



Office of Children and Family Services

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Commissioner

July 14, 2021

Dear Chief Executive Officer,

Thank you for submitting Warren 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: Warren County		
Lead agency for STSJP submission: Warren County Probation Department		
Contact Person's Name: Robert F. Ius, Jr	Title: Probation Director	
Phone: (518) 761-6444	Ext:	Email: Iusir@warrencountyny.gov

PLAN SUBMISSION INSTRUCTIONS

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

- 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]."
- 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 stsip@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.)

- Describe the provisions for the proportionate cost to be borne by each county.
 - Describe how personnel will be compensated across and between counties in the cooperative:
 - 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: |
- Describe who will be responsible for collecting and submitting STSJP data for joint-funded programs:

B. Municipality Level Analysis

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

Consistently PINS, JD, RTA JD, and AO ntakes as well as adjudications are highest for the Queensbury & Glens Falls regions. This is due to urban setting & highest population rates in those districts. Cases are spread out amongst the other communities in Warren County. The implementation of school based officers allows for greater

implementation of services to the rural areas. Factors that may be contribute to Crime, Juvenile Delinquent and PINS rates in the Glens Falls, Queensbury, and other areas include that Glens Falls is a walking district increasing truancy rates, single family homes, poverty rates, drug availability, opiate epidemic impact on community, youth's unsupervised and unstructured time in the community, family attitude towards education, high levels of mental health hospitalizations and lack of mental health services and waiting list for services, and lack of community resources for youth.

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:

For the program year of 10/1/2019-9/20/2020 the Juvenile Delinquency intake admissions included 4 Caucasian females, 18 Caucasian males, and one black male. For the JD cases closed for petition 7 caucasian males and 1 Caucasian female. For PINS intake admissions there was 1 Hispanic male, 1 Hispanic female, 2 black males, 6 caucasian females, and 2 Cauasian males. No PINS cases were petitioned into family court. During this time one caucasian male RTA JD probation was revoked and he was placed in foster care. Census data indicates that 95.5%of the population in Warren County is Caucasian, 2.8 % are Hispanic and 1.5% are Black or African American. There does not appear to disparities in our population.

A non racial/ethnic disparity worth notiing is that we do appear to have more PINS referrals for female youth than males. This is why we implemented the Girls Circle Program and have all Juvenile Officers trained and the Supervisor trained in facilitating this program. We also appear to have a significant number of youth identified with Mental health diagnosis or disabilities.

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:

Efforts for at risk youth include the PINS Diversion Task Force Facilitated by Warren County Probation and Queensbury School. This task force consist of Warren County school staff, community agencies, attorneys for the children, head start, and local providers and meets a couple of times a year in a round table setting in order to review available services that address risk and needs of at risk youth and their families. A monthly Warren County Interagency Collaboration Committee with representatives from participating Schools, BOCES, Social Services, Probation, Service providers, Warren Washington Association for Mental Health, SPOA and other agencies. A monthly Multi-disciplinary meeting is also held with the Probation, Social services, law enforcement, the Care Center, Pediatricians, Glens Falls Hospital, and District Attorney's office regarding sexual abuse cases and services. Probation and DSS participate in monthly children's SPOA services meetings with multiple mental health service provide. Probation conducts ongoing meetings with the Family Court to develop a mentoring program through the NYS school based mentoring programs and BBBS, parenting classes for parents involved in CPS, DSS, Family Court, PINS, or Juvenile Justice programs, resources within the community that can be shared. Probation is now collaborating with the Sheriff, Police Chief, and Service providers in the process of deveoling a restorative justice committee for implementation in Warren County.

