will this program's outco		_	2019-202 Partiall		ed goals by 9	9/30/2020	0?			
7.											
8.	8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.										
9.	9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2020-2021?										
D.	Program 5 Service Pr	rojectio	ns for F	Y 2020-	2021						
1.	<ol> <li>Please use the table to indicate the projected # youth to be served by the program for PY 2020-2021. Enter zero         (0) if not applicable.</li> </ol>										
					Progra	m Type				l	
						TPDP					
	Approved Funding	Р	El	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total	
	STSJP										
	STSJP-RTA										
	Total										
	ROGRAM 6 Program 6 Contact In	nformati	on								
	ogram 6 Name:										
	perating Agency:										
	ogram Mailing Address:										
Address Line 2:  City: State: NY Zip Code:											
City	•						Zip (	Code:			
	ogram Contact's Name:	\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.			Title						
	\ /	xt:	oract F	) a pulati	Ema	III:					
_	Program 6 Description						201	/2			
1.	<ol> <li>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.</li> </ol>										

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										
		Alternati Alternati Reentry	tervention ive to De ive to Pla	etention / acement ( are (R / A	(ATP)	sitional Place	ement (A <sup>-</sup>	TD / ATF	PDP)		
3.	Please list the zip codes	this prog	ram will	target:							
4.	demonstrate how your program meets the definition. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them.										
5.											
C.	2. Program 6 Performance History (Refer to your municipality's STSJP data files.)										
1.	☐ None (If none, skip to section D.) ☐ STSJP ☐ STSJP-RTA										
2.	Please use the table to record <b>how many youth (#) were served</b> by the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.  Program Type										
	ATD/ATPDP										
	Approved Funding	Р	El	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total	
	STSJP										
	STSJP-RTA										
	Total										
3.	Based on the program's budgeted capacity on 9/3				?), do you a	anticipate thi	s prograr	n being o	over or u	ınder its	
4.	Please use the table to r 10/1/2019 and 3/31/2020					e (days) for	youth wh	no exited	the pro	gram betw	veen
			T			am Type		Т	1		
	Approved Funding	P	EI	(PINS)	ATD/ (JO/JD)	(JD-RTA)	(AO)	ATP	R/A		
	STSJP	F	<u> </u>	(FINS)	(30/30)	(JD-IXTA)	(AO)	AIF	IV/A	-	
	STSJP-RTA										
	01001 -KTA										
5.	5. How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths of stay for youth who were in detention and residential placements during the same time period.										
6.	Will this program's outcomes meet the PY 2019-2020 projected goals by 9/30/2020?  ☐ Yes (If yes, skip to section D.)  ☐ Partially ☐ No										

	partiers.											
9.		at changes have bee sired goals for PY 202		o overco	ome the b	arriers ide	entified in Q8	, so that	the progr	am can	achieve its	
D.	Pro	ogram 6 Service P	rojectio	ns for I	PY 2020	-2021						
1.		ase use the table to i if not applicable.	ndicate th	ne <b>proje</b>	ected # yo	outh to be	served by t	he progra	am for P	Y 2020-2	021. Enter	zero
					T		am Type		1	1		
		Annana d Foradia a	Р	EI	(DINIC)		ATPDP	(40)	A.T.D.	D/A	Tatal	
Approved Funding P EI (PINS) (JO/JD) (JD-RTA) (AO) ATP R/A Total STSJP												
		STSJP-RTA										
	Total											
	PROGRAM 7											
	A. Program 7 Contact Information											
		m 7 Name:										
		ing Agency: m Mailing Address:										
		s Line 2:										
City		S LINE Z.				Sta	te: NY	Zin	Code:			
		m Contact's Name:				Titl			<del></del>			
	one:	1	Ext:			Em	ail:					
B.	Pro	ogram 7 Description	on and T	arget	Populati	ion						
<ol> <li>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</li> </ol>												
<ol> <li>Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:</li> </ol>												
STSJP STSJP-RTA												
			Prevent	` '								
	1		Early Int	terventic	on (EI)					1		

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

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

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

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.

