



## Office of Children and Family Services

KATHY HOCHUL  
Governor

SHEILA J. POOLE  
Commissioner

January 31, 2022

Dear Chief Executive Officer,

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

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

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

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

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

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

All STSJP claims, inclusive of STSJP-RTA, must be submitted electronically via the Juvenile Detention Automated System (JDAS) for the service period of October 1, 2021 to September 30, 2022. Questions on all aspects of the claiming process should be directed to the STSJP mailbox at [stsjp@ocfs.ny.gov](mailto: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](mailto:stsjp@ocfs.ny.gov) and write "STSJP Plan Questions" in the subject line or reach out to Geneva Hilliard at (518) 486-1819 or Lynn Tubbs at (518) 473-9116.

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

Sincerely,



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

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

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

### SUBMITTING MUNICIPALITY CONTACT INFORMATION

Name of applicant county, counties or jurisdiction: Warren County		
Lead agency for STSJP submission: Warren County Probation Department		
Contact person's name: Robert F. Iusi, Jr	Title: 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 09/08/2021**

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 2021-2022 Annual Plan – [ex. 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](mailto:stsjp@ocfs.ny.gov). Use the subject line "STSJP 2021-2022 Annual Plan – [Municipality Name]" to facilitate timely review of your plan.

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

#### **NOTE: Cooperative Applications Submitted Jointly by Two or More Counties**

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

### PART I – MUNICIPALITY LEVEL DETAILS

#### A. MUNICIPALITY LEVEL ANALYSIS

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

A) Typically all intakes as well as adjudications are highest for the 12804 & 12801 regions. This is due to urban setting & highest population rates in those school districts. Cases are equally spread out amongst the other communities in Warren County.

B) Glens Falls School District 12801 is a walking district and also has increased truancy rates which leads to more early intervention cases and higher PINS Diversion cases. Factors in Warren County that contribute to risk of PINS and Crime are high rates of poverty, drug availability and the opiate epidemic impact on our community, lack of community engagement and family attitude towards education, high levels of mental health that goes untreated or under treated that leads to cycling in and out of hospitalization, chronic exposure to neglect and previous childhood neglect, lack of services that address special education needs and support for youth as many PINS referrals and JD cases have disabilities and lack of community resources for youth.

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

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

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

Race/Ethnicity	2019 General Population <18 years		2020 Detention Admissions <18 years		2020 Placement Admissions <18 years	
	#	%	#	%	#	%
Black/African American	325	3	0	0	0	0
White	10,480	90	1	100	0	0
Native American/Alaskan	578	5	0	0		
Asian/Pacific Islander	176	2	0	0		
Hispanic	24	0	0	0	0	0

Sex Assigned at Birth	2019 General Population <18 years		2020 Detention Admissions <18 years		2020 Placement Admissions <18 years	
	#	%	#	%	#	%
Male	5991	52	1	100	0	0
Female	5592	48	0	0	0	0

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

There are no disparities identified.

**B. LOCAL COLLABORATION**

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

Community efforts to reduce risk for youth include the PINS Diversion Task Force facilitated by Warren County Probation. Initially, this meeting was co facilitated by Queensbury School District and Probation and now Probation facilitates it. This task force consist of Warren County school staff, community agencies, attorneys for the children, head start, and local service providers. The task force meets 3 times year in a round table setting or via zoom to review available services that address risk and needs of at risk youth and their families. Probation sends out attendance resources such as Attendance Works, the Search Institute, Restorative Justice News, and NYS Community Schools information via an email chain. DSS and BOCOES facilitate a Warren County Interagency Collaboration Committee with representatives from participating Schools superintendents, Social Services supervisors, Probation, Service providers, Warren Washington Association for Mental Health, 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 for victims. Probation and DSS participate in 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 developing a restorative justice committee for implementation in Warren County. Warren County Probation is one of three counties in the State awarded a grant through Cornell University and the NYS Developmental Disabilities Planning Council (Cornell Technical assistance website <https://yreconnects.org/>). The mission of the Y-ReCONNECTS Community of Practice is to foster the use of innovative, collaborative approaches to support the successful community reentry of justice-involved youth (age 14-24) with disabilities. Cornell refers to the project as Youth Reentering the Community

