



Office of Children and Family Services

KATHY HOCHUL
Governor

SHEILA J. POOLE
Commissioner

April 14, 2022

Dear Chief Executive Officer,

Thank you for submitting Albany 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: Albany		
Lead agency for STSJP submission: Department for Children, Youth, and Families		
Contact person's name: Nicole Ward	Title: Deputy Commissioner	
Phone: (518) 447-4892	Ext:	Email: nicole.ward@albanycountyny.gov

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:

The City of Albany, specifically the 12206 zip code which represents the West Hill, West End, and Arbor Hill neighborhoods, accounts for most of the penetration into the juvenile justice system. The 12202 area, known as the South End, also accounts for a substantial portion of system-involved youth. Contributing factors in these areas include poor/low socio-economic neighborhoods, sub-standard housing, lack of livable wage employment, lack of vocational/apprenticeship programs and services, weakened family structures, heightened gang activity, and a juvenile justice system that has historically had a differential response to youth of color. These neighborhoods have also had a significant increase in gun violence over the past year.

- 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	10840	19%	66	80%	14	78%
White	34515	62%	9	11%	2	11%
Native American/Alaskan	77	0%	0	0%		
Asian/Pacific Islander	4903	9%	0	0%		
Hispanic	5430	10%	7	9%	2	11%

Sex Assigned at Birth	2019 General Population <18 years		2020 Detention Admissions <18 years		2020 Placement Admissions <18 years	
	#	%	#	%	#	%
Male	28474	51%	70	85%	17	94%
Female	27291	49%	12	15%	1	6%

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.

As shown in the chart above, there are a disproportionate number of Black/African American youth in detention and placement relative to the general population. The programs identified in this plan focus on youth in the most at-risk neighborhoods of Albany County, including those living in areas of the City of Albany that are predominately Black/African American. Some of these programs also utilize staff who come from the communities and/or who share the same racial ethnic backgrounds as the youth they serve. Albany County also has an active Racial and Ethnic Disparities Action Team whose goal is to reduce disparities across systems and increase equitable treatment of youth. Among other accomplishments, this group has made implicit bias education available to probation officers and other individuals who work with system-involved youth.

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 partners of our local juvenile justice collaborative met to review the requirements of the STSJP plan and to provide input as to data, outcomes, programs and services. This team includes Albany County Probation, the SUNY Albany Center for Human Services Research, and the Department of Children Youth and Families. Throughout the year, other partners have engaged in dialogue that informed the development of the plan. These partners include the following stakeholders: community members, community service providers, detention providers, Family Court Judges, Law Enforcement, Albany City School District, the Youth Bureau, the Juvenile Justice Steering Committee, the Zero Youth Detention Taskforce and the West Hill/West End Neighborhood Steering Committee.

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

Key partners of the local juvenile justice collaborative attend monthly meetings of the West Hill/West End Neighborhood Steering Committee, a group comprised of residents from some of the most at-risk neighborhoods of Albany County as well as local politicians and representatives from local government, non-profit organizations, and grassroots organizations. The WH/WE Committee is routinely apprised of local juvenile justice issues and works to address these issues.

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.

During PY 2021-2022 the County will continue to solicit input from the WH/WE committee and will more proactively seek input from youth and family identified through committee members. Key partners will also solicit input from the Parent Partner at Probation and utilize this position to reach out to youth and family for their feedback on programs and practices. Additionally, the County seeks to form an advisory board that will provide opportunities for youth and families to provide input about juvenile justice system related practices and programs.

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.

The West Hill/West End Neighborhood Steering Committee is comprised of residents from the highest-need zip code. Feedback from this group has been used to determine service gaps within the zip code and adjust the plan accordingly. Additionally, this group as well as other juvenile justice partners, will be instrumental in the formation of a community juvenile justice advisory board.

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: Juvenile Community Accountability Board

Operating Agency: Albany County Probation

Program Mailing Address: 60 South Pearl St.

Address Line 2:

City: Albany

State: NY

ZIP Code: 12207

Program Contact's Name: Michael O'Connor

Title: Principle Probation Officer

Phone: (518) 487-5314

Ext:

Email: moconnor@albanycountyny.gov

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 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:

12202, 12203, 12206, 12208, 12047, 12067

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.)

