



Office of Children and Family Services

KATHY HOCHUL
Governor

SHEILA J. POOLE
Commissioner

April 25, 2022

Dear Chief Executive Officer,

Thank you for submitting St. Lawrence County's Supervision and Treatment Services for Juveniles Program (STSJP) plan for Program Year (PY) 2021-2022. Your entire STSJP plan, including any amounts listed for PY 2021-2022 STSJP-RTA, has been **approved.**

The County is eligible to receive 62% State reimbursement for STSJP expenditures up to the capped STSJP allocation amount. Your municipality will continue to receive 49% State reimbursement for eligible detention services expenditures up to the capped allocation amount. If your municipality shifts a portion of its detention allocation into its STSJP plan, your municipality will receive 62% State reimbursement, up to the capped allocation, if such shifted funds are spent on STSJP eligible expenditures. A municipality may make a detention allocation shift at the time of the STSJP plan submission or up until June 30, 2022, unless otherwise approved by the Office of Children and Family Services.

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

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

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

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

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

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

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

Sincerely,



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

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

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

SUBMITTING MUNICIPALITY CONTACT INFORMATION

Name of applicant county, counties or jurisdiction: St. Lawrence County		
Lead agency for STSJP submission: Department of Social Services		
Contact person's name: Heather Rand	Title: Director of Services	
Phone: (315) 379-2706	Ext:	Email: Heather.Rand@dfa.state.ny.us

PLAN SUBMISSION INSTRUCTIONS

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

- Once you have opened this form on your computer, please use the "Save As" function to save a copy with the following file name: "STSJP 2021-2022 Annual Plan – [ex. Municipality Name]."
- Work from the copy saved in Step 1 as you record your municipality information. Save your work as you complete each section.
- Email the completed application to OCFS at stsjp@ocfs.ny.gov. Use the subject line "STSJP 2021-2022 Annual Plan – [Municipality Name]" to facilitate timely review of your plan.

**Please direct any STSJP plan questions to the STSJP mailbox at: STSJP@ocfs.ny.gov,
or you may contact Geneva Hilliard 518-486-1819 or Lynn Tubbs 518-473-9116.**

NOTE: Cooperative Applications Submitted Jointly by Two or More Counties

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

PART I – MUNICIPALITY LEVEL DETAILS

A. MUNICIPALITY LEVEL ANALYSIS

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

Areas of St. Lawrence County most affected by these issues are the towns of Massena(13662), Ogdensburg (13668)and Gouverneur (13642). The factors contributing to these issues include lack of appropriate activities available to the teen population, an increasing access to drugs and alcohol, as well as opportunities getting involved in small scale drug trafficking through association with individuals coming to the area from urban areas with the purpose to distribute. Many youth entering the system have chosen this way of making money as other jobs available to them pay minimum wage.

- Resources available at the following link can help you answer these questions:

<https://www.ocfs.ny.gov/programs/youth/stsjp/planning.php>

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

Race/Ethnicity	2019 General Population <18 years		2020 Detention Admissions <18 years		2020 Placement Admissions <18 years	
	#	%	#	%	#	%
Black/African American	371	2	1	25	0	0
White	20225	93	3	75	2	100
Native American/Alaskan	231	1	0	0		
Asian/Pacific Islander	240	1	0	0		
Hispanic	583	3	0	0	0	0

Sex Assigned at Birth	2019 General Population <18 years		2020 Detention Admissions <18 years		2020 Placement Admissions <18 years	
	#	%	#	%	#	%
Male	11098	51	2	50	1	50
Female	10537	49	2	50	1	50

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

There is a disparity among the black population in that the population in St. Lawrence County is only 3%, while 25% of the youth placed in detention from St. Lawrence County are black. This plan addresses this disparity through use of Youth Advocate Programs, who attempt to gender/culture match staff to the youth being served.