through Opportunity, Networking, Navigation, Education, Collaboration and Transition Support (Y-ReCONNECTS), to emphasize the cross systems collaboration needed to effectively support the community reentry of justice involved youth with or without disabilities. Warren County Community of Practice Team members include a diversified team of Service providers, Government agencies, Parents/Caregivers, and Re Entry Ambassadors all working together to establish better outcomes for youth and adults with disabilities ages 14-24 who enter and leave the juvenile and criminal justice systems. This community of practice has developed multiple sub groups in order to address the multisystem needs of our population. Warren County has 7 Re Entry Ambassadors ( RA's) who either have personal or professional experience in the juvenile justice or criminal justice system and are taking a course through Cornell University in order to play a role in helping youth age 14-24 who have been in the system re enter into the community successfully. These roles are filled by a parent of an incarcerated adult with disabilities who went through the juvenile and adults systems, a parent of a youth involved in the juvenile justice system, the Wait House, and a staff member at CWI, a mediation matters staff, a staff from Baywood and a youth who recently left the system. The Community of Practice Team meets monthly. These are the Warren County COP Team Goals: Restorative Justice and Community Building training for Warren County Re Entry Planning for Probation youth, incarcerated young adults, and youth in placement ages 14-24. Specifically coordinating with DSS and Volunteer placement agencies to develop and promote best practices for successful re entry. Parent Ambassador Coalition program that meets quarterly for the purpose of supporting the families in our community through education, support, programing, and gathering feedback from parents and caregivers for the purpose of programing. This program has created a list of parenting support programs as well as encourages caregivers to become members of the team.

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

Probation collects information through the PINS Diversion Task Force meetings, data collection through caseload and YASI, as well as verbally from the youth and guardians during adjustment, diversion, and supervision. Service providers collect through surveys and data.

Describe how the plan incorporates that feedback; if you have not yet received youth and family feedback, please describe the municipality implementation plan to develop such feedback mechanisms during PY 2021-2022. When suggestions are provided, the probation department researches and evaluates if there is availability of a program within the community, if that program is evidenced based to reduce risks through validated research and data collection, if other departments or agencies have said program established and if implementation of said program is feasible through STSJP, RTA, County or other funding streams such as grants.

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

Yes  No

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

Feedback from the community determined that areas of need are mentoring, incentives, parenting education and support, independent living education, thus the implementation of STSJP Big Brothers Big Sisters Mentoring, the Incentive Program, Parenting Education and Support, and the independent living class. All programs have since been implemented and supported.

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

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

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

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

Yes (If Yes, please provide their contact details below.)

No (If No, skip to Q4.)

Officer's Name:

Title:

Phone: ( )

Ext:

Email:

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

**PART II – PROGRAM LEVEL DETAILS**

**PROGRAM 1**

**A. PROGRAM 1 CONTACT INFORMATION**

Program 1 Name: Warren County Probation Prevention

Operating Agency: Warren County Probation

Program Mailing Address: 1340 State Route 9 Lake George NY 12845

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: secora@warrencountyny.gov

**B. PROGRAM 1 DESCRIPTION AND TARGET POPULATION**

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

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

STSJP	STSJP-RTA	
<input 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

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

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

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 each requirement of the legislation. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them. (Please refer to the STSJP Annual Plan Development Guide for additional guidance.)

The 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 trauma informed Probation Officer in a restorative circle. This also

includes Restorative Justice Truancy circles, probation facilitated one circle programs, cognitive behavioral interventions such as motivational interviewing and interactive journaling 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. 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, if any, funding did this program receive in PY 2020-2021? If the program was approved in PY 2020-2021, but was not implemented or is anticipated to serve no youth, please choose None.