PART II – PROGRAM LEVEL DETAILS

PROGRAM	1
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A. Program 1 Contact Information

Program 1 Name: Warren County Probation Preventive

Operating Agency: Warren County Probation Department

Program Mailing Address: 1340 State Route 9

Address Line 2:

City: Lake George

State: NY

Zip Code: 12845

Program Contact's Name: Amy A. Secor		Title: Probation Supervisor
Phone: (518) 761 6444	Ext:	Email: Secor@warrencountyny.gov

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	
<input checked="" 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

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

12808,12810,12811,12814,12815,12817,12824,12843,12801,12804,12853,12843,12845, 12846,12853,12844,12860,12801,12804,12862,12878, 12885,12886

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.

The Pre- PINS Prevention program is an initiative designed to identify and meet with chronically absent children or children who struggle with incorrigible, ungovernable behaviors or appear to be habitually disobedient and beyond the control of a parent or person legally responsible for their care. This program serves youth and families (grades 1-12) in hopes in offering intervention before the behavior escalates to a level requiring PINS diversion services or Court intervention. In school Probation Officers are designated to specific school districts within the school building on set dates. These officers are resources for schools, parents, students, staff, and community. It is a family focused program that provides immediate referrals and resource education to at risk youth and families. Once a youth is identified as at risk by the school ,service provider, or parent a pre PINS meeting will be scheduled with the designated school probation officer, school (If school referral), parent, and youth (As well as identified family support if family agrees). Meetings are conducted by a restorative justice trained Probation Officer in a restorative circle. This also includes Restorative Justice Truancy circles and probation facilitated one circle programs for at risk youth.

Together probation, school, parent, child will review the family and youth’s strengths, needs, and barriers to promoting the youth’s attendance and positive behaviors within the school ,home, and community. Together the team will develop a brief case plan with goals and implement strength based trauma informed services and behavioral modification steps focused on reducing risks that lead to PINS diversion, PINS adjudication, or Juvenile Delinquency. This is voluntary to youth and families and includes the One circle programs. This will not be considered an STSJP/RTA program.

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.

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	47	0	0	0	0	0	0	0	47
STSJP-RTA	0	0			0	0	0	0	0
Total	47	0	0	0	0	0	0	0	47

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:

There is no cap on the amount of youth that can be served based on the STSJP allocation.

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	62	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 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.

The majority of those served are families of youth who exhibit truancy and non criminal behaviors and therefore are at risk for neglect or PINS. The average length of stay of 62 days is less than a PINS diversion case of 3 months or adjudication and less than a JD adjustment case or adjudication. Warren County Probation Department had zero youth in detention and zero PINS youth petitioned into family court for the program year of 10/1/2019-9/30/2020. Warren County Probation had 1 Adolescent offender dropped down to family court and adjudicated as Raise the Age Juvenile Delinquency placed in a residential facility prior to 10/1/2019 and one RTA JD placed in foster care following asking to be placed in voluntary foster care for the program year of 10/1/2019-9/30/2020. Youth served ALOS is more than the ALOS for detention days of youth and much less than placement. Placement is typically ordered in intervals of 6 months to a year. This will not be considered an STSJP/RTA program.

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 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.

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	100	0	0	0	0	0	0	0	100
STSJP-RTA	0	0			0	0	0	0	0
Total	100	0	0	0	0	0	0	0	100

PROGRAM 2

A. Program 2 Contact Information

Program 2 Name: WAIT House

Operating Agency: WAIT House

Program Mailing Address: 10-12 Wait St

Address Line 2: PO Box 3252

City: Glens Falls

State: **NY**

Zip Code: 12801

Program Contact's Name: Margaret DeVries

Title: Executive Director

Phone: (518) 798-4384

Ext:

Email: mdevries@hycwaithouse.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	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Prevention (P)
<input checked="" 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

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

12808,12810,12811,12814,12815,12817,12824,12843,12801,12804,12853,12843,12845,12846,12853,12844,12860,12801,12804,12862,12878, 12885,12886

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.