JCAB seeks to divert juveniles accused of an act of delinquency from family court, hence avoiding possible detention, adjudication or placement. The Board was designed to provide the opportunity for juveniles to complete specific activities intended to restore victims and repair our community while simultaneously enabling juveniles to learn about the impact of their offenses and ways to avoid re-offending. The program is based on restorative practices and focuses on getting the juvenile to understand the harm that was caused, who was affected, and how to repair that harm. Meetings are held weekly with volunteers who serve as Board Members, all of whom were trained in restorative practices as well as the juvenile process and interviewing skills. The volunteer board provides support and encouragement to the youth; those youth that successfully complete the program will have their cases closed, thereby eliminating the need for family court intervention. Participating youth have 60-90 days to complete the agreed upon JCAB contract.

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		8						8	
STSJP-RTA		4						4	
Total		12						12	

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:

The JCAB program is not likely to meet its projected capacity for the year. COVID-19 affected the number of JCAB sessions that could be offered throughout the year. Additionally, the number of youth referred to probation during this period declined, resulting in fewer referrals to the program.

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		71.75							
STSJP-RTA		91.00							

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.

JCAB is an early intervention program designed to be completed in 60-90 days. The length of service for both STSJP and RTA youth was within this range.

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?

Youth participating in the JCAB program are on track to exceed several of the outcomes for the program. To date, 100% of the program participants attended program consistently, complied with the rules, and established a positive connection with an adult. They also avoided arrest/probation intake and had their cases successfully adjusted.

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

To date, 75% of youth did not have a PINS referral or truancy while participating in the program. This falls short of the expected outcome of 80%. However, these percentages reflect only one youth who did not meet the expected outcomes. Due to the low number of participants in the program, we will likely see similar results in the next reporting period.

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?

For program year 2021-2022, we expect the number of participants in the program to increase significantly.

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		32							32	
STSJP-RTA		35							35	
Total		67							67	

PROGRAM 2

A. PROGRAM 2 CONTACT INFORMATION

Program 2 Name: Juvenile Reporting & Family Center

Operating Agency: Albany County Probation

Program Mailing Address: 60 South Pearl St

Address Line 2:

City: Albany

State: NY

ZIP Code: 12207

Program Contact's Name: Michael O'Connor		Title: Principle Probation Officer
Phone: (518) 487-5314	Ext:	Email: moconnor@albanycountyny.gov

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 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 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:
12210, 12202, 12206, 12208, 12189, 12209, 12203, 12209, 12208, 12204, 12158

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.)
The JRFC is an evening reporting center model that serves as an early intervention diversion program, as well as an ATD/ATPDP and ATP for PINS, JD and RTA youth. Gender specific programs are offered at the LaSalle School and St Anne's Institute; a probation officer who provides enhanced community supervision is assigned to each of the program sites. Regular contact is coordinated with the program, family, and youth to ensure the youth attend all court appearances, do not commit a new juvenile offense, and are not ordered to placement during the pendency of the case.

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				1	2		24	27	
STSJP-RTA									
Total				1	2		24	27	

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:
The JRFC has experienced a significant decrease in program utilization. It was projected that 80 youth would be served through the STSJP portion of the program. To date, the program has only served 27 youth. Several factors have contributed to the low utilization within the program, including the shutdown of both the program and

family court during the height of the pandemic, a reduction in the number of youth appearing in court, and the court's shift to electronic monitoring as an alternative to detention. To increase utilization, the program will also serve as an early intervention program for youth receiving diversion services at probation. It is also anticipated that the RTA portion of the program will be implemented this 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						ATP	R/A
	P	EI	ATD/ATPDP					
			(PINS)	(JO/JD)	(JD-RTA)	(AO)		
STSJP				59.00	27.00		85.18	
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.

In Albany County, Family Court processing generally occurs within 30-60 days. The length of time JRFC youth receive ATD services falls within this range and is longer than the 23 days that Albany County youth typically remain in detention. The average length of stay for JRFC youth involved in the ATP program is 85 days, which is less than the typical one-year remand to a placement facility.