B. LOCAL COLLABORATION

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

The St. Lawrence County Department of Social Services, Probation Department, and Youth Advocate Programs collaborate to serve youth and families in the juvenile justice system. Youth Advocate Programs works directly with the youth to provide one on one advocacy to assist them in remaining in their home setting and community, while assisting in ensuring that they attend all required appointments with other providers, court hearings, school, and complete community service or restorative justice projects. The youth's engagement in these activities is reported back to DSS and Probation to allow for proper reporting to the courts and further collaboration with area providers

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

Through review of current and closed case files within the St. Lawrence County Youth Advocate Programs, interviews with the youth and family themselves following discharge from the program, and upon successful discharge from their term of Probation or placement. Further information is gathered through collaboration with the Probation Department and Department of Social Services.

Describe how the plan incorporates that feedback; if you have not yet received youth and family feedback, please describe the municipality implementation plan to develop such feedback mechanisms during PY 2021-2022. This feedback is, and will continue to be, used for further development of the program to meet the specific needs of each family and in each municipality. Further, this information is used to collaborate with other providers to develop needed programming for these youth to assist them in having a future without legal system need for involvement.

3. Was community feedback in high-need ZIP codes (A.1.) sought as part of the STSJP plan development?

Yes No

If yes, please describe how the plan incorporates that feedback; if no, please describe the municipality implementation plan to develop such feedback mechanism during PY 2021-2022.

This year we will invite community partners, such as the Probation Department, Youth Advocate Programs, the Youth Bureau, Boys and Girls Club of Ogdensburg, and area school districts to enhance collaboration and strengthen community cohesiveness in the areas of Massena, Ogdensburg, Gouverneur and Waddington. In addition, we are looking to work with these agencies and explore new programs to aid in the creation of engagement activities to support youth exhibiting juvenile delinquent type behaviors, antisocial behaviors, mental health needs and substance abuse. These partnerships are anticipated to be built throughout the calendar year with full implementation by late 2022.

C. COOPERATIVE APPLICATION (COMPLETE THIS SECTION ONLY IF THIS IS A JOINT APPLICATION.)

1. Describe the provisions for the proportionate cost to be borne by each county.

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

3. Will a single fiscal officer be the custodian of the funds made available for STSJP?

- Yes (If Yes, please provide their contact details below.)
- No (If No, skip to Q4.)

Officer's Name:	Title:
Phone: () Ext:	Email:

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

PART II – PROGRAM LEVEL DETAILS

PROGRAM 1

A. PROGRAM 1 CONTACT INFORMATION

Program 1 Name: Youth Empowerment Services

Operating Agency: Youth Advocate Programs

Program Mailing Address: 3 Remington Ave, Suite 3

Address Line 2:

City: Canton	State: NY	ZIP Code: 13617
--------------	------------------	-----------------

Program Contact's Name: Teena Pelkey	Title: Program Director
--------------------------------------	-------------------------

Phone: (315) 379-0518	Ext:	Email: tpelkey@yapinc.org
-----------------------	------	---------------------------

B. PROGRAM 1 DESCRIPTION AND TARGET POPULATION

1. A Family Support Service program (FSS) may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS. This program meets the legal definition of a **Family Support Services (FSS) program (Social Services Law Section 458-m)** and will operate in this capacity for PY 2021-2022. Yes No

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

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

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

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

13662, 13668, 13669, 13642

4. Describe the program, including how it is family focused. If you answered "Yes" to Q1 (FSS), be sure to demonstrate how your program meets each requirement of the legislation. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them. (Please refer to the STSJP Annual Plan Development Guide for additional guidance.)