The WAIT house allows at risk youth unable to reside in their home the opportunity to reside in safe housing within their community, with support and supervision of professionals while maintaining services, treatment, and education in the community and near family/natural supports. It offers a wide range of outreach services to all youth whom would not have access to services if the program did not exist. The Program is utilized by at risk youth populations for the purposes of respite and resources for youth. It is also utilized for youth receiving PINS Diversion services, Probation Adjustment Services and youth under formal probation supervision for the purposes of alternatives to placement. It may be utilized for juvenile delinquency populations as alternatives to

detention.

For next year this program will be expanded to include WAIT House’s Independent Living Skills Program that will encompass four subject topics: Social Skills, Health Skills, Job Skills and Financial Skills. Each topic will be broken down into a total of eight sessions to include: Conflict resolution, time management, stress management, hygiene, interview skills, how to complete a job application, how to budget, and how to pay bills. We believe that teaching these important skills will help youth grow into well-functioning adults as well as teach them how to develop healthy relationships and have positive self-concepts. This course is designed to aid youth in making responsible and informed choices and promotes healthy lifestyles as well as career skills. Our approach will be interactive, using role plays, games, group discussions, and a variety of other teaching techniques to keep youth involved in the sessions. By addressing and implementing skills this reduces risks. This will not be considered an STSJP/RTA program. Did not serve many due to COVID 19 restrictions.

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.

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	1	0	0	0	0	0	0	1
STSJP-RTA	0	0			0	0	0	0	0
Total	0	1	0	0	0	0	0	0	1

3. Based on the program’s record of youth served (Q2), do you anticipate this program being over or under its budgeted capacity on 9/30/2020? Please explain:
 Due to the pandemic this program was unable to serve many youth so the data collected from this year was minimal and not consistent with previous years. It is anticipated that the program will be budgeted to meet capacity next year.

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	0.00	1.00	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

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.
 There were no youth in detention during that time. Day services was provided for one youth involved in adjustment services. We may have utilized this program for an ATP but Due to COVID 19 services were not available. This program has been enhanced for the upcoming year as detailed in the description in order to address skills of these youth.

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 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	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	5	3	1	1	0	0	1	0	11
STSJP-RTA	0	0			0	0	0	0	0
Total	5	3	1	1	0	0	1	0	11

PROGRAM 3

A. Program 3 Contact Information

Program 3 Name: Council for Prevention Programs/Youth Court

Operating Agency: The Council for Prevention

Program Mailing Address: 214 Main Street

Address Line 2:

City: Hudson Falls State: **NY** Zip Code: 12839

Program Contact's Name: Katherine Chambers Title: Youth Court Director

Phone: (518) 746 5127 Ext: Email: KatherineChambers@councilforprevention.org>

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	
<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

3. Please list the zip codes this program will target:
 12808,12810,12811,12814,12815,12817,12824,12843,12801,12804,12853,12843,12845,
 12846,12853,12844,12860,12801,12804,12862,12878, 12885,12886
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.

Youth Court is alternative to the criminal justice system that serves youth ages 10-18 who have committed a crime, offense or violation but who are identified as low risk for recidivism. The goal is to reduce the incidence of delinquent behavior by having youth recognize the impact of their actions and ask youth to accept responsibility for their actions before a jury of their peers. It also provides Botvin Life Skills , Alcohol Literacy Challenge, community service, and starting Summer of 2020 the Active Parenting program model . In July of 2019, the Probation department conducted a phone survey of 70 care givers of PINS youth who identified parenting skills classes and parenting advocacy as a service need in Warren County. In January of 2020, the probation department conducted a survey among 18 non probation staff task force members all 18 members identified parenting and parent advocacy as the number one needed program service for Warren County at risk youth. A Parent survey supported this as the number one service needed and the family court Judge also identified this need. The was brought to the attention of the council in May of 2019 and they began offering the parenting program in June of 2020. This will not be considered an STSJP/RTA program. Did not serve many due to COVID 19 restrictions.

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.

Approved Funding	Program Type								
	P	EI	ATD/ATPDP				ATP	R/A	Total
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	1	0	0	0	0	0	0	1
STSJP-RTA	0	0			0	0	0	0	0
Total	0	1	0	0	0	0	0	0	1

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

The program has served one youth in 12 months and is budgeted for \$62,718 per year.