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		30	3	7			20		60
STSJP-RTA		10			3	1	6		20
Total		40	3	7	3	1	26		80

PROGRAM 3

A. PROGRAM 3 CONTACT INFORMATION

Program 3 Name: Project Advance

Operating Agency: Albany County Probation

Program Mailing Address: 60 South Pearl Street

Address Line 2:

City: Albany

State: NY

ZIP Code: 12207

Program Contact's Name: Michael O'Connor		Title: Principle Probation Officer
Phone: (518) 487-5314	Ext:	Email: moconnor@albanycountyny.go

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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Early Intervention (EI)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
<input checked="" type="checkbox"/>	<input checked="" 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:
12210, 12202, 12206, 12208, 12189, 12209, 12203, 12209, 12208, 12204, 12158

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.)

Project Advance is a restorative juvenile/criminal justice program designed to provide internship opportunities for juvenile delinquents, PINS youth and Adolescent Offenders some of which may need to make restitution payments to their victims. Youth will earn money, which will be used to pay off all or some of their restitution if owed, and also earn some additional income for their participation to prevent further progression into the Juvenile Justice system or, for adjudicated youth, as an alternative to placement. The program goals are to prevent re-entry into the system by teaching essential and transferable life skills; to encourage school attendance and performance and provide assistance with academics if needed and to provide tangible necessities for a positive school experience; for older youth, to provide job skill training and meaningful internship opportunities; to increase the amount of restitution paid to crime victims; to empower young people to efficiently and successfully transition into the work force; and to provide Evidence Based/Cognitive Behavioral programming such a Decision Points and BITs to assist youth in making better choices; and to provide items necessary to promote healthy habits among youth. Two probation officers will be responsible for the supervision of these youth both for office reporting, home contacts, transporting youth, and will also supervise these youth while at Lawson's Lake or in the community completing projects/internships. The program length will be 3-6 months depending on the needs of the youth with a yearly capacity of 70 youth. Probation will refer the majority of youth to this service and once referred, youth will be assessed by a program Probation Officer and a when available and if needed, a teacher to determine the appropriate educational intervention as well as what other services are needed to address the underlying criminogenic risk factors presented by the youth. Judges will also be able to make referrals to this program.

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:
n/a

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		20					10	30	
STSJP-RTA		25					15	40	
Total		45					25	70	

PROGRAM 4

A. PROGRAM 4 CONTACT INFORMATION

Program 4 Name: N/A

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: Reintegration Services

Operating Agency: Youth L.I.F.E. Support Network, Inc

Program Mailing Address: P.O. Box 5785

Address Line 2:

City: Albany

State: NY

ZIP Code: 12205

Program Contact's Name: Jamel Muhammad

Title: President

Phone: (518) 229-1015 Ext:

Email: j.muhammad@ylsny.org

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 checked="" type="checkbox"/>	<input type="checkbox"/>	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Alternative to Placement (ATP)
<input checked="" 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:
12210, 12143, 12206, 12202, 12208, 12209, 12207, 12085

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.)

The Reintegration Services Program is a direct intervention consistent with the Risk-Need-Responsivity Framework and the Reintegration Continuum model. The program was originally conceived of as a re-entry program but is expanding to also serve as an ATD/ATPDP and ATP for high-risk youth who are on a trajectory for placement. Utilizing a Credible Messenger Model, the program will rapidly engage youth and their families to prevent further progression into the Juvenile Justice System as well as successfully reintegrate adjudicated youth who have been placed in the custody of the ACDCYF back into the community.

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								11	11
STSJP-RTA									
Total								11	11

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:
The program will likely serve less than the projected budgeted capacity of 22 youth. The number of placement admissions in Albany County has decreased. Additionally, there has been a slight increase in the number of youth being placed directly in an OCFS facility. Both factors have resulted in fewer referrals to this program.

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								461.00	
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.

Consistent with the Reintegration continuum, services through this program begin on the day a youth is placed in a residential facility and continue six months post discharge.

