



Office of Children and Family Services

KATHY HOCHUL
Governor

SHEILA J. POOLE
Commissioner

December 1, 2021

Dear Chief Executive Officer,

Thank you for submitting Allegany 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 stsip@ocfs.ny.gov and write "STSJP Plan Questions" in the subject line or reach out to Geneva Hilliard at (518) 486-1819 or Lynn Tubbs at (518) 473-9116.

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

Sincerely,



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

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

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

SUBMITTING MUNICIPALITY CONTACT INFORMATION

Name of applicant county, counties or jurisdiction: Allegany County		
Lead agency for STSJP submission: Allegany County Probation Department		
Contact person's name: Robert P. Starks	Title: Director of Probation	
Phone: (585) 268-9375	Ext:	Email: starksrp@alleganyco.com

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

- (a) 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
(b) Discuss what factors may be contributing to these high numbers:

According to this Department's records we have had seventy-three (73) youth referrals from October 1, 2020 to August 31 2021. The communities in Allegany County that the majority of our referrals came from during this time period are: Wellsville[14895] (23%); Bolivar [14715] (14%); Cuba [14727] (10%); Friendship [14739] (8%); and Andover [14806], Fillmore [14735] and Scio [14880] (7% each). These communities contributed 76% of the referrals. Wellsville is the county's largest village and it also has the largest number of students in its school district. Thus, it is no surprise that this is where the largest number of referrals would come from. Bolivar is the fourth largest population center in Allegany County but it has historically produced more referrals than the two communities (Alfred & Cuba) whose population numbers are between those of Bolivar and Wellsville. The Bolivar area appears to have a lower socio-economic level than Alfred & Cuba which may contribute to its higher referral rate. It is also a community that has, historically, a serious illegal drug use culture. The other four communities named above are smaller, population wise. One other interesting item to note is that seven youth who don't live in Allegany County were referred during the time period noted above. This represents 8% of the total referrals.

- 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	166	2%	2	29%	0	0%
White	8760	94%	5	71%	3	75%
Native American/Alaskan	22	0%	0	0%		
Asian/Pacific Islander	121	1%	0	0%		
Hispanic	205	2%	0	0%	0	0%

Sex Assigned at Birth	2019 General Population <18 years		2020 Detention Admissions <18 years		2020 Placement Admissions <18 years	
	#	%	#	%	#	%
Male	4843	52%	6	86%	4	100%
Female	4431	48%	1	14%	0	0%

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.

The disparity shown by the numbers is that the percentage of Black/African American Detention admissions is over five times higher compared to the percentage of Black/African Americans in the general population. The youth who went into non-secure detention did so due to being sanctioned by the court for violating the electronic monitoring conditions. This same sanction would have been imposed by the court no matter what the youth's ethnicity is. There are very few minorities who come into the juvenile justice system in Allegany County. It does not appear, from reviewing historical data, that detaining a youth of color is a trend in Allegany County. The reason there is a lower number of youth in the "Race/Ethnicity" section of the 2020 Placement Admissions than the number listed in the "Sex Assigned at Birth" section is that there is one youth whose "Race/Ethnicity" is unknown.

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 Allegany County Probation Department staff has weekly contact with Allegany County DSS staff at our Juvenile Screening Team meetings and bi-weekly contact with DSS at our PINS Reform meetings. Service agencies such as Catholic Charities and the Western New York Mobile Mental Health team are also present at these meetings. Probation staff attend monthly meetings with Allegany County DSS and Rehabilitating & Empowering Disadvantaged Youth (R.E.D.Y.) staff. Probation staff attend juvenile Single Point Of Access (SPOA) meetings. Probation staff attend Rural Youth Justice Team meetings. Probation staff is represented on the County's Youth Court Advisory Board. Probation staff have regular contact with staff at detention facilities whenever an Allegany County youth is housed in such. During the school year probation staff have regular contact with school officials. The information gleaned from all of these meetings reinforces the need for the services that STSJP pays for in Allegany County. The Probation Department also receives input from Catholic Charities and R.E.D.Y. in preparing this plan.

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

We are not.