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

**Indirect Services** 

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

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 <b>how many youth (#) were served</b> by the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.										
	Program Type										
	Approved Funding P EI (PINS) (JO/JD) (JD-RTA) (AO) ATP R/A Total										
	Approved Funding P EI (PINS) (JO/JD) (JD-RTA) (AO) ATP R/A Total STSJP										
	STSJP-RTA										
	Total										
3.	Based on the program's record of youth served (Q2), do you anticipate this program being over or under its budgeted capacity on 9/30/2020? Please explain:										
4.	Please use the table to record the <b>average lengths of service (days)</b> for youth who exited the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.										
	Program Type										
	Approved Funding P EI (PINS) (JO/JD) (JD-RTA) (AO) ATP R/A										
	Approved Funding P EI (PINS) (JO/JD) (JD-RTA) (AO) ATP R/A STSJP										
	STSJP-RTA										
	CTCCI KTA										
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.	Program 7 Service Projections for PY 2020-2021  Please use the table to indicate the projected # youth to be served by the program for PY 2020-2021. Enter zero (0) if not applicable.										

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

PR	OGRAM	8										
A.	Progran	n 8 C	ontact In	formation								
Pro	gram 8 Na	ame:										
Оре	erating Ag	ency										
Pro	gram Mai	ling A	ddress:									
Add	dress Line	2:										
City												
Pro	Program Contact's Name: Title:											
Pho	hone: ( ) Ext: Email:											
B.	Program 8 Description and Target Population											
1.					of a <i>Family Sup</i> capacity for PY 2			orogram (Social S ☐ No	Services Law			
2.	Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:											
	STSJP STSJP-RTA											
	Prevention (P)											
				Early Intervent	ion (EI)							
				Alternative to [	Detention / Pre-D	Dispositional P	lacemen	t (ATD / ATPDP)				
				Alternative to F	Placement (ATP	)						
				Reentry / After	care (R / A)							
				Indirect Service	es							
3.	Please lis	st the	zip codes t	this program wi	ill 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 pro	gram	capable o	f being replicate	ed across multip	ole locations?	☐ Yes	□No				
C.	Progran	n 8 F	erforman	ce History (F	Refer to your mu	ınicipality's STS	SJP data	a files.)				
1.				gram receive ir section D.)	n PY 2019-2020′ ☐ STSJP	?	P-RTA					

2.	<ol> <li>Please use the table to record how many youth (#) were served by the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.</li> </ol>											
						ım Type				]		
		_		(= · · · · · ·		ATPDP						
	Approved Funding	Р	El	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total		
	STSJP											
	STSJP-RTA											
	Total											
3.	Based on the program's budgeted capacity on 9/3	30/2020?	Please	explain:								
4.	10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.											
	Program Type											
	Approved Funding P EI (PINS) (JO/JD) (JD-RTA) (AO) ATP R/A											
	Approved Funding STSJP	P	EI	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	4		
										-		
	STSJP-RTA											
5.	5. How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths of stay for youth who were in detention and residential placements during the same time period.											
6.	. Will this program's 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 of	on track to	o meet th	ne goals s	set for PY	2019-2020?	(b) How	will they	be met?			
8.	(a) What outcomes are r barriers.	ot on tra	ck to me	et the go	als set for	PY 2019-202	20? (b) P	lease de	scribe ar	ny contributing		
9.	What changes have bee desired goals for PY 202		o overco	ome the ba	arriers idei	ntified in Q8,	so that t	he progra	am can a	achieve its		
D.	Program 8 Service P	rojectio	ns for F	PY 2020-	-2021							
1.												
						m Type						
	Approved Funding P EI (PINS) (JO/JD) (JD-RTA) (AO) ATP R/A Total											
	STSJP											
	STSJP-RTA											
	Total									<del></del>		
	ı Olai						<b> </b>	l		i		
PR	PROGRAM 9											
	PROGRAM 9											

I ROGRAM 9
A. Program 9 Contact Information
Program 9 Name:
Operating Agency:

Des	arrone Mailine Address.											
	ogram Mailing Address:											
	dress Line 2:				Ctat	a. NV	7:n /	On do.				
City					Title	e: NY	Zip	Code:				
	ogram Contact's Name: one: ( )	Ext:			Ema							
	· /		Target I	Damulati		۱۱۱. 						
B.												
1.	This program meets the legal definition of a <i>Family Support Services (FSS) program (Social Services Law Section 458-m)</i> and will operate in this capacity for PY 2020-2021.   Yes No											
2.	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											
		Prevent	ion (P)									
			terventic	n (EI)								
		Alternat	tive to De	etention /	Pre-Dispo	sitional Place	ement (A	TD / ATI	PDP)			
		Alternat	tive to PI	acement	(ATP)							
		Reentry	/ Afterc	are (R / A	<b>N</b> )							
	☐ Indirect Services											
_	Diana liat tha air and an thin man many will toward.											
3.	. Please list the zip codes this program will target:											
4.	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 r	eplicated	d across r	multiple loc	ations?	Yes	☐ No				
C.	Program 9 Performa	nce His	tory (Re	efer to you	ur municipa	ality's STSJF	o data file	es.)				
1.	What funding did this pro			PY 2019-		STSJP-F	RTA	,				
2.	Please use the table to 3/31/2020. Enter zero (0				#) were se	rved by the	program	between	10/1/20	19 and		
		I			Progra	ım Type						
						ATPDP						
	Approved Funding	Р	El	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total		
	STSJP									_		
	STSJP-RTA											
	Total											
		. ,						1	'	•		
3.	Based on the program's budgeted capacity on 9/				2), do you	anticipate thi	is progra	m being	over or u	ınder its		