This program will be utilized for non-RTA and RTA youth who are receiving diversion/adjustment services, as an alternative to detention/pre-dispositional placement during the pendency of their case, or post-dispositionally as an alternative to placement or to support youth re-entering the community from placement. YAP will receive referrals from St. Lawrence County DSS and Probation Department that are to prevent youth from being placed into foster care or non-secure housing. The YAP trauma-informed and strength-based model is family and youth focused. The program will apply to this population by assessing needs, wrap around approach (includes daily check-ins, school attendance support, transportation to court, services, school, court reminders, referrals for services and supports, intensive crisis planning with youth and families, reintegration planning for youth returning to the community from placement, and making sure that the youth and family have safe housing and resources to support them. The program also provides a supportive employment and community service program for youth. YAP participates in bi-weekly permanency planning meetings to ensure all stakeholders are moving toward permanency goals for youth who are receiving service through reentry/aftercare. The Youth Advocate Program will use funds allotted to develop a tailored Independent Living Skills program to be completed with all STSJP youth over the age of 14. This would be a multi-week, hands on program with youth working directly with an advocate to learn the skills identified in real-world settings. This program will be structured in a 12 domain model. Each youth in the program will have a core set of topics that are required, then are able to choose from several "elective" topics to total 12 domains. This allows for the individualized approach for each youth, and them learning skills that are most meaningful to them. Funds will be used to purchase materials as needed for each topic and reimbursement of staff working with the youth.

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

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

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

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

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2020 and 3/31/2021. Enter zero (0) if not applicable.

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	3	0	2	0	0	5	4	14
STSJP-RTA	0	0			0	0	0	3	3
Total	0	3	0	2	0	0	5	7	17

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

It is anticipated that the same number of youth will be served in the 2021-2022 plan year.

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

Approved Funding	Program Type							
	P	EI	ATD/ATPDP				ATP	R/A
			(PINS)	(JO/JD)	(JD-RTA)	(AO)		
STSJP	0.00	190.00	0.00	321.00	0.00	0.00	0.00	0.00
STSJP-RTA	0.00	0.00			0.00	0.00	0.00	201.00

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

Average length of stay for each service type is proportionate to the services available in the youths' home communities. There is a slight difference in length of stay for those placed in detention (OCFS) vs. placed residentially (LDSS) which is most often due to the length of the orders of the court, conditions that are expected to be met by the referral authority with various service providers, and whether any further offence was committed.

6. Will this program's outcomes meet the PY 2020-2021 projected goals by 9/30/2021?

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

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

SLCYAP worked with a total of 17 youth, 5 of which were discharged. Of those youth, the following outcomes were met:

- 100% had a positive school outcome
- 100% made all court appearances
- 100% cooperated with program rules
- 100% made a connection with a positive adult role model
- 100% participated in at least one positive community activity
- 100% did not have a pre-dispositional placement
- 100% had no warrants issued during service engagement

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

Two of the five (40%) youth discharged had received a violation of Probation during their engagement term, both of these resulting in new placements, one into LDSS foster care and one to OCFS custody. All but one of the youth (the youth placed in OCFS custody) attended 90% of the programming. Major contributing factors to not meeting these goals were related to COVID-19 pandemic shut downs, lack of access to meaningful mental health services during this time, and the familial issues being isolated together for long periods of time resulting in breakdown of

relationships in the home. This created increased issues with the youth acting out in both the home and community

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

While some of the COVID-19 restrictions have lifted, the impending concern for new variants is affecting the mental health of many of the youth and families in the program. SLCYAP has worked to develop outside activities that can be done while social distancing and following agency protocols to masking. Some inside events have been possible as well. Both assist in giving the youth something to do outside their home in a supervised and controlled setting, giving the families a break from being in the home in isolation for extended periods.

D. PROGRAM 1 SERVICE PROJECTIONS FOR PY 2021-2022

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

Approved Funding	Program Type						ATP	R/A	Total
	P	EI	ATD/ATPDP						
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	3	1	1	0	0	12	6	23
STSJP-RTA	0	15			3	0	4	3	25
Total	0	18	1	1	3	0	16	9	48

PROGRAM 2

A. PROGRAM 2 CONTACT INFORMATION

Program 2 Name: _____

Operating Agency: _____

Program Mailing Address: _____

Address Line 2: _____

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

Program Contact's Name: _____ Title: _____

Phone: () _____ Ext: _____ Email: _____

B. PROGRAM 2 DESCRIPTION AND TARGET POPULATION

1. A Family Support Service program (FSS) may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS. This program meets the legal definition of a **Family Support Services (FSS) program (Social Services Law Section 458-m)** and will operate in this capacity for PY 2021-2022. Yes No

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

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

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

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

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

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

C. PROGRAM 2 PERFORMANCE HISTORY (REFER TO YOUR MUNICIPALITY’S STSJP DATA FILES.)

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

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2020 and 3/31/2021. Enter zero (0) if not applicable.