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	0.00	61.00	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 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.

This is much more than the ALOS for detention days of youth and much less than the ALOS for Placement of youth. As Placement is ususally 6 months to a year.

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 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.

Approved Funding	Program Type						ATP	R/A	Total
	P	EI	ATD/ATPDP						
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	10	0	0	0	0	0	0	10
STSJP-RTA	0	0			0	0	0	0	0
Total	0	10	0	0	0	0	0	0	10

PROGRAM 4

A. Program 4 Contact Information

Program 4 Name: Big Brothers Big Sisters Mentoring

Operating Agency: Big Brothers Big Sisters of the Southern Adirondacks

Program Mailing Address:
14 W. Notre Dame Street

Address Line 2:

City: Glens Falls

State: **NY**

Zip Code: 12801

Program Contact's Name: Bill Moon

Title: Executive Director

Phone: (518) 798-1010

Ext: 303

Email: 'bill@bbbssadk.org'

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	
<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 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

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

12808,12810,12811,12814,12815,12817,12824,12843,12801,12804,12853,12843,12845,
12846,12853,12844,12860,12801,12804,12862,12878, 12885,12886

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.

BBBS mentoring is an evidenced based family focused program proven to reduce risks in youth and prevent entry into the PINS systems through truancy and behaviors and the Juvenile Justice and PINS systems. Students who meet with a mentor regularly are 52% less to skip school than their peers. Youth who meet with mentors regularly are 43% less likely to start illegal drug use. Establishing a mentor for at risk youth is evidenced based to reduce the risks that lead to placement and therefore has become part of programming as alternatives to placement. Probation and BBBS of the Southern Adirondacks have been collaborating with the NYS mentoring program for Probation facilitated Mentoring Program. The NYS mentoring program only has the ability to fingerprint volunteer mentors and does a onetime brief mentor training. By collaborating together, BBBS is able to offset the cost of fingerprinting by using the NYS mentoring program. In January of 2020, the probation department conducted a survey among 18 non probation staff task force members 17 out of 18 participants identified mentoring programs as a need for Warren County youth. Mentoring was second to a Parenting and Parent Advocacy program which received 18 votes. Due to the identified need through the PINS prevention efforts, the PINS Diversion program, and 9 referrals through the Department of Social Services and 3 Pre PINS and 2 PINS youth. This will include at risk youth, Pre PINS youth, and PINS youth. It will not be considered a joint RTA/ STSJP program due to modifications for higher risk populations.

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.

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

3. Based on the program's record of youth served (Q2), do you anticipate this program 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	0.00	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	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.
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								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	6	2	0	0	0	0	4	0	12
STSJP-RTA	0	0			0	0	0	0	0
Total	6	2	0	0	0	0	4	0	12

PROGRAM 5

A. Program 5 Contact Information

Program 5 Name: PINS Probation Incentives program

Operating Agency: Probation Department

Program Mailing Address: 1340 State Route 9

Address Line 2:

City: Lake George State: **NY** Zip Code: 12845

Program Contact's Name: Amy A. Secor Title: Supervisor

Phone: (518) 761-6444 Ext: Email: secora@warrencountyny.gov

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

3. Please list the zip codes this program will target:
 12808,12810,12811,12814,12815,12817,12824,12843,12801,12804,12853,12843,12845,
 12846,12853,12844,12860,12801,12804,12862,12878, 12885,12886
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.

