July 27, 2021

Dear Chief Executive Officer,

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

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

If the County plans to shift its detention allocation for STSJP eligible expenses, please submit a request on official letterhead to Lynn Tubbs and email it to 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, 2020 to September 30, 2021. 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)
ANNUAL PLAN FOR PROGRAM YEAR OCTOBER 1, 2020 – SEPTEMBER 30, 2021

SUBMITTING MUNICIPALITY CONTACT INFORMATION

Name of applicant county, counties, or jurisdiction: Greene

Lead agency for STSJP submission: Greene County Probation Department

Contact Person's Name: Alan Frisbee	Title: Probation Director

Phone: (518) 719-3200	Ext:	Email: afrisbee@discovergreene.com

PLAN SUBMISSION INSTRUCTIONS

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

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

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

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

PART I – MUNICIPALITY LEVEL DETAILS

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

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

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

3. Will a single fiscal officer be the custodian of the funds made available for STSJP? ☐ Yes *(If yes, please provide their contact details below.)* ☐ No *(If no, skip to Q4.)*

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

4. Describe who will be responsible for collecting and submitting STSJP data for joint-funded programs:

B. Municipality Level Analysis

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

    Catskill is the largest municipality and the County seat. It also has a large, low-income housing project, and several DSS-utilized motels for the homeless. Families tend to stay in the area, due to the availability of various services. However, several of the other school districts have also had youth involved with the juvenile justice system. The

factors that seem to lead to youth entering the JJ system include family conflict and limited skills in responding effectively to adolescent youth and substance abuse issues.

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

Given that the vast majority of the County's youth population is White (82%), per 2019 data, and the overall White population total (91%, per 2000 Census), and the County population is approx. 50,000, the number of minority youth who enter the system are typically low, therefore, the data can easily be skewed. We have also had a "cluster" from one minority family, with detention/placement service required, due to the youths being out of control and the parent being aged and ineffective. Therefore, little disparity exists, however minority youth could benefit from additional services/resources available in the plan.

C. Local Collaboration

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

This plan follows "on the heels" of the County's overall RTA plan, which involved collaboration with LDSS and the County Administrator. Probation provides JD intake, with PINS diversion now provided by the Greene County Youth Bureau at an early stage, and if unsuccessful at that level, by LDSS in a more formal PINS diversion effort, with additional services applied. Frequent case discussions occur between Probation, LDSS, and Youth Bureau staff on matters of mutual concern.

PART II – PROGRAM LEVEL DETAILS

PROGRAM	1

A. Program 1 Contact Information

Program 1 Name: Northern Rivers Intensive Aftercare Prevention Program
Operating Agency: Norther Rivers/Northeast Parent & Child Society
Program Mailing Address: 530 Franklin Street
Address Line 2:

City: Schenectady	State: **NY**	Zip Code: 12305
Program Contact's Name: Barbara Passinella	Title: Senior Director of Family Services	
Phone: (518) 393-2194	Ext:	Email: barbara.passinella@northernrivers.org

B. Program 1 Description and Target Population

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

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

STSJP	STSJP-RTA	
☐	☐	Prevention (P)
☐	☒	Early Intervention (EI)
☐	☐	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
☐	☒	Alternative to Placement (ATP)
☐	☐	Reentry / Aftercare (R / A)
☐	☐	Indirect Services

3.	Please list the zip codes this program will target:
	12414, 12413, 12015,12051,12083,12422,12423,12463,12468,12470,12485,12496,12439,12124,12087
4.	Describe the program, including how it is family focused. If you answered "yes" to Q1 (FSS), be sure to demonstrate how your program meets the definition. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them.
	This program will be for RTA (ages 16 & 17) youth, serving them at the adjustment phase as well as for adjudicated youth as an alternative to placement. Services consist of intensive home and community-based clinical treatment, coupled with supportive and skill-based "wrap-around" casework interventions that are designed to effectively address those identified factors that place children and families at risk. IAPP clinicians provide these services based on each family's individualized treatment plan. The development and implementation of this plan is guided by the principles of trauma informed care, and a comprehensive strength-based family assessment, using structural family and cognitive behavioral treatment modes.
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 funding did this program receive in PY 2019-2020?
   ☒ None (*If none, skip to section D.*)   ☐ STSJP   ☐ STSJP-RTA

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

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

3. Based on the program's record of youth served (Q2), do you anticipate this program being over or under its budgeted capacity on 9/30/2020? Please explain:
   Although funding was approved, the program wasn't initiated, therefore, it is under the budgeted capacity

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

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

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

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

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

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

	Program was not initiated, due to cost/reimbursement uncertaincies/limited case numbers
9.	What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2020-2021? To be determined

D. Program 1 Service Projections for PY 2020-2021

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

			Program Type						
				ATD/ATPDP					
Approved Funding	P	EI	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total
STSJP									
STSJP-RTA		6	████████████				6		12
Total		6					6		12

PROGRAM	2

A. Program 2 Contact Information

Program 2 Name: Common Ground Dispute Resolution, Inc.