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

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

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

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

5. How does the average length of service (Q4) compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length of stay for youth who were in detention and residential placements during the same time period.

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

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

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

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

D. PROGRAM 2 SERVICE PROJECTIONS FOR PY 2021-2022

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

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

PROGRAM 3

A. PROGRAM 3 CONTACT INFORMATION

Program 3 Name: _____

Operating Agency: _____

Program Mailing Address: _____

Address Line 2: _____

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

Program Contact's Name: _____ Title: _____

Phone: () _____ Ext: _____ Email: _____

B. PROGRAM 3 DESCRIPTION AND TARGET POPULATION

1. A Family Support Service program (FSS) may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS. This program meets the legal definition of a **Family Support Services (FSS) program (Social Services Law Section 458-m)** and will operate in this capacity for PY 2021-2022. Yes No

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

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

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

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

4. Describe the program, including how it is family focused. If you answered "Yes" to Q1 (FSS), be sure to demonstrate how your program meets each requirement of the legislation. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them. (Please refer to the STSJP Annual Plan Development Guide for additional guidance.)

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

C. PROGRAM 3 PERFORMANCE HISTORY (REFER TO YOUR MUNICIPALITY'S STSJP DATA FILES.)

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

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

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2020 and 3/31/2021. Enter zero (0) if not applicable.

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

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

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

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

5. How does the average length of service (Q4) compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length of stay for youth who were in detention and residential placements during the same time period.

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

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

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

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

D. PROGRAM 3 SERVICE PROJECTIONS FOR PY 2021-2022

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

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

PROGRAM 4

A. PROGRAM 4 CONTACT INFORMATION

Program 4 Name:

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

B. PROGRAM 4 DESCRIPTION AND TARGET POPULATION

1. A Family Support Service program (FSS) may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS. This program meets the legal definition of a **Family Support Services (FSS) program (Social Services Law Section 458-m)** and will operate in this capacity for PY 2021-2022. Yes No

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

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

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

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

4. Describe the program, including how it is family focused. If you answered "Yes" to Q1 (FSS), be sure to demonstrate how your program meets each requirement of the legislation. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them. (Please refer to the STSJP Annual Plan Development Guide for additional guidance.)

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

C. PROGRAM 4 PERFORMANCE HISTORY (REFER TO YOUR MUNICIPALITY'S STSJP DATA FILES.)

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

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2020 and 3/31/2021. Enter zero (0) if not applicable.

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

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

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

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

5. How does the average length of service (Q4) compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length of stay for youth who were in detention and residential placements during the same time period.

6. Will this program's outcomes meet the PY 2020-2021 projected goals by 9/30/2021?

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

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

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

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

D. PROGRAM 4 SERVICE PROJECTIONS FOR PY 2021-2022

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

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

PROGRAM 5

A. PROGRAM 5 CONTACT INFORMATION

Program 5 Name: _____

Operating Agency: _____

Program Mailing Address: _____

Address Line 2: _____

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

Program Contact's Name: _____ Title: _____

Phone: () _____ Ext: _____ Email: _____

B. PROGRAM 5 DESCRIPTION AND TARGET POPULATION

1. A Family Support Service program (FSS) may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS. This program meets the legal definition of a **Family Support Services (FSS) program (Social Services Law Section 458-m)** and will operate in this capacity for PY 2021-2022. Yes No

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

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

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

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

4. Describe the program, including how it is family focused. If you answered "Yes" to Q1 (FSS), be sure to demonstrate how your program meets each requirement of the legislation. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them. (Please refer to the STSJP Annual Plan Development Guide for additional guidance.)