In 2016, The New York State Division of Criminal Justice Services released a no-cost technical assistance grant for rural communities to identify solutions to problems they face in regards to the juvenile justice population. Warren and Washington Counties established that a small amount of the grant would go to an incentive awards program. The Graduated responses incentive program allotted for youth affiliated with the Probation Departments to receive gift cards valued at \$10 or \$20 for Subway, McDonalds, or the Sky Zone Adventure Park when they made progress towards a probation goal or maintained compliance. Probation Officers, Parents, Schools, Service Providers, and youth develop a plan together with specific goals or achievements that are required to earn the gift card incentive and work on that plan together for the youth’s success (This is used with a YASI assessment and case plan on PINS Diversion, JD, adjustment or formal) . Gift cards were awarded to the youth by the probation department as incentives/graduated responses for displays of positive behavioral change. When a youth completed a YASI case plan action step or made significance progress toward YASI Case Plan goal or obtained goal achievement, completed a treatment program, completed an evidenced based program or group, achieved academic improvement, or sustained behavioral modification or change. Other examples of positive behavior may include maintenance of sobriety validated through drug test results, increased in school attendance, decreased disciplinary reports, academic improvement or achievement, completion of groups, attendance at beneficial programing, home behavior improvement, participation in community based enrichment programs, displayed competency in appropriate behavior. Although small in monetary value the incentives combined with other incentives created an external motivation for youth that established a more solid commitment to change. DCJS best practices and good supervision techniques include incentivizing pro social behavior and successful completion of short and long term case plan goals as well as referrals to service providers based on validated assessment tools identifying criminogenic needs and risk factors which utilize incentives and rewards in working with probationers. The department found gift card or specific program incentives in addition to utilizing non-monetary incentives for both parents and youth increased the likelihood of the youth and parenting completing evidence based programs, cognitive behavioral programs, participation in pro social activities, employment and training, and completion of substance abuse treatment. Along with gradated sanctions, motivational interviewing techniques, and restorative circle practices incentives were beneficial in promoting positive behavioral change as OPCA/DCJA reports and data validates. In addition, the incentives allowed youth and parents to recognize and appreciate their strengths thus perpetuating the Strength based model. This grant ended in 2019. The department would like to sustain, expand, and improve upon this program. This may include certificates of achievement, tokens of sobriety, achievement pins, gas cards/ bus tokens for parents, individualized gift cards, payment towards NYS drivers permit, NYS drivers license, or a specific class or program. Incentives if deemed appropriate by the probation officer could be extended to Pre PINS prevention and early intervention youth and families through probation.

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.

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

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

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	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 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.

This is a new STSJP program

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

PROGRAM 6

A. Program 6 Contact Information

Program 6 Name: Buddi Electronic Monitoring

Operating Agency: Buddi US, LLC

Program Mailing Address: Buddi US, LLC
1964 Bayshore Blvd, Suite B

Address Line 2:

City: Dunedin Florida

State: **NY**

Zip Code: 34698

Program Contact's Name: Kyle Chapin

Title:
Director of Account Management

Phone: (727) 510 8022

Ext:

Email: kyle@buddi.us

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	
<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

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

12808,12810,12811,12814,12815,12817,12824,12843,12801,12804,12853,12843,12845, 12846,12853,12844,12860,12801,12804,12862,12878, 12885,1288

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.

The service is an alternative to detention which allows pre-dispositional youth who are at risk of detention to remain within their community and home, to obtain services and attend educational programming. It also serves adjudicated youth who are pending violations and are at risk of placement by allowing them to remain in their own household under closely documented, 24 hour supervision and to obtain services and attend educational programming within their community. Electronic monitoring as an alternative to detention allows for a youth to remain in their home environment with their family. This allows for the family and youth to continue service programming for better outcomes for the youth. Short term electronic monitoring used with appropriate case planning and treatment has proven to significantly reduce recidivism among moderately high-risk offenders. It can be utilized as a behavioral modification plan to allow for the youth to attend probation officer and family approved services without freely roaming the community. The level of monitoring and restrictions is focused on shaping the youth's behavior with the goal of reintegration of the youth back into the community safely.

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.

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 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							ATP	R/A
	P	EI	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 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	0	0	0	3	3	3	3	0	12
STSJP-RTA	0	0			0	0	0	0	0
Total	0	0	0	3	3	3	3	0	12

PROGRAM 7

A. Program 7 Contact Information

Program 7 Name: The Change Companies Interactive Journals

Operating Agency: The Change Companies

Program Mailing Address: 5221 Sigstrom Dr.