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. Although the Allegany County Probation Department does not have a current system to receive feedback from youth and their family, the other agencies do. R.E.D.Y. uses an evidence-based program, the "Strength and Difficulties Questionnaire (SDQ)." Catholic Charities utilizes a client satisfaction survey for their MST program. The Allegany County DSS gathers feedback from the families they work with. The Probation Department will develop a survey in 2022 to use with youth and their families to elicit feedback on our PINS Reform and Electronic Monitoring 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 Allegany County Probation Department will develop an instrument in 2022 to use with schools, police agencies, and service providers which will provide us feedback on our PINS Reform and Electronic Monitoring Programs. We will also develop a separate instrument which will help us gauge how well the MST and R.E.D.Y. programs were received by youth and families.

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: Multisystemic Therapy

Operating Agency: Catholic Charities

Program Mailing Address: 2636 West State Street

Address Line 2: Holiday Park Centre Suite 301

City: Olean

State: NY

ZIP Code: 14760

Program Contact's Name: Lacie Schloder

Title: Supervisor

Phone: (716) 378-9790

Ext:

Email: lacie.schloder@ccwny.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 checked="" 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:
All zip codes in Allegany County.

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.)

Multisystemic Therapy (MST) is an evidence-based service designed to divert at-risk youth with severe behaviors at home, school, and/or community from out-of-home placements. A youth will be in the "preventive" category if their family participates in MST services before a PINS referral is made to the Probation Department. A youth will be in the "early intervention" category if a PINS or JD referral has been made to the Probation Department and no petition has been filed with Family Court. MST strives to promote behavior change within the youth's natural environment, using the strengths of each system (e.g. family, school, peers, etc) to facilitate change. By providing the delivery of services in the natural ecology, and the rigorous, monitored implementation of MST, combine to produce the positive change within the family environment .

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				R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)		
STSJP	0	3	0	0	0	0	0	3
STSJP-RTA	0	0			0	0	0	0
Total	0	3	0	0	0	0	0	3

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 MST will begin serving more youth than previous capacity due to more referrals coming in within the past six months. The MST team is expanding to include more therapists who can serve more families. It is also anticipated the Probation Department will allow other agencies (schools, mental health, & DSS) to make MST referrals through Probation as a "Preventive" case. Probation will screen these referrals with the MST Supervisor to ensure they are an appropriate referral.

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	0.00	132.67	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 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.

It is common for families working with MST to be open an average of 90 to 150 days.

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?
 100% of families have completed treatment. The youth are still living at home, are currently enrolled in school, and have no new arrests at this time. 100% of families reported increased parenting skills, improved family relations, improved network of supports, and feel changes have been sustained. 100% report increase of prosocial activities for youth as well.

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

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

D. PROGRAM 1 SERVICE PROJECTIONS FOR PY 2021-2022

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

Approved Funding	Program Type							ATP	R/A	Total
	P	EI	ATD/ATPDP							
			(PINS)	(JO/JD)	(JD-RTA)	(AO)				
STSJP	5	22	0	0	0	0	0	0	27	
STSJP-RTA	0	0			0	0	0	0	0	
Total	5	22	0	0	0	0	0	0	27	

PROGRAM 2

A. PROGRAM 2 CONTACT INFORMATION

Program 2 Name: Probation (PINS Reform)

Operating Agency: Allegany County Probation Department

Program Mailing Address: 7 Court Street

Address Line 2: Rm 32

City: Belmont

State: **NY**

ZIP Code: 14813

Program Contact's Name: Robert P. Starks

Title: Director of Probation

Phone: (585) 268-9375

Ext:

Email: starksrp@alleganyco.com

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 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:

All zip codes in Allegany County

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 Allegany County Probation Department's PINS Reform Diversion Program provides services to high risk youth who are exhibiting behavioral issues in the community, at home, or in a school setting. We have also targeted youth with truancy problems as it seems they are in need of concentrated services to get their attendance to improve. We have also identified youth who have low protective factors as over-rides into the PINS Reform Program. The PINS Reform Program is a collaboration with Allegany County DSS. The Probation Officers provide direct services to the youth through one-on-one meetings, allowing the PO to address any ongoing issues. The assigned DSS Caseworker makes referrals for services such as mental health evaluations and/or treatment; alcohol & drug evaluations and/or treatment; SPOA referrals; MST services; Rehabilitating and Empowering Disadvantaged Youth (R.E.D.Y.) services, and other services as needed. The Officers providing the diversion supervision duties attend the weekly Juvenile Screening Team (JUST) meetings. These meetings also involve mental health practitioners, DSS case workers, and a MST supervisor. Cases are discussed to get input from everyone in an effort to find the best services in assisting the youth to recover from their problematic behaviors. The PINS Reform Diversion Program has two primary goals: to keep youth from having a PINS petition filed on them and; to help the youth return to better behaviors.

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						ATP	R/A	Total
	P	EI	ATD/ATPDP						
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	9	0	0	0	0	0	0	9
STSJP-RTA	0	0			0	0	0	0	0
Total	0	9	0	0	0	0	0	0	9

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:
 We have had only two youth accepted to the PINS Reform Program between 4/1/21 and 8/31/21 so it is likely we will be serving less than the projected capacity on 9/30/21. The Department uses the YASI Pre-screen Risk and Protective levels to guide the decision-making for inclusion in PINS Reform. We had been assigning all High risk PINS referrals to PINS Reform. However, over the past two years we have seen the number of high risk YASI cases dramatically decrease. Thus, we have had to modify our criteria for inclusion in PINS Reform. We have begun considering youth with low or no protective factors to be automatically considered for PINS Reform services.

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	0.00	45.00	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.
 There were only three youth who were discharged from PINS Reform services between 10/1/20 and 3/31/21. The average length of stay for these youth was shorter than we normally see.

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.
 We anticipated serving twenty-five (25) youth through PINS Reform services. As of August 31, 2021 we have served eleven (11) youth. The COVID pandemic aftermath partially contributed to this decrease in numbers. We rely heavily on the Youth Assessment Screening Instrument (YASI) Risk Factors, and Protective Factors to guide our decision-making. It appears the criteria for the YASI scoring has changed as we are seeing far less "High Risk" youth. We also haven't been able to over-ride many PINS youth to PINS Reform either. The numbers are there; we have had fifty (50) PINS referrals between 10/1/20 and 8/31/21. Orbis Partners (designer of YASI) and the Office of Probation and Correctional Alternatives collaborated in late 2019 to make some changes to YASI. Since then, the number of youth, both JDs and PINS, with a High Risk assessment has decreased dramatically. We rarely see a youth who is considered to be "High risk" anymore.

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?
 We will examine our criteria for inclusion in PINS Reform and maybe make some changes to be able to include more youth. We have considered including youth who have low or no protective factors. We also put any youth with strictly truancy issues on PINS Reform.

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	0	15	0	0	0	0	0	0	15
STSJP-RTA	0	0			0	0	0	0	0
Total	0	15	0	0	0	0	0	0	15

PROGRAM 3

A. PROGRAM 3 CONTACT INFORMATION

Program 3 Name: Electronic Home Monitoring (for youths)

Operating Agency: Allegany County Probation Department

Program Mailing Address: 7 Court Street

Address Line 2: Rm 32

City: Belmont State: NY ZIP Code: 14813

Program Contact's Name: Robert P. Starks Title: Director of Probation

Phone: (585) 268-9375 Ext: Email: starksrp@alleganyco.com

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 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 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:
All zip codes in Allegany County.

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 Family Court orders pre-adjudicated or adjudicated juveniles into our Electronic Home Monitoring (EHM) program in an effort to keep the youth from being removed from their home. This program provides limited movements for the youth so the youth can attend school, counseling sessions, court appearances, and medical appointments. All of these outings have to be pre-scheduled with a probation officer and permission for a youth to leave his/her home has to be given by the probation officer. This scheduling is designed to reduce the rate of impulsive actions of the youth. It provides them structure and enables the youth to realize the importance of making good choices and having to think before taking an action. This is an effective alternative to placing youth

in a foster home or a residential facility as a disposition. The funds we are requesting for 2021-2022 will help pay for EHM costs so the juvenile's family doesn't have to.