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

C. PROGRAM 5 PERFORMANCE HISTORY (REFER TO YOUR MUNICIPALITY'S STSJP DATA FILES.)

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

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

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2020 and 3/31/2021. Enter zero (0) if not applicable.

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

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

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

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

5. How does the average length of service (Q4) compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length of stay for youth who were in detention and residential placements during the same time period.

6. Will this program’s outcomes meet the PY 2020-2021 projected goals by 9/30/2021?
 Yes *(If Yes, skip to section D.)* Partially No
7. (a) What outcomes are on track to meet the goals set for PY 2020-2021? (b) How will they be met?
8. (a) What outcomes are not on track to meet the goals set for PY 2020-2021? (b) Please describe any contributing barriers.
9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2021-2022?

D. PROGRAM 5 SERVICE PROJECTIONS FOR PY 2021-2022

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

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

PROGRAM 6

A. PROGRAM 6 CONTACT INFORMATION

Program 6 Name: _____

Operating Agency: _____

Program Mailing Address: _____

Address Line 2: _____

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

Program Contact’s Name: _____ Title: _____

Phone: () _____ Ext: _____ Email: _____

B. PROGRAM 6 DESCRIPTION AND TARGET POPULATION

1. A Family Support Service program (FSS) may **ONLY** serve youth at risk of becoming, alleged to be, or adjudicated as PINS. This program meets the legal definition of a **Family Support Services (FSS) program (Social Services Law Section 458-m)** and will operate in this capacity for PY 2021-2022. Yes No

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

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

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

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

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

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

C. PROGRAM 6 PERFORMANCE HISTORY (REFER TO YOUR MUNICIPALITY’S STSJP DATA FILES.)

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

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2020 and 3/31/2021. Enter zero (0) if not applicable.

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

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

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

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

5. How does the average length of service (Q4) compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length of stay for youth who were in detention and residential placements during the same time period.

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

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

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

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

D. PROGRAM 6 SERVICE PROJECTIONS FOR PY 2021-2022

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

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

PROGRAM 7

A. PROGRAM 7 CONTACT INFORMATION

Program 7 Name: _____

Operating Agency: _____

Program Mailing Address: _____

Address Line 2: _____

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

Program Contact's Name: _____ Title: _____

Phone: () _____ Ext: _____ Email: _____

B. PROGRAM 7 DESCRIPTION AND TARGET POPULATION

1. A Family Support Service program (FSS) may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS. This program meets the legal definition of a **Family Support Services (FSS) program (Social Services Law Section 458-m)** and will operate in this capacity for PY 2021-2022. Yes No

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

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

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

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

4. Describe the program, including how it is family focused. If you answered "Yes" to Q1 (FSS), be sure to demonstrate how your program meets each requirement of the legislation. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them. (Please refer to the STSJP Annual Plan Development Guide for additional guidance.)

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

C. PROGRAM 7 PERFORMANCE HISTORY (REFER TO YOUR MUNICIPALITY'S STSJP DATA FILES.)

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

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2020 and 3/31/2021. Enter zero (0) if not applicable.

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

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

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

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

5. How does the average length of service (Q4) compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length of stay for youth who were in detention and residential placements during the same time period.

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

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

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

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

D. PROGRAM 7 SERVICE PROJECTIONS FOR PY 2021-2022

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

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

PROGRAM 8

A. PROGRAM 8 CONTACT INFORMATION

Program 8 Name:

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

B. PROGRAM 8 DESCRIPTION AND TARGET POPULATION

1. A Family Support Service program (FSS) may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS. This program meets the legal definition of a **Family Support Services (FSS) program (Social Services Law Section 458-m)** and will operate in this capacity for PY 2021-2022. Yes No

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

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

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

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

4. Describe the program, including how it is family focused. If you answered "Yes" to Q1 (FSS), be sure to demonstrate how your program meets each requirement of the legislation. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them. (Please refer to the STSJP Annual Plan Development Guide for additional guidance.)