Address Line 2:

City: Carson City Nevada

State: **NY**

Zip Code: 8970

Program Contact's Name:

Title:

Phone: (888) 8898866

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

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

12808,12810,12811,12814,12815,12817,12824,12843,12801,12804,12853,12843,12845,12846,12853,12844,12860,12801,12804,12862,12878, 12885,12886

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.

The county plans to order The Change Companies Interactive Journaling journals to be utilized for youth identified as at Risk for PINS or Juvenile Delinquency. Through a structured and experiential writing approach, interactive journaling provides educational materials and resources to make the individuals the center of their own change process. evidence-based methodology tools for helping individuals change. The program utilizes a structured and experiential writing process that motivates and guides participants toward positive life change by utilizing trans theoretical model Motivational interviewing by addressing ambivalence/reluctance through a person-centered and collaborative approach and cognitive-behavioral therapy approaches that aim to correct maladaptive patterns of thinking and behaviors that contribute to an individual's problems through increased mindfulness. The Journals are utilized by trained Probation Officers and Case workers to work with youth and families regarding YASI identified Risk/Need areas in order to address case plan goals and promote positive outcomes.

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	P	EI	Program Type 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	0	0	0	0	0	0	0	0	0
STSJP-RTA	0	0			0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0

PROGRAM 8

A. Program 8 Contact Information

Program 8 Name: Progressive Parenting

Operating Agency: Progressive Parenting, Inc.

Program Mailing Address: 52 Orchard Street,

Address Line 2:

City: Glens Falls

State: **NY**

Zip Code: 12801

Program Contact's Name: Adrienne Gliha-Bell

Title: Director

Phone: (518) 2606834

Ext:

Email: progressiveparentinginc@gmail.com>

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	
<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

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

12808,12810,12811,12814,12815,12817,12824,12843,12801,12804,12853,12843,12845, 12846,12853,12844,12860,12801,12804,12862,12878, 12885,12886

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.

Progressive Parenting, Inc. is a comprehensive program designed to provide support, education, advocacy, and mentoring to families in our community. It is our mission to empower families to create and build healthy and happy homes. We believe it does take a village and we are the foundation to that village. Progressive Parenting, Inc. is an inclusive, comprehensive, and individualized program designed to meet the needs of each family. This program will provide parents with one on one support, hands on education, and advocacy to help alleviate stress and feelings of being overwhelmed. Early intervention, access to resources and services will give parents the confidence, knowledge, and tools for effective and healthy parenting. Advocates will work with families to design a program that is specific to their short and long term needs and goals, Advocates will meet with families in group settings, as well as, personal, one on one settings and Parenting workshops and socials will be offered each month with child care provided through Kassia's Play Dates, LLC. This program will be offered to parents and families of youth who are identified as at risk for PINS or Juvenile Delinquency as well as to youth who are receiving diversion or adjustment services through the probation department.

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

C. Program 8 Performance History (Refer to your municipality's STSJ 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						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 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							ATP	R/A
	P	EI	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	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	3	3	0	0	0	0	0	0	6
STSJP-RTA	0	0			0	0	0	0	0
Total	3	3	0	0	0	0	0	0	6

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	
<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

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.

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 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 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	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. 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	
<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

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.

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

PROGRAM 11

A. Program 11 Contact Information

Program 11 Name: _____

Operating Agency: _____

Program Mailing Address: _____

Address Line 2: _____

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

Program Contact's Name: _____ Title: _____

Phone: () _____ Ext: _____ Email: _____

B. Program 11 Description and Target Population

1. 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	
<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

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

PROGRAM 12

A. Program 12 Contact Information

Program 12 Name:

Operating Agency:

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

B. Program 12 Description and Target Population

1. 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	
<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

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.