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	0	0	0	0	0	0	1	0	1
STSJP-RTA	0	0			0	0	0	0	0
Total	0	0	0	0	0	0	1	0	1

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:
 We have installed EM equipment in only two youth's homes since April 1, 2021 so it is highly unlikely we will hit our goal of six youth by the end of September.

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-The only youth who was placed on EM between 10/1/20 and 3/31/21 was not removed during that period of time.

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.
 It is unlikely we will reach our prediction of six youths to be on Electronic Monitoring (EM). It should not be viewed as a negative since EM is to be used as an alternative to placement so the less it is used should equate to less youths being considered. The County has placed two youths in OCFS custody this year.

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?
 There are no changes planned.

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						ATP	R/A	Total
	P	EI	ATD/ATPDP						
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	0	0	0	0	0	5	0	5
STSJP-RTA	0	0			0	0	0	0	0
Total	0	0	0	0	0	0	5	0	5

PROGRAM 4

A. PROGRAM 4 CONTACT INFORMATION

Program 4 Name: Rehabilitating Disadvantaged and Empowering Youth (R.E.D.Y.)

Operating Agency: Redy Youth Services

Program Mailing Address: 1206 Shawnee Trail

Address Line 2:

City: Youngstown, OH

State: **NY**

ZIP Code: 44511

Program Contact's Name: Kurt Dupont

Title: President

Phone: (716) 378-5878 Ext:

Email: kdupont@redyyouthservices.com

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 checked="" 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:

All zip codes in Allegany County.

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.)

Referrals made by Probation or DSS for a mentor to assist in the stabilization of academic, interpersonal, legal and familial issues. The program provides individualized supportive interactions, linkage and referral to Allegany County community-based resources through their satellite office (including providers specializing in mental health, developmental disability, special education, and recovery/addiction services) Their staff work within the community, schools, and home environments to assist at-risk youth to become stable. This program will serve two populations: at-risk youth who have not touched the juvenile justice system and at-risk youth who have had some system contact such as PINS diversion, JD Intake, or JD adjustment services.

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	5	0	0	0	0	0	0	0	5
STSJP-RTA	0	0			0	0	0	0	0
Total	5	0	0	0	0	0	0	0	5

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 serve less than the projected capacity. In addition to the five youth noted above, there have only been two additional referrals for R.E.D.Y. services since April 1, 2021. One of the reasons there have not been more referrals is that R.E.D.Y. exhausted its allotted funds so we had to cease making referrals in August.

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	49.00	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.

There was only one youth who completed the program before March 31, 2021 so data population is small. However, the length of stay is comparable to data provided for the 2020-2021 plan.

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.

It is highly unlikely the total number of twenty (20) youths to be served will be met. Part of this reason is the funding issue.

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?

R.E.D.Y. has requested far more funding for 2021-2022 and if it is granted these funds, more referrals will be made.

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	10	15	0	0	0	0	0	0	25
STSJP-RTA	0	0			0	0	0	0	0
Total	10	15	0	0	0	0	0	0	25

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							
	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 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									
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							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 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							ATP	R/A	Total
	P	EI	ATD/ATPDP							
			(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.

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
95	%		%	of youth will have no PINS referrals during service engagement
85	%		%	of youth will have no truancies during service engagement
90	%		%	of youth will have no school suspensions during service engagement
90	%		%	of youth will have no arrests or probation intakes during service engagement
90	%		%	of youth will be able to identify at least one accessible, positive adult connection
85	%		%	of youth will be engaged in at least one positive community activity
95	%		%	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:

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

STSJP		STSJP RTA		Outcomes
95	%		%	of youth will have no PINS referrals during service engagement
85	%		%	of youth will have no truancies during service engagement
90	%		%	of youth will have no school suspensions during service engagement
90	%		%	of youth will have no arrests or probation intakes during service engagement
95	%		%	of youth will have their cases successfully adjusted/diverted during service engagement
90	%		%	of youth will be able to identify at least one accessible, positive adult connection
85	%		%	of youth will be engaged in at least one positive community activity
95	%		%	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:

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	%		%	of youth will have no missed court appearances during service engagement
95	%		%	of youth will have no warrants issued during service engagement
95	%		%	of youth will have no arrests or probation intakes during service engagement
95	%		%	of youth will have no detention or jail admissions during service engagement
95	%		%	of PINS will have no pre-dispositional placements during service engagement
95	%		%	of youth will be able to identify at least one accessible, positive adult connection
85	%		%	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:

ALTERNATIVE TO PLACEMENT

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

STSJP		STSJP RTA		Outcomes
95	%		%	of youth will have no warrants issued during service engagement
95	%		%	of youth will have no arrests or probation intakes during service engagement
95	%		%	of youth will have no detention or jail admissions during service engagement
95	%		%	of PINS will have no pre-dispositional placements during service engagement
95	%		%	of youth will have no violations of probation filed during service engagement
95	%		%	of youth will have no new placements during service engagement
95	%		%	of youth will be able to identify at least one accessible, positive adult connection
85	%		%	of youth will be engaged in at least one positive community activity
95	%		%	of youth will comply with program rules
95	%		%	of youth will attend at least 90 percent of programming

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

REENTRY / AFTERCARE

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

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

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

PART IV – FUNDING							
A. ANTICIPATED PROGRAM EXPENSES AND FUNDING DISTRIBUTION							
Program Name and Service Types	STSJP						STSJP-RTA
	Detention Allocation Shifted	Approved Rollover	PY21-22 STSJP Allocation	Total Expenses (100%)	Local Share (38%)	State Share (62%)	State Share (100%)
1 MST	\$96,548.88			\$155,724.00	\$59,175.12	\$96,548.88	\$0.00
Prevention	\$17,861.54			\$28,808.94	\$10,947.40	\$17,861.54	\$0.00
Early Intervention	\$78,687.34			\$126,915.06	\$48,227.72	\$78,687.34	\$0.00
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							
2 Probation PINS		\$20,000.00	\$28,866.54	\$78,817.00	\$29,950.46	\$48,866.54	\$0.00
Prevention							
Early Intervention		\$20,000.00	\$28,866.54	\$78,817.00	\$29,950.46	\$48,866.54	\$0.00
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							
3 Probation Electronic Monitoring			\$1,240.00	\$2,000.00	\$760.00	\$1,240.00	\$0.00
Prevention							
Early Intervention							
ATD/ATPDP			\$620.00	\$1,000.00	\$380.00	\$620.00	
ATP			\$620.00	\$1,000.00	\$380.00	\$620.00	
Reentry/Aftercare							
Indirect							
4 R.E.D.Y.	\$34,006.54	\$15,000.00	\$9,893.46	\$95,000.00	\$36,100.00	\$58,900.00	\$0.00
Prevention	\$23,560.00			\$38,000.00	\$14,440.00	\$23,560.00	\$0.00
Early Intervention	\$10,446.54	\$15,000.00	\$9,893.46	\$57,000.00	\$21,660.00	\$35,340.00	\$0.00
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:	\$130,555.42	\$35,000.00	\$40,000.00	\$331,541.00	\$125,985.58	\$205,555.42	\$0.00

B. STSJP REIMBURSEMENT SUMMARY	
STSJP Allocation Amount	\$40,000.00
Locally Approved Amount of PY 2021-2022 STSJP Allocation	\$40,000.00
Approved Detention Allocation Shifted	\$130,555.42
Approved Rollover Amount	\$35,000.00
Total Approved for State Reimbursement	\$205,555.42
C. STSJP-RTA REIMBURSEMENT SUMMARY	
STSJP-RTA Approved Plan Amount	\$0.00
Total Approved for State Reimbursement	\$0.00

PART V – PLAN APPROVAL		
A. Municipality Level Approval – Chief Executive / Administrative Official		
As STSJP Lead for Allegany County, I certify that the Chief Executive/Administrative Official, [Name and Title] Carissa Knapp, County Administrator, has reviewed and approved the 2021-2022 STSJP Plan.		
User ID: 1750	Print Name: Robert P. Starks	Date: 11/29/2021
B. State Level Approval – OCFS Program Reviewer		
As OCFS STSJP reviewer, I certify that I approve of this STSJP plan for Allegany County for 2021-2022.		
User ID: GG1130	Print Name: Patti Anderson	Date: 11/29/2021