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

C. PROGRAM 8 PERFORMANCE HISTORY (REFER TO YOUR MUNICIPALITY'S STSJP DATA FILES.)

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

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2020 and 3/31/2021. Enter zero (0) if not applicable.

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

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

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

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

5. How does the average length of service (Q4) compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length of stay for youth who were in detention and residential placements during the same time period.

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

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

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

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

D. PROGRAM 8 SERVICE PROJECTIONS FOR PY 2021-2022

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

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

PROGRAM 9

A. PROGRAM 9 CONTACT INFORMATION

Program 9 Name: _____

Operating Agency: _____

Program Mailing Address: _____

Address Line 2: _____

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

Program Contact's Name: _____ Title: _____

Phone: () _____ Ext: _____ Email: _____

B. PROGRAM 9 DESCRIPTION AND TARGET POPULATION

1. A Family Support Service program (FSS) may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS. This program meets the legal definition of a **Family Support Services (FSS) program (Social Services Law Section 458-m)** and will operate in this capacity for PY 2021-2022. Yes No

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

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

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

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

4. Describe the program, including how it is family focused. If you answered "Yes" to Q1 (FSS), be sure to demonstrate how your program meets each requirement of the legislation. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them. (Please refer to the STSJP Annual Plan Development Guide for additional guidance.)

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

C. PROGRAM 9 PERFORMANCE HISTORY (REFER TO YOUR MUNICIPALITY'S STSJP DATA FILES.)

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

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

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2020 and 3/31/2021. Enter zero (0) if not applicable.

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

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

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

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

5. How does the average length of service (Q4) compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length of stay for youth who were in detention and residential placements during the same time period.

6. Will this program's outcomes meet the PY 2020-2021 projected goals by 9/30/2021?
 Yes (If Yes, skip to section D.) Partially No
7. (a) What outcomes are on track to meet the goals set for PY 2020-2021? (b) How will they be met?
8. (a) What outcomes are not on track to meet the goals set for PY 2020-2021? (b) Please describe any contributing barriers.
9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2021-2022?

D. PROGRAM 9 SERVICE PROJECTIONS FOR PY 2021-2022

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

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

PROGRAM 10

A. PROGRAM 10 CONTACT INFORMATION

Program 10 Name: _____

Operating Agency: _____

Program Mailing Address: _____

Address Line 2: _____

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

Program Contact's Name: _____ Title: _____

Phone: () _____ Ext: _____ Email: _____

B. PROGRAM 10 DESCRIPTION AND TARGET POPULATION

1. A Family Support Service program (FSS) may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS. This program meets the legal definition of a **Family Support Services (FSS) program (Social Services Law Section 458-m)** and will operate in this capacity for PY 2021-2022. Yes No

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

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

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

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

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

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

C. PROGRAM 10 PERFORMANCE HISTORY (REFER TO YOUR MUNICIPALITY’S STSJP DATA FILES.)

1. What, if any, funding did this program receive in PY 2020-2021? If the program was approved in PY 2020-2021, but was not implemented or is anticipated to serve no youth, please choose “None”.
 None (If none, skip to section D.) STSJP STSJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2020 and 3/31/2021. Enter zero (0) if not applicable.

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

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

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

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

5. How does the average length of service (Q4) compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length of stay for youth who were in detention and residential placements during the same time period.

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

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

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

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

D. PROGRAM 10 SERVICE PROJECTIONS FOR PY 2021-2022

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

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

PROGRAM 11

A. PROGRAM 11 CONTACT INFORMATION

Program 11 Name: _____

Operating Agency: _____

Program Mailing Address: _____

Address Line 2: _____

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

Program Contact's Name: _____ Title: _____

Phone: () _____ Ext: _____ Email: _____

B. PROGRAM 11 DESCRIPTION AND TARGET POPULATION

1. A Family Support Service program (FSS) may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS. This program meets the legal definition of a **Family Support Services (FSS) program (Social Services Law Section 458-m)** and will operate in this capacity for PY 2021-2022. Yes No

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

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

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

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

4. Describe the program, including how it is family focused. If you answered "Yes" to Q1 (FSS), be sure to demonstrate how your program meets each requirement of the legislation. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them. (Please refer to the STSJP Annual Plan Development Guide for additional guidance.)