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?
 Youth receiving re-integration services are on track to meet or exceed many of the goals set for PY 2020-2021. Only 4 youth were discharged during the reporting period; all participated regularly in the program, complied with program rules and developed meaningful connections with a positive adult. Additionally, none of the participants were re-arrested, detained or placed during the reporting period.

8. (a) What outcomes are not on track to meet the goals set for PY 2020-2021? (b) Please describe any contributing barriers.
 Of the 4 youth who were discharged from the program, one was issued a warrant and did not become engaged in prosocial activities. The outcome percentages are skewed by the small number of youth who were discharged. However, it should be noted that many of the youth currently being ordered to placement have multiple risk factors and complex needs, which may impact program outcomes in the future.

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?
 The program experienced some staffing difficulties as a result of COVID-19. New staff have recently been hired, and it is expected that the program will resume the level of service expected.

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							ATP	R/A	Total
	P	EI	ATD/ATPDP							
			(PINS)	(JO/JD)	(JD-RTA)	(AO)				
STSJP				5				5	10	20
STSJP-RTA										
Total				5				5	10	20

PROGRAM 6

A. PROGRAM 6 CONTACT INFORMATION

Program 6 Name: Parent Partner Services

Operating Agency: Cayuga Centers

Program Mailing Address: 5 Computer Drive West

Address Line 2: Suite 203		
City: Albany	State: NY	ZIP Code: 12205
Program Contact's Name: Cindi Pagan		Title: Vice President of Community Based Interventions
Phone: (518) 401-1104	Ext:	Email: cindi.pagan@cayugacenter.org

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

*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:
12202, 12203, 12205, 12206, 12207, 12208, 12210, 12047, 12189

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.)

A Parent Partner is someone who has gained a unique set of skills and knowledge based on their personal experience in advocating for their own child(ren) who have been involved in one or more formal service systems. The Parent Partner will assist families by engaging them and offering empathy, support, encouragement, information, and advocacy as to what to expect from service providers within the juvenile justice system. The Parent Partner will assist families in accessing needed resources based on their assessment and screening. The Parent Partner is co-located at Albany County Probation and focuses on PINS-runaway petitions as well as working with the schools to mitigate PINS filings. Additionally, the program will be offered to youth at risk or alleged to be a JD on a case-by-case basis.

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		6							6
STSJP-RTA									
Total		6							6

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:
 The Parent Partner program did not become fully operational until March 2021. For this reason, it is not likely to meet the budgeted capacity.

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

Approved Funding	Program Type							
	P	EI	ATD/ATPDP				ATP	R/A
			(PINS)	(JO/JD)	(JD-RTA)	(AO)		
STSJP		n/a						
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.
 The program did not become fully operational until March 2021. As a result, information is not yet available regarding length of stay.

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?
 The program did not become operational until March 2021. As a result, outcome data is not available for the first reporting period. However, it is likely that the program will meet or exceed many of the projected goals.

8. (a) What outcomes are not on track to meet the goals set for PY 2020-2021? (b) Please describe any contributing barriers.
 The program did not become operational until March 2021. As a result, outcome data is not available for the first reporting period. However, it is likely that the program will meet or exceed many of the projected goals.

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?
 It is expected that the program will meet the desired goals now that is fully operational.

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

PROGRAM 7

A. PROGRAM 7 CONTACT INFORMATION

Program 7 Name: Juvenile Justice Coordination and Research

Operating Agency: University at Albany - Center for Human Services Research (CHSR)

Program Mailing Address: Richardson Hall

Address Line 2: 135 Western Ave.

City: Albany

State: NY

ZIP Code: 12203

Program Contact's Name: Susan Dietzel

Title: Senior Research Scientist

Phone: (518) 591-8796 Ext:

Email: sdietzel@albany.edu

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 checked="" 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:

n/a

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.)

The Juvenile Justice Coordination Research program will focus on utilizing data to drive decision making and improve juvenile justice practices in Albany County. This program will drill down into the data to highlight patterns and trends at the various decision making points in the juvenile justice arena. The goal will be to identify where the acute areas of focus need to be, pinpoint any gaps, and identify and recommend programs and services to address such. This program will also assist youth serving agencies with recording and analyzing their data.