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

PART III – Goals for PY 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
80	%	0	%	of youth will have no PINS referrals during service engagement
70	%	0	%	of youth will have no truancies during service engagement
70	%	0	%	of youth will have no school suspensions during service engagement
90	%	0	%	of youth will have no arrests or probation intakes during service engagement
90	%	0	%	of youth will be able to identify at least one accessible, positive adult connection *(new)
70	%	0	%	of youth will be engaged in at least one positive community activity *(new)
80	%	0	%	of youth will comply with program rules
90	%	0	%	of youth will attend at least 90 percent of programming

Other, locally collected outcomes:				
Early Intervention				
STSJP		STSJP RTA		Outcomes
80	%		%	of youth will have no PINS referrals during service engagement
80	%		%	of youth will have no truancies during service engagement
80	%		%	of youth will have no school suspensions during service engagement
80	%		%	of youth will have no arrests or probation intakes during service engagement
80	%		%	of youth will have their cases successfully adjusted/diverted during service engagement
80	%		%	of youth will be able to identify at least one accessible, positive adult connection * (new)
80	%		%	of youth will be engaged in at least one positive community activity * (new)
80	%		%	of youth will comply with program rules
80	%		%	of youth will attend at least 90 percent of programming
Other, locally collected outcomes:				
Probation will collect data on if a PINS intake is opened on any of these cases as well as if a PINS petition is filed.				
Alternative to Detention / Pre-Dispositional Placement				
STSJP		STSJP RTA		Outcomes
90	%		%	of youth will have no missed court appearances during service engagement
90	%		%	of youth will have no warrants issued during service engagement
75	%		%	of youth will have no arrests or probation intakes during service engagement
90	%		%	of youth will have no detention or jail admissions during service engagement
95	%		%	of PINS will have no pre-dispositional placements during service engagement
90	%		%	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)
80	%		%	of youth will comply with program rules
80	%		%	of youth will attend at least 90 percent of programming
Other, locally collected outcomes:				
Probation will collect data on if a youth is court ordered to a detention facility and the ALOS in that facility.				
Alternative to Placement				
STSJP		STSJP RTA		Outcomes
90	%		%	of youth will have no warrants issued during service engagement
80	%		%	of youth will have no arrests or probation intakes during service engagement
80	%		%	of youth will have no detention or jail admissions during service engagement
90	%		%	of PINS will have no pre-dispositional placements during service engagement
80	%		%	of youth will have no violations of probation filed during service engagement
90	%		%	of youth will have no new placements during service engagement
90	%		%	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)
80	%		%	of youth will comply with program rules
80	%		%	of youth will attend at least 90 percent of programming
Other, locally collected outcomes:				
Probation will collect data on if a youth is placed out of home.				
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					STSJP- RTA
	Detention Allocation Shifted	PY20-21 STSJP Allocation	Total Expenses (100%)	Local Share (38%)	State Share (62%)	State Share (100%)
1 Warren County Probation /PINS/ Prevention	\$0.00	\$40,476.00	\$65,283.87	\$24,807.87	\$40,476.00	\$0.00
Prevention	\$0.00	\$40,476.00	\$65,283.87	\$24,807.87	\$40,476.00	\$0.00
Early Intervention	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
ATD/ATPDP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
ATP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Reentry/Aftercare	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2 Wait House Programs	\$12,400.00	\$0.00	\$20,000.00	\$7,600.00	\$12,400.00	\$0.00
Prevention	\$6,200.00	\$0.00	\$10,000.00	\$3,800.00	\$6,200.00	\$0.00
Early Intervention	\$3,100.00	\$0.00	\$5,000.00	\$1,900.00	\$3,100.00	\$0.00
ATD/ATPDP	\$2,480.00	\$0.00	\$4,000.00	\$1,520.00	\$2,480.00	\$0.00
ATP	\$620.00	\$0.00	\$1,000.00	\$380.00	\$620.00	0
Reentry/Aftercare	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3 Council Programs/Youth Court	\$26,542.82	\$0.00	\$42,811.00	\$16,268.18	\$26,542.82	\$0.00
Prevention	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Early Intervention	\$26,542.82	\$0.00	\$42,811.00	\$16,268.18	\$26,542.82	\$0.00
ATD/ATPDP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
ATP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Reentry/Aftercare	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4 BBBS Mentoring	\$10,939.18	\$2,787.62	\$22,140.00	\$8,413.20	\$13,726.80	\$0.00
Prevention	\$1,787.98	\$2,787.62	\$7,380.00	\$2,804.40	\$4,575.60	\$0.00
Early Intervention	\$4,575.60	\$0.00	\$7,380.00	\$2,804.40	\$4,575.60	\$0.00
ATD/ATPDP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
ATP	\$4,575.60	\$0.00	\$7,380.00	\$2,804.40	\$4,575.60	\$0.00
Reentry/Aftercare	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5 Probation PINS Incentive Program	\$620.00	\$0.00	\$1,000.00	\$380.00	\$620.00	\$0.00
Prevention	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Early Intervention	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
ATD/ATPDP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
ATP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Reentry/Aftercare	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Indirect		\$620.00	\$0.00	\$1,000.00	\$380.00	\$620.00	\$0.00
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 Buddi Electronic Monitoring	\$0.00	\$1,860.00	\$3,000.00	\$1,140.00	\$1,860.00	\$0.00	
Prevention	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Early Intervention	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	
ATD/ATPDP	\$0.00	\$1,860.00	\$3,000.00	\$1,140.00	\$1,860.00	\$0.00	
ATP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Reentry/Aftercare	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
7 The Change Companies Interactive Journals	\$0.00	\$620.00	\$1,000.00	\$380.00	\$620.00	\$0.00	
Prevention	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Early Intervention	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
ATD/ATPDP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
ATP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Reentry/Aftercare	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Indirect	\$0.00	\$620.00	\$1,000.00	\$380.00	\$620.00	\$0.00	
8 Progressive Parenting	\$0.00	\$3,099.38	\$4,999.00	\$1,899.62	\$3,099.38	0	
Prevention	\$0.00	\$1,549.69	\$2,499.50	\$949.81	\$1,549.69	\$0.00	
Early Intervention	\$0.00	\$1,549.69	\$2,499.50	\$949.81	\$1,549.69	\$0.00	
ATD/ATPDP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
ATP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Reentry/Aftercare	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
9							
Prevention							
Early Intervention							
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							
10							
Prevention							
Early Intervention							
ATD/ATPDP							
ATP							
Reentry/Aftercare							