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

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

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

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2020 and 3/31/2021. Enter zero (0) if not applicable.

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

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

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

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

5. How does the average length of service (Q4) compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length of stay for youth who were in detention and residential placements during the same time period.

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

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

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

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

D. PROGRAM 11 SERVICE PROJECTIONS FOR PY 2021-2022

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

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

PROGRAM 12

A. PROGRAM 12 CONTACT INFORMATION

Program 12 Name:

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

B. PROGRAM 12 DESCRIPTION AND TARGET POPULATION

1. A Family Support Service program (FSS) may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS. This program meets the legal definition of a **Family Support Services (FSS) program (Social Services Law Section 458-m)** and will operate in this capacity for PY 2021-2022. Yes No

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

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

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

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

4. Describe the program, including how it is family focused. If you answered "Yes" to Q1 (FSS), be sure to demonstrate how your program meets each requirement of the legislation. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them. (Please refer to the STSJP Annual Plan Development Guide for additional guidance.)

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

C. PROGRAM 12 PERFORMANCE HISTORY (REFER TO YOUR MUNICIPALITY'S STSJP DATA FILES.)

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

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2020 and 3/31/2021. Enter zero (0) if not applicable.

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

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

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

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

5. How does the average length of service (Q4) compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length of stay for youth who were in detention and residential placements during the same time period.

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

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

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

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

D. PROGRAM 12 SERVICE PROJECTIONS FOR PY 2021-2022

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

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

PART III – Goals for PY 2021-2022

Please set the municipality's goals for its programs to achieve in PY 2021-2022. State-required outcomes have been included with space for you to identify what programs in **Part II-Program Details** will serve youth within each service domain. Goals are focused by service type and should reflect the percentage of youth expected to achieve the outcome described. **Note:** Outcomes are only recorded for youth once they have left the program; this may represent a subset of all the youth served during the period. Goals should reflect high, yet realistic, expectations for the programs.

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

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

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

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

STSJP		STSJP RTA		Outcomes
80	%	80	%	of youth will have no PINS referrals during service engagement
80	%	80	%	of youth will have no truancies during service engagement
80	%	80	%	of youth will have no school suspensions during service engagement
80	%	80	%	of youth will have no arrests or probation intakes during service engagement
80	%	80	%	of youth will have their cases successfully adjusted/diverted during service engagement
100	%	100	%	of youth will be able to identify at least one accessible, positive adult connection
100	%	100	%	of youth will be engaged in at least one positive community activity
80	%	80	%	of youth will comply with program rules
80	%	80	%	of youth will attend at least 90% of programming

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

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

STSJP		STSJP RTA		Outcomes
100	%	100	%	of youth will have no missed court appearances during service engagement
80	%	80	%	of youth will have no warrants issued during service engagement
80	%	80	%	of youth will have no arrests or probation intakes during service engagement
80	%	80	%	of youth will have no detention or jail admissions during service engagement
80	%		%	of PINS will have no pre-dispositional placements during service engagement
100	%	100	%	of youth will be able to identify at least one accessible, positive adult connection
100	%	100	%	of youth will be engaged in at least one positive community activity
80	%	80	%	of youth will comply with program rules
80	%	80	%	of youth will attend at least 90% of programming

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

ALTERNATIVE TO PLACEMENT				
(Programs <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> N/A)				
STSJP		STSJP RTA		Outcomes
80	%	80	%	of youth will have no warrants issued during service engagement
80	%	80	%	of youth will have no arrests or probation intakes during service engagement
80	%	80	%	of youth will have no detention or jail admissions during service engagement
80	%		%	of PINS will have no pre-dispositional placements during service engagement
80	%	80	%	of youth will have no violations of probation filed during service engagement
80	%	80	%	of youth will have no new placements during service engagement
100	%	100	%	of youth will be able to identify at least one accessible, positive adult connection
100	%	100	%	of youth will be engaged in at least one positive community activity
80	%	80	%	of youth will comply with program rules
80	%	80	%	of youth will attend at least 90 percent of programming