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

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

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	53	0	0	0	0	0	0	0	53
STSJP-RTA	0	0			0	0	0	0	0
Total	53	0	0	0	0	0	0	0	53

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

We project the number to be the same with little increase or decrease.

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

Approved Funding	Program Type							
	P	EI	ATD/ATPDP				ATP	R/A
			(PINS)	(JO/JD)	(JD-RTA)	(AO)		
STSJP	20.00	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

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

The average length of service days depends on the youth's risks/needs/strengths as well as service wait times, parent/guardian services and various other factors. The majority of those served in this program are families of youth who exhibit truancy and non-criminal behaviors and therefore are at risk for PINS. The average length of stay in the program was reduced from 62 days last year to 20 days. This is less than a PINS diversion case of 3 months or adjudication and less than a JD adjustment case or adjudication and disposition of probation class.

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

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

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

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

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

**D. PROGRAM 1 SERVICE PROJECTIONS FOR PY 2021-2022**

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

Approved Funding	Program Type								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: PO Box 3252

Address Line 2:

City: Glens Falls

State: NY

ZIP Code: 12901

Program Contact's Name: Jason McLaughlin

Title: Director

Phone: (518) 798-4384

Ext:

Email: director@hycwaithouse.org

**B. PROGRAM 2 DESCRIPTION AND TARGET POPULATION**

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

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

STSJP	STSJP-RTA	
<input 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

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

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

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 each requirement of the legislation. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them. (Please refer to the STSJP Annual Plan Development Guide for additional guidance.)



The 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.

This year the program expanded to include WAIT House’s Independent Living Skills Program that encompass four subject topics: Social Skills, Health Skills, Job Skills and Financial Skills. Each topic is 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. The program is held in a group setting and is 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 that contribute to recidivism. This program may be used in re entry and aftercare planning. This will not be considered an STSJP/RTA program.

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

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

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

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

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

3. Based on the program’s record of youth served (Q2), do you anticipate this program serving more or less than its projected capacity on 9/30/2021? Please explain:  
 The program served 6 youth from 4/1/21- present and therefore we anticipate it serving its projected capacity.

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

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

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

No youth utilized the services of respite or independent living class during the 10/1/21-3/31/21 period.

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

**D. PROGRAM 2 SERVICE PROJECTIONS FOR PY 2021-2022**

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

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	2	2	2	2	2	2	1	0	13
STSJP-RTA	0	0			0	0	0	0	0
Total	2	2	2	2	2	2	1	0	13

**PROGRAM 3**

**A. PROGRAM 3 CONTACT INFORMATION**

Program 3 Name: The 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. A Family Support Service program (FSS) may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS. This program meets the legal definition of a **Family Support Services (FSS) program (Social Services Law Section 458-m)** and will operate in this capacity for PY 2021-2022.     Yes     No

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

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

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

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

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 each requirement of the legislation. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them. (Please refer to the STSJP Annual Plan Development Guide for additional guidance.)

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 need for a parenting program was brought to the attention of the council in May of 2019 and they began offering the parenting program in June of 2020.

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

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

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

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

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

3. Based on the program’s record of youth served (Q2), do you anticipate this program serving more or less than its projected capacity on 9/30/2021? Please explain:  
No change anticipated. The County will end their contract with this program as of 1/1/2022 due to not utilizing or being unable to use the services that are contracted for except for the parenting program.

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

Approved Funding	Program Type							
	P	EI	ATD/ATPDP				ATP	R/A
			(PINS)	(JO/JD)	(JD-RTA)	(AO)		
STSJP	0.00	21.00	0.00	0.00	0.00	0.00	0.00	0.00
STSJP-RTA	0.00	0.00			0.00	0.00	0.00	0.00

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

The youth in this program are early intervention and typically have lower risk levels than youth in detention. The average length of service of 21 days is appropriate for a low risk intervention.