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4.	Please use the table to re					e (days) for	youth wh	no exited	the prog	gram between		
	10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.											
	Program Type											
				(51) (6)		ATPDP	(4.0)		5/4			
	Approved Funding	Р	El	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	_		
	STSJP											
	STSJP-RTA											
5.	5. How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths of stay for youth who were in detention and residential placements during the same time period.											
6.	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.	7. (a) What outcomes are on track to meet the goals set for PY 2019-2020? (b) How will they be met?											
8.	8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.											
9.	<ol><li>What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2020-2021?</li></ol>											
D.	D. Program 9 Service Projections for PY 2020-2021											
1.	<ol> <li>Please use the table to indicate the projected # youth to be served by the program for PY 2020-2021. Enter zero         (0) if not applicable.</li> </ol>											
					Progra	m Type						
	-					TPDP						
	Approved Funding	Р	El	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total		
	STSJP											
	STSJP-RTA											
	Total											
	PROGRAM 10 A. Program 10 Contact Information											
	gram 10 Name:											
	erating Agency:											
	ogram Mailing Address:											
	dress Line 2:											
City	/:				State	e:NY	Zip C	Code:				
	gram Contact's Name:				Title	<u> </u>						
		xt:			Ema	il:						
B.	Program 10 Descripti	on and	Target	Populat	ion							
1.	This program meets the <b>Section 458-m)</b> and will							<b>ıram (So</b> lo	cial Ser	vices Law		

2.	Please check all applica 2020-2021:	ble boxes I	below t	o identify	the service	e types that	will be ut	ilized for	this prog	gram in PY	
	STSJP STSJP-RTA										
		Preventio	. ,								
		Early Inte		` ,	D D:	LDI		TD / ATD	, D, D,		
		Alternativ				sitional Place	ement (A	ID/AIF	(אטי		
				are (R / A)	,						
		Indirect S		, ,	,						
3.	Please list the zip codes	this progra	am 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	of being re	plicated	d across n	nultiple loc	ations?	Yes	☐ No			
C.	Program 10 Perform	ance Hist	tory (F	Refer to yo	our municip	pality's STSJ	IP data fi	les.)			
1.	☐ None (If none, skip to section D.) ☐ STSJP ☐ STSJP-RTA										
2.	Please use the table to record <b>how many youth (#) were served</b> by the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.										
						m Type		T.			
	Approved Funding	Р	EI	(PINS)	(JO/JD)	ATPDP (JD-RTA)	(40)	ATP	R/A	Total	
	Approved Funding STSJP	P		(FINS)	(30/30)	(JD-KTA)	(AO)	AIF	K/A	Total	
	STSJP-RTA										
	Total										
3.	Based on the program's budgeted capacity on 9/				?), do you a	anticipate thi	is progra	m being o	over or u	inder its	
4.	Please use the table to r 10/1/2019 and 3/31/2020					e (days) for	youth w	ho exited	the pro	gram betwee	∍n
						am Type				_	
	Approved Eventing			(DIMO)		ATPDP	(40)		D/A		
	Approved Funding STSJP	Р	El	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A		
	STSJP-RTA	+ +								1	
	-										
5.	How do the average leng ATP points, compare wit during the same time pe	th the avera									
6.	Will this program's outco ☐ Yes (If yes, skip to s		the PY	2019-202 Partially	20 projecte	ed goals by 9 No	9/30/2020	0?			