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

REENTRY / AFTERCARE				
(Programs <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> N/A)				
STSJP		STSJP RTA		Outcomes
80	%	80	%	of youth will have no warrants issued during service engagement
80	%	80	%	of youth will have no arrests or probation intakes during service engagement
80	%	80	%	of youth will have no detention or jail admissions during service engagement
80	%		%	of PINS will have no pre-dispositional placements during service engagement
80	%	80	%	of youth will have no new placements during service engagement
80	%	80	%	of youth will have no returns to their previous placements during service engagement
100	%	100	%	of youth will be able to identify at least one accessible, positive adult connection
100	%	100	%	of youth will be engaged in at least one positive community activity
80	%	80	%	of youth will comply with program rules
80	%	80	%	of youth will attend at least 90% of programming

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

PART IV – FUNDING							
A. ANTICIPATED PROGRAM EXPENSES AND FUNDING DISTRIBUTION							
Program Name and Service Types	STSJP						STSJP-RTA
	Detention Allocation Shifted	Approved Rollover	PY21-22 STSJP Allocation	Total Expenses (100%)	Local Share (38%)	State Share (62%)	State Share (100%)
1 Youth Empowerment Services			\$43,308.00	\$69,851.61	\$26,543.61	\$43,308.00	\$394,000.00
Prevention			\$0.00	\$0.00	\$0.00	\$0.00	
Early Intervention			\$5,648.86	\$9,111.06	\$3,462.20	\$5,648.86	\$197,000.00
ATD/ATPDP			\$3,765.91	\$6,074.05	\$2,308.14	\$3,765.91	\$59,100.00
ATP			\$22,595.43	\$36,444.24	\$13,848.81	\$22,595.43	\$78,800.00
Reentry/Aftercare			\$11,297.80	\$18,222.26	\$6,924.46	\$11,297.80	\$59,100.00
Indirect							
2							
Prevention							
Early Intervention							
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							
3							
Prevention							
Early Intervention							
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							
4							
Prevention							
Early Intervention							
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							
5							
Prevention							
Early Intervention							
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							

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

Program Name and Service Types	STSJP						STSJP-RTA
	Detention Allocation Shifted	Approved Rollover	PY21-22 STSJP Allocation	Total Expenses (100%)	Local Share (38%)	State Share (62%)	State Share (100%)
11							
Prevention							
Early Intervention							
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							
12							
Prevention							
Early Intervention							
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							
► Sum of Program Totals:			\$43,308.00	\$69,851.61	\$26,543.61	\$43,308.00	\$394,000.00

B. STSJP REIMBURSEMENT SUMMARY	
STSJP Allocation Amount	\$43,308.00
Locally Approved Amount of PY 2021-2022 STSJP Allocation	\$43,308.00
Approved Detention Allocation Shifted	\$0.00
Approved Rollover Amount	\$0.00
Total Approved for State Reimbursement	\$43,308.00
C. STSJP-RTA REIMBURSEMENT SUMMARY	
STSJP-RTA Approved Plan Amount	\$394,000.00
Total Approved for State Reimbursement	\$394,000.00

PART V – PLAN APPROVAL		
A. Municipality Level Approval – Chief Executive / Administrative Official		
As STSJP Lead for St. Lawrence County, I certify that the Chief Executive/Administrative Official, [Name and Title] Ruth Doyle, County Administrator, has reviewed and approved the 2021-2022 STSJP Plan.		
User ID: 40b202	Print Name: Ruth Doyle	Date: 4/11/2022
B. State Level Approval – OCFS Program Reviewer		
As OCFS STSJP reviewer, I certify that I approve of this STSJP plan for St. Lawrence County for 2021-2022.		
User ID: JM9737	Print Name: Karen Sessions	Date: 4/22/2022