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	0	0	0	0	0	0	0	0	0
STSJP-RTA	0	0			0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0

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

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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STSJP-RTA	0.00	0.00			0.00	0.00	0.00	0.00

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

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

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

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

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?
 n/a

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	0	0	0	0	0	0	0	0	0
STSJP-RTA	0	0			0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0

PROGRAM 8

A. PROGRAM 8 CONTACT INFORMATION

Program 8 Name: Program Support and Incentives

Operating Agency: Department of Children, Youth and Families

Program Mailing Address: 112 State St.

Address Line 2:

City: Albany	State: NY	ZIP Code: 12207
Program Contact's Name: Nicole Ward		Title: Deputy Commissioner
Phone: (518) 447-4892	Ext:	Email: nicole.ward@albanycountyny.gov

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 checked="" type="checkbox"/>	<input checked="" 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:
n/a

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.)

Incentives will be purchased to support the Graduated Response grid in use at probation to reinforce positive youth behavior. Additionally, stipends will be provided to support the formation of an advisory board that will provide opportunities for youth and families to provide input regarding the juvenile justice system. Funds will also be used to support existing programs and initiatives, such as stocking a resource closet at probation, printing materials for the RED Action team, and providing trainings as needed.

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	0	0	0	0	0	0	0	0	0
STSJP-RTA	0	0			0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0

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

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	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STSJP-RTA	0.00	0.00			0.00	0.00	0.00	0.00

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

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

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

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

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?
n/a

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

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

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

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

PROGRAM 12

A. PROGRAM 12 CONTACT INFORMATION

Program 12 Name: _____

Operating Agency: _____

Program Mailing Address: _____

Address Line 2: _____

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

Program Contact's Name: _____ Title: _____

Phone: () _____ Ext: _____ Email: _____

B. PROGRAM 12 DESCRIPTION AND TARGET POPULATION

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

PART III – Goals for PY 2021-2022

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

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

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

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

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

STSJP		STSJP RTA		Outcomes
80	%	80	%	of youth will have no PINS referrals during service engagement
80	%	80	%	of youth will have no trancies 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
90	%	90	%	of youth will be able to identify at least one accessible, positive adult connection
90	%	90	%	of youth will be engaged in at least one positive community activity
85	%	85	%	of youth will comply with program rules
85	%	85	%	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
95	%	95	%	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
90	%	90	%	of youth will have no detention or jail admissions during service engagement
90	%		%	of PINS will have no pre-dispositional placements during service engagement
90	%	90	%	of youth will be able to identify at least one accessible, positive adult connection
90	%	90	%	of youth will be engaged in at least one positive community activity
85	%	85	%	of youth will comply with program rules
85	%	85	%	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 type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" 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
90	%	90	%	of youth will have no detention or jail admissions during service engagement
90	%		%	of PINS will have no pre-dispositional placements during service engagement
80	%	80	%	of youth will have no violations of probation filed during service engagement
85	%	85	%	of youth will have no new placements during service engagement
90	%	90	%	of youth will be able to identify at least one accessible, positive adult connection
90	%	90	%	of youth will be engaged in at least one positive community activity
85	%	85	%	of youth will comply with program rules
85	%	85	%	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 type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" 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	%		%	of youth will have no warrants issued during service engagement
80	%		%	of youth will have no arrests or probation intakes during service engagement
85	%		%	of youth will have no detention or jail admissions during service engagement
90	%		%	of PINS will have no pre-dispositional placements during service engagement
90	%		%	of youth will have no new placements during service engagement
90	%		%	of youth will have no returns to their previous placements during service engagement
90	%		%	of youth will be able to identify at least one accessible, positive adult connection
90	%		%	of youth will be engaged in at least one positive community activity
90	%		%	of youth will comply with program rules
90	%		%	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 Juvenile Community Accountability Board	\$3,185.00		\$3,635.00	\$11,000.00	\$4,180.00	\$6,820.00	\$77,143.00
Prevention							
Early Intervention	\$3,185.00		\$3,635.00	\$11,000.00	\$4,180.00	\$6,820.00	\$77,143.00
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							
2 Juvenile Reporting & Family Center	\$53,912.19		\$61,518.00	\$186,177.72	\$70,747.53	\$115,430.19	\$116,560.00
Prevention							
Early Intervention	\$17,970.73		\$20,506.00	\$62,059.24	\$23,582.51	\$38,476.73	\$38,854.00
ATD/ATPDP	\$17,970.73		\$20,506.00	\$62,059.24	\$23,582.51	\$38,476.73	\$38,854.00
ATP	\$17,970.73		\$20,506.00	\$62,059.24	\$23,582.51	\$38,476.73	\$38,854.00
Reentry/Aftercare							
Indirect							
3 Project Advance	\$27,995.01		\$31,939.00	\$96,667.76	\$36,733.75	\$59,934.01	\$261,930.00
Prevention							
Early Intervention	\$8,017.02		\$31,939.00	\$64,445.20	\$24,489.18	\$39,956.02	\$130,965.00
ATD/ATPDP							
ATP	\$19,977.99		\$0.00	\$32,222.56	\$12,244.57	\$19,977.99	\$130,965.00
Reentry/Aftercare							
Indirect							
4 N/A							
Prevention							
Early Intervention							
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							
5 Reintegration Services	\$28,931.00		\$33,007.00	\$99,900.00	\$37,962.00	\$61,938.00	
Prevention							
Early Intervention							
ATD/ATPDP	\$9,643.66		\$11,002.33	\$33,300.00	\$12,654.00	\$20,646.00	
ATP	\$9,643.67		\$11,002.33	\$33,300.00	\$12,654.00	\$20,646.00	
Reentry/Aftercare	\$9,643.67		\$11,002.34	\$33,300.00	\$12,654.00	\$20,646.00	