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.	D. Program 10 Service Projections for PY 2020-2021											
1.	1. Please use the table to indicate the <b>projected # youth to be served</b> by the program for PY 2020-2021. Enter zero (0) if not applicable.											
	Program Type											
	ATD/ATPDP											
	Approved Funding	Р	El	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total		
	STSJP											
	STSJP-RTA									_		
	Total											
PR	ROGRAM 11											
	Program 11 Contact	Informa	ation									
	ogram 11 Name:											
_	perating Agency:											
	ogram Mailing Address:											
Ad	dress Line 2:				T		1					
Cit						te: NY	Zip (	Code:				
Pro	ogram Contact's Name:				Title	<b>)</b> :						
Ph	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	
		Prevention (P)
		Early Intervention (EI)
		Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
		Alternative to Placement (ATP)
		Reentry / Aftercare (R / A)
		Indirect Services

- 3. Please list the zip codes this program will target:
- 4. Describe the program, including how it is family 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 r	eplicated	across i	multiple loc	cations?	] Yes	☐ No			
C.	Program 11 Performance History (Refer to your municipality's STSJP data files.)										
1.	What funding did this pr ☐ None ( <i>If none, skip t</i>			PY 2019- STS		☐ STSJP-R	RTA				
2.	Please use the table to 3/31/2020. Enter zero (0				#) were se	rved by the	program	between	10/1/20	19 and	
					Progra	am Type				ĺ	
					ATD/	ATPDP				1	
	Approved Funding	Р	EI	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total	
	STSJP										
	STSJP-RTA				1						
	Total										
3.	Based on the program's budgeted capacity on 9,				2), do you	anticipate th	is progra	m being	over or u	inder its	
4.	Please use the table to record the <b>average lengths of service (days)</b> for youth who exited the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.										
					Progr	am Type					
						/ATPDP	T (1.5)				
	Approved Funding	Р	El	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	4	
	STSJP									_	
	STSJP-RTA									_	
5.	<ol> <li>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.</li> </ol>										
6.	Will this program's outcome Yes (If yes, skip to		_	′ 2019-20 ] Partiall	–	ed goals by	9/30/202	0?			
7.	(a) What outcomes are	on track to	o meet th	ne goals :	set for PY	2019-2020?	(b) How	will they	be met?		
8.	(a) What outcomes are barriers.	not on tra	ck to me	et the go	als set for	PY 2019-20	20? (b) F	Please de	escribe ar	ny contributing	
9.	What changes have bee desired goals for PY 20.		o overco	me the b	arriers ide	ntified in Q8,	so that t	the progr	am can a	achieve its	
D.	<b>Program 11 Service</b>	<b>Projecti</b>	ons for	PY 202	0-2021						
1.	Please use the table to (0) if not applicable.	indicate th	ne <b>proje</b>	cted # yo		•	he progra	am for P	Y 2020-2	021. Enter zero	
		<del>                                     </del>				am Type ATPDP				1	
	Approved Funding	Р	ΕI	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total	
	STSJP			, ,		, ,	, ,				
	STSJP-RTA										
	Total										
					I	1	1	I	I	1	

Total

	OGRAM 12									
	Program 12 Contact	Inform	ation							
	gram 12 Name:									
<u> </u>	erating Agency:									
	gram Mailing Address: dress Line 2:									
City					Stat	te: NY	Zin	Code:		
	gram Contact's Name:				Title		Zip	Oodc.		
	<u> </u>	Ext:			Ema					
	Program 12 Descrip		d Target	Popula		<b>~</b>				
1.	This program meets the Section 458-m) and will	legal de	finition of	a <i>Famil</i> y	/ Support				ocial Ser	vices Law
2.	Please check all applica 2020-2021:	able boxe	es below t	to identify	the servic	e types that	will be u	tilized for	this pro	gram in PY
	STSJP STSJP-RTA									
		Preven	ntion (P)							
			nterventic	on (EI)						
		Alterna	ative to De	etention /	Pre-Dispo	sitional Plac	ement (A	ATD / ATI	PDP)	
				acement	` '					
			•	are (R / A	<b>(</b> )					
		Indirec	t Service	<u>S</u>						
3.	Please list the zip codes	s this nro	oram will	target:						
0.	1 10000 1101 1110 21p 00000	o uno pro	grain wiii	targot.						
4.	Describe the program, i demonstrate how your p									
	Q2 will address the unio	que need	s of youth	n at that s	ystem poii	nt, and how t	hose sei	rvices wil	ll aid in th	ne reduction of
	youth detained and resi	dentially	or otherw	vise place	d. If you s	elected Indir	ect Servi	ces, plea	se list th	em.
5.	Is the program capable	of being	replicate	d across i	multiple lo	cations?	] Yes	☐ No		
C.	Program 12 Perform	ance H	istory (F	Refer to y	our munici	pality's STS.	IP data f	ïles.)		
1.	What funding did this pr	ogram re	eceive in	PY 2019-	2020?					
	☐ None (If none, skip t	o section	n D.)	☐ STS	JP	STSJP-R	RTA .			
2.	Please use the table to 3/31/2020. Enter zero (0				#) were se	rved by the	program	between	10/1/20	19 and
					Progra	am Type				1
					ATD/	ATPDP				1
	Approved Funding	Р	EI	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total
	STSJP									
	STS IP-RTA		1					1		