Indirect						
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Program Name & Service Types	STSJP					STSJP-RTA
	Detention Allocation Shifted	PY20-21 STSJP Allocation	Total Expenses (100%)	Local Share (38%)	State Share (62%)	State Share (100%)
11						
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						
12						
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						
Sum of Program Totals:	\$50,502.00	\$48,843.00	\$160,233.87	\$60,888.87	\$99,345.00	\$0.00

B. STSJP Reimbursement Summary	
STSJP Allocation Amount	\$48,843.00
Locally Approved Amount of PY 2020-2021 STSJP Allocation	\$48,843.00
Approved Detention Allocation Shifted	\$50,502.00
Total Approved for State Reimbursement	\$99,345.00

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 Choose an item., I certify that the Chief Executive/Administrative Official, [Name and Title] Robert F. Iusi, Jr. Probation Director, has reviewed and approved the 2020-2021 STSJP Plan.

User ID: Iusir@warrencountyny.gov	Print Name: Robert F. Ius , Jr.	Date: 7/7/2021
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B. State Level Approval – OCFS Program Reviewer

As OCFS STSJP reviewer, I certify that I approve of this STSJP plan for Choose an item. for 2020-2021.

User ID: IT1619	Print Name: Geneva Hilliard	Date: 7/13/2021
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