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 Parent Partner Services	\$21,708.94		\$24,768.00	\$74,962.80	\$28,485.86	\$46,476.94	
Prevention							
Early Intervention	\$21,708.94		\$24,768.00	\$74,962.80	\$28,485.86	\$46,476.94	
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							
7 Juvenile Justice Coordination and Research	\$14,780.56		\$16,863.00	\$51,038.00	\$19,394.44	\$31,643.56	
Prevention							
Early Intervention							
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect	\$14,780.56		\$16,863.00	\$51,038.00	\$19,394.44	\$31,643.56	
8 Program Support and Incentives	\$868.00		\$992.00	\$3,000.00	\$1,140.00	\$1,860.00	\$6,000.00
Prevention							
Early Intervention							
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect	\$868.00		\$992.00	\$3,000.00	\$1,140.00	\$1,860.00	\$6,000.00
9							
Prevention							
Early Intervention							
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							
10							
Prevention							
Early Intervention							
ATD/ATPDP							
ATP							
Reentry/Aftercare							

Indirect							
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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:	\$151,380.70		\$172,722.00	\$522,746.28	\$198,643.58	\$324,102.70	\$461,633.00

B. STSJP REIMBURSEMENT SUMMARY	
STSJP Allocation Amount	\$172,722.00
Locally Approved Amount of PY 2021-2022 STSJP Allocation	\$172,722.00
Approved Detention Allocation Shifted	\$151,380.70
Approved Rollover Amount	0
Total Approved for State Reimbursement	\$324,102.70
C. STSJP-RTA REIMBURSEMENT SUMMARY	
STSJP-RTA Approved Plan Amount	\$461,633.00
Total Approved for State Reimbursement	\$461,633.00

PART V – PLAN APPROVAL		
A. Municipality Level Approval – Chief Executive / Administrative Official		
As STSJP Lead for Albany County, I certify that the Chief Executive/Administrative Official, [Name and Title] Daniel P. McCoy Albany County Executive, has reviewed and approved the 2021-2022 STSJP Plan.		
User ID: nward	Print Name: Nicole Ward	Date: 4/13/2022
B. State Level Approval – OCFS Program Reviewer		
As OCFS STSJP reviewer, I certify that I approve of this STSJP plan for Albany County for 2021-2022.		
User ID: JM9737	Print Name: Karen Sessions	Date: 4/14/2022