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

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

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

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

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

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

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

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

	Program Type					1			
				ATD/ATPDP					
Approved Funding	Р	El	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total
STSJP									
STSJP-RTA									
Total									

## **PART III – Goals for PY 2020-2021**

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

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

# Other, locally collected outcomes:

Early Intervent	ion	
STSJP STSJP RTA		Outcomes
%	%	of youth will have no PINS referrals during service engagement
%	%	of youth will have no truancies during service engagement
%	%	of youth will have no school suspensions during service engagement
%	%	of youth will have no arrests or probation intakes during service engagement
%	%	of youth will have their cases successfully adjusted/diverted 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:

Alternative to Detention / Pre-Dispositional Placement						
STSJP STSJP RTA			Outcomes			
100	%	%	of youth will have no missed court appearances during service engagement			
100	%	%	of youth will have no warrants issued during service engagement			
100	%	%	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			
N/A	%	%	of PINS will have no pre-dispositional placements during service engagement			
100	%	%	of youth will be able to identify at least one accessible, positive adult connection * (new)			
50	%	%	of youth will be engaged in at least one positive community activity * (new)			
100	%	%	of youth will comply with program rules			
100	%	%	of youth will attend at least 90 percent of programming			

# Other, locally collected outcomes:

Alternative to F	Placement		
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 * (new)	
%	%	of youth will be engaged in at least one positive community activity * (new)	
%	%	of youth will comply with program rules	
%	%	th 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 o	ollected outc	omes:

#### **PART IV – FUNDING** A. Anticipated Program Expenses and Funding Distribution STSJP-**STSJP RTA** Detention PY20-21 State Total Local State **STSJP Allocation Program Name Expenses** Share **Share** Share & Service Types **Shifted Allocation** (100%)(38%)(62%)(100%)Reminder Call Program/Electronic Monitoring/ \$0.00 \$12,254.92 \$19,766.00 \$7,511.08 \$12,254.92 \$0.00 **Enhanced Intake & Diversion** Services Prevention Early Intervention ATD/ATPDP \$0.00 \$12,254.92 \$19,766.00 \$7,511.08 \$12,254.92 \$0.00 **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						
		STSJP			STSJP- RTA	
Program Name & Service Types	Detention Allocation Shifted	PY20-21 STSJP Allocation	Total Expenses (100%)	Local Share (38%)	State Share (62%)	State Share (100%)
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						

			STSJP			STSJP- RTA
Program Name & Service Types	Detention Allocation Shifted	PY20-21 STSJP Allocation	Total Expenses (100%)	Local Share (38%)	State Share (62%)	State Share (100%)
11						
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						
12						
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						
Sum of Program Totals:	\$0.00	\$12,254.92	\$19,766.00	\$7,511.08	\$12,254.92	

B. STSJP Reimbursement Summary					
STSJP Allocation Amount \$40,000.00					
Locally Approved Amount of PY 2020-2021 STSJP Allocation \$12,254.					
Approved Detention Allocation Shifted \$0.					
Total Approved for State Reimburseme	nt	\$12,254.92			

C. STSJP-RTA Reimbursement Summary					
STSJP-RTA Approved Plan Amount					
Total Approved for State Reimbursement					

PART V – PLAN APPROVAL						
A. Municipality Level Approval – Chief Executive / Administrative Official						
As STSJP Lead for Tioga County, I certify that the Chief Executive/Administrative Official, [Name and Title] Martha Sauerbrey, has reviewed and approved the 2020-2021 STSJP Plan.						
User ID: Tioga13	Print Name: Brian L. Cain Date: 1/20/2021					
B. State Level Approval – OCFS Program Reviewer						
As OCFS STSJP reviewer, I certify that I approve of this STSJP plan for Tioga County for 2020-2021.						
User ID: TY4555 Print Name: Eric Warner Date: 1/20/2021						