Operating Agency: Common Ground Dispute Resolution, Inc.

Program Mailing Address: 11 William Street

Address Line 2:

City: Catskill	State: **NY**	Zip Code: 12414

Program Contact's Name: Dawn Wallant	Title: Executive Director

Phone: (518) 943-0523	Ext:	Email: dwallant@commongroundinc.org

B. Program 2 Description and Target Population

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

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

STSJP	STSJP-RTA	
☐	☐	Prevention (P)
☐	☒	Early Intervention (EI)
☐	☐	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
☐	☐	Alternative to Placement (ATP)
☐	☐	Reentry / Aftercare (R / A)
☐	☐	Indirect Services

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

   12414, 12413, 12015,12051,12083,12422,12423,12463,12468,12470,12485,12496,12439,12124,12087

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

   This program will be for RTA (ages 16 & 17) youth at the adjustment phase, to prevent youth from going further into the juvenile justice system. Common Ground will provide a spectrum of school-based and non-school-based

programs, in partnership with Greene County Probation, which will include attendance interventions. The services will include: Attendance Mediation, Parent-Child Mediation, Peace Circles, and Conflict Coaching.

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

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

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

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

   Under, as, although funding was approved, the program wasn't initiated.

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

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

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

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

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

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

   Program was not initiated, due to cost/reimbursement uncertaincies/limited case numbers

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

   To be determined

D.	**Program 2 Service Projections for PY 2020-2021**

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

| Approved Funding | P | EI | ATD/ATPDP | | | | ATP | R/A | Total |
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP									
STSJP-RTA		15	████████████						15
Total		15							15

PROGRAM 3

A. Program 3 Contact Information

Program 3 Name: Forward Thinking Interactive Journaling
Operating Agency: Train for Change, Inc.
Program Mailing Address: 5221 Sigstrom Drive
Address Line 2:

City: Carson City, Nevada	State: **NY**	Zip Code: 89706
Program Contact's Name: Jessica Deal	Title: Unknown	
Phone: (888) 889-8866	Ext:	Email: jdeal@changecompanies.net

B. Program 3 Description and Target Population

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

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

STSJP	STSJP-RTA	
☐	☐	Prevention (P)
☐	☒	Early Intervention (EI)
☐	☐	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
☐	☐	Alternative to Placement (ATP)
☐	☐	Reentry / Aftercare (R / A)
☐	☐	Indirect Services

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

   12414, 12413, 12015,12051,12083,12422,12423,12463,12468,12470,12485,12496,12439,12124,12087

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

   This service will be for RTA (ages 16 & 17) youth at the adjustment phase, to prevent their further penetration into the juvenile justice system. The program will be facilitated by probation staff, upon training supplied by the company. The program involves "Forward Thinking Interactive Journaling," and participants will be required to address various states in their lives, and learn to put such down in writing, in an attempt to addresss and correct behavior. the projected cost also includes $5,000 for on-site training.

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

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

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

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

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

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

   Under, as, although funding was approved, the program wasn't initiated.

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

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

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

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

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

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

   Program was not initiated, due to cost/reimbursement uncertaincies/limited case numbers

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

   To be determined

D. Program 3 Service Projections for PY 2020-2021

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

			Program Type						
			ATD/ATPDP						
Approved Funding	P	EI	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total
STSJP									
STSJP-RTA		25	███████	████████					25
Total		25							25

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

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

STSJP	STSJP-RTA	
☐	☐	Prevention (P)
☐	☐	Early Intervention (EI)
☐	☐	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
☐	☐	Alternative to Placement (ATP)
☐	☐	Reentry / Aftercare (R / A)
☐	☐	Indirect Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

D. Program 4 Service Projections for PY 2020-2021

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

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

PROGRAM 5

A. Program 5 Contact Information

Program 5 Name:		
Operating Agency:		
Program Mailing Address:		
Address Line 2:		
City:	State: **NY**	Zip Code:
Program Contact's Name:	Title:	
Phone: ( ) Ext:	Email:	

B. Program 5 Description and Target Population

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

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

STSJP	STSJP-RTA	
☐	☐	Prevention (P)
☐	☐	Early Intervention (EI)
☐	☐	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
☐	☐	Alternative to Placement (ATP)
☐	☐	Reentry / Aftercare (R / A)
☐	☐	Indirect Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

D. Program 5 Service Projections for PY 2020-2021

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

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

Program Type

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

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

STSJP	STSJP-RTA	
☐	☐	Prevention (P)
☐	☐	Early Intervention (EI)
☐	☐	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
☐	☐	Alternative to Placement (ATP)
☐	☐	Reentry / Aftercare (R / A)
☐	☐	Indirect Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

D. Program 6 Service Projections for PY 2020-2021

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

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

PROGRAM	7

A. Program 7 Contact Information

Program 7 Name:			
Operating Agency:			
Program Mailing Address:			
Address Line 2:			
City:	State: **NY**		Zip Code:
Program Contact's Name:		Title:	
Phone: ( )	Ext:	Email:	

B. Program 7 Description and Target Population

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

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

STSJP	STSJP-RTA	
☐	☐	Prevention (P)
☐	☐	Early Intervention (EI)
☐	☐	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
☐	☐	Alternative to Placement (ATP)
☐	☐	Reentry / Aftercare (R / A)
☐	☐	Indirect Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

D. Program 7 Service Projections for PY 2020-2021

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

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

| PROGRAM | 8 |

A. Program 8 Contact Information

Program 8 Name:

Operating Agency:

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

B. Program 8 Description and Target Population

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

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

STSJP	STSJP-RTA	
☐	☐	Prevention (P)
☐	☐	Early Intervention (EI)
☐	☐	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
☐	☐	Alternative to Placement (ATP)
☐	☐	Reentry / Aftercare (R / A)
☐	☐	Indirect Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

D. Program 8 Service Projections for PY 2020-2021

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

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

PROGRAM　9

A. Program 9 Contact Information

Program 9 Name:	
Operating Agency:	
Program Mailing Address:	
Address Line 2:	

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

Program Contact's Name:	Title:

Phone: ( )	Ext:	Email:

B. Program 9 Description and Target Population

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

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

STSJP	STSJP-RTA	
☐	☐	Prevention (P)
☐	☐	Early Intervention (EI)
☐	☐	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
☐	☐	Alternative to Placement (ATP)
☐	☐	Reentry / Aftercare (R / A)
☐	☐	Indirect Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

D. Program 9 Service Projections for PY 2020-2021

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

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

(Program Type spans P, EI, ATD/ATPDP, ATP, R/A, Total)

PROGRAM 10

A. Program 10 Contact Information

Program 10 Name:	
Operating Agency:	
Program Mailing Address:	
Address Line 2:	

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

Program Contact's Name:	Title:

Phone: ( )	Ext:	Email:

B. Program 10 Description and Target Population

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

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

STSJP	STSJP-RTA	
☐	☐	Prevention (P)
☐	☐	Early Intervention (EI)
☐	☐	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
☐	☐	Alternative to Placement (ATP)
☐	☐	Reentry / Aftercare (R / A)
☐	☐	Indirect Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

D. Program 10 Service Projections for PY 2020-2021

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

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

PROGRAM	**11**

A. Program 11 Contact Information

Program 11 Name:
Operating Agency:
Program Mailing Address:
Address Line 2:

City:	State: **NY**	Zip Code:
Program Contact's Name:	Title:	
Phone: ( ) Ext:	Email:	

B. Program 11 Description and Target Population

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

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

STSJP	STSJP-RTA	
☐	☐	Prevention (P)
☐	☐	Early Intervention (EI)
☐	☐	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
☐	☐	Alternative to Placement (ATP)
☐	☐	Reentry / Aftercare (R / A)
☐	☐	Indirect Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

D. Program 11 Service Projections for PY 2020-2021

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

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

PROGRAM 12

A. Program 12 Contact Information

Program 12 Name:

Operating Agency:

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

B. Program 12 Description and Target Population

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

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

STSJP	STSJP-RTA	
☐	☐	Prevention (P)
☐	☐	Early Intervention (EI)
☐	☐	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
☐	☐	Alternative to Placement (ATP)
☐	☐	Reentry / Aftercare (R / A)
☐	☐	Indirect Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

D. Program 12 Service Projections for PY 2020-2021

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

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

PART III – Goals for PY 2020-2021

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

Prevention

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

Other, locally collected outcomes:

Early Intervention				

STSJP		**STSJP RTA**		**Outcomes**
	%	75	%	of youth will have no PINS referrals during service engagement
	%	75	%	of youth will have no truancies during service engagement
	%	75	%	of youth will have no school suspensions during service engagement
	%	75	%	of youth will have no arrests or probation intakes during service engagement
	%	75	%	of youth will have their cases successfully adjusted/diverted during service engagement
	%	100	%	of youth will be able to identify at least one accessible, positive adult connection * **(new)**
	%	75	%	of youth will be engaged in at least one positive community activity * **(new)**
	%	100	%	of youth will comply with program rules
	%	100	%	of youth will attend at least 90 percent of programming

Other, locally collected outcomes:

Alternative to Detention / Pre-Dispositional Placement				

STSJP		**STSJP RTA**		**Outcomes**
	%		%	of youth will have no missed court appearances during service engagement
	%		%	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 be able to identify at least one accessible, positive adult connection * **(new)**
	%		%	of youth will be engaged in at least one positive community activity * **(new)**
	%		%	of youth will comply with program rules
	%		%	of youth will attend at least 90 percent of programming

Other, locally collected outcomes:

Alternative to Placement				

STSJP		**STSJP RTA**		**Outcomes**
	%	75	%	of youth will have no warrants issued during service engagement
	%	75	%	of youth will have no arrests or probation intakes during service engagement
	%	75	%	of youth will have no detention or jail admissions during service engagement
	%		%	of PINS will have no pre-dispositional placements during service engagement
	%	75	%	of youth will have no violations of probation filed during service engagement
	%	75	%	of youth will have no new placements during service engagement
	%	100	%	of youth will be able to identify at least one accessible, positive adult connection * **(new)**
	%	75	%	of youth will be engaged in at least one positive community activity * **(new)**
	%	100	%	of youth will comply with program rules
	%	100	%	of youth will attend at least 90 percent of programming

Other, locally collected outcomes:

Reentry / Aftercare				

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

PART IV – FUNDING

A. Anticipated Program Expenses and Funding Distribution

Program Name & Service Types	STSJP Detention Allocation Shifted	PY20-21 STSJP Allocation	Total Expenses (100%)	Local Share (38%)	State Share (62%)	STSJP-RTA State Share (100%)
1 Northern Rivers Intensive Aftercare Prevention Program						**$191,460.00**
Prevention						
Early Intervention						$95,730.00
ATD/ATPDP						
ATP						$95,730.00
Reentry/Aftercare						
Indirect						
2 Common Ground Dispute Resolution, Inc.						**$15,000.00**
Prevention						
Early Intervention						$15,000.00
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						
3 Forward Thinking Interactive Journaling						**$6,420.00**
Prevention						
Early Intervention						$6,420.00
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						
4						
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						
5						
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						

Indirect						

Program Name & Service Types	STSJP					STSJP-RTA
	Detention Allocation Shifted	**PY20-21 STSJP Allocation**	**Total Expenses (100%)**	**Local Share (38%)**	**State Share (62%)**	**State Share (100%)**
6						
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						
7						
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						
8						
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						
9						
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						
10						
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						

Program Name & Service Types	Detention Allocation Shifted	PY20-21 STSJP Allocation	STSJP Total Expenses (100%)	Local Share (38%)	State Share (62%)	STSJP-RTA 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:						**$212,880.00**

B. STSJP Reimbursement Summary

STSJP Allocation Amount	$40,000.00
Locally Approved Amount of PY 2020-2021 STSJP Allocation	$0.00
Approved Detention Allocation Shifted	$0.00
Total Approved for State Reimbursement	**$0.00**

C. STSJP-RTA Reimbursement Summary

STSJP-RTA Approved Plan Amount	$212,880.00
Total Approved for State Reimbursement	**$212,880.00**

PART V – PLAN APPROVAL

A. Municipality Level Approval – Chief Executive / Administrative Official

As STSJP Lead for Greene County, I certify that the Chief Executive/Administrative Official, [Name and Title] Shaun Groden, Greene County Administrator, has reviewed and approved the 2020-2021 STSJP Plan.

User ID: AF3201	Print Name: Alan Frisbee	Date: 7/23/2021

B. State Level Approval – OCFS Program Reviewer

As OCFS STSJP reviewer, I certify that I approve of this STSJP plan for Greene County for 2020-2021.

User ID: JM9737	Print Name: Karen Sessions	Date: 7/27/2021