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

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

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

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

**D. PROGRAM 3 SERVICE PROJECTIONS FOR PY 2021-2022**

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

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

**PROGRAM 4**

**A. PROGRAM 4 CONTACT INFORMATION**

Program 4 Name: Big Brothers Big Sisters

Operating Agency: Big Brothers Big Sisters of the Southern Adirondacks

Program Mailing Address: 1 Lawrence Street

Address Line 2:

City: Glens Falls

State: NY

ZIP Code: 12801

Program Contact's Name: Bill Moon

Title: Director

Phone: (518) 798-1010    Ext: 303

Email: bill@bbbssadk.org

**B. PROGRAM 4 DESCRIPTION AND TARGET POPULATION**

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

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

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

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

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

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 each requirement of the legislation. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them. (Please refer to the STSJP Annual Plan Development Guide for additional guidance.)

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

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

Approved Funding	Program Type						ATP	R/A	Total
	P	EI	ATD/ATPDP						
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	8	7	0	0	0	0	0	15	
STSJP-RTA	0	0			0	0	0	0	
Total	8	7	0	0	0	0	0	15	

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

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

Approved Funding	Program Type						ATP	R/A
	P	EI	ATD/ATPDP					
			(PINS)	(JO/JD)	(JD-RTA)	(AO)		
STSJP	64.00	34	0.00	0.00	0.00	0.00	0.00	
STSJP-RTA	0.00	0.00			0.00	0.00	0.00	

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

The data is not complete for the above Early Intervention section due to not having any of the youth with a service end date on that data roster. Therefore the alos cannot be determined for the EI cases above. BBBS has a standard ALOS of one year for program completion. This is a standard set by BBBS in order to achieve best practices in service programing.

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

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

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

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

**D. PROGRAM 4 SERVICE PROJECTIONS FOR PY 2021-2022**

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

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	5	7	0	0	0	0	3	0	15
STSJP-RTA	0	0			0	0	0	0	0
<b>Total</b>	<b>5</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>15</b>

**PROGRAM 5**

**A. PROGRAM 5 CONTACT INFORMATION**

Program 5 Name: PINS/Probation Incentive Program

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 Secor

Title: Supervisor

Phone: (518) 761-6444

Ext:

Email: secora@warrencountyny.gov

**B. PROGRAM 5 DESCRIPTION AND TARGET POPULATION**

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

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

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

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

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

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 each requirement of the legislation. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them. (Please refer to the STSJP Annual Plan Development Guide for additional guidance.)

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 can be used with a YASI assessment and case plan on Early interventin, 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. Incentives can be granted when a youth completes a YASI case plan action step or if they make significant progress toward YASI Case Plan goals 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 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.

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

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

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

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

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

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

3. Based on the program's record of youth served (Q2), do you anticipate this program serving more or less than its projected capacity on 9/30/2021? Please explain:  
0

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

Approved Funding	Program Type							
	P	EI	ATD/ATPDP				ATP	R/A
			(PINS)	(JO/JD)	(JD-RTA)	(AO)		
STSJP	0.00	0.00	0.00	00	0.00	0.00	0.00	0.00
STSJP-RTA	0.00	0.00			0.00	0.00	0.00	0.00

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

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

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

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

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

**D. PROGRAM 5 SERVICE PROJECTIONS FOR PY 2021-2022**

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

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	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: Washington County Youth Bureau and Alternative Sentencing Agency Programs



Operating Agency: Washington County Youth Bureau/Alternative Sentencing Agency		
Program Mailing Address: 383 Broadway		
Address Line 2:		
City: Fort Edward	State: NY	ZIP Code: 12828
Program Contact's Name: Mike Gray		Title: Director
Phone: (518) 7462382	Ext:	Email: mgray@washingtoncountyny.gov

**B. PROGRAM 6 DESCRIPTION AND TARGET POPULATION**

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

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

STSJP	STSJP-RTA	
<input 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

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

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

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 each requirement of the legislation. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them. (Please refer to the STSJP Annual Plan Development Guide for additional guidance.)

This program will provide services to at risk youth, diversion and adjustment youth, as well as adjudicated youth for the purposes of First Aid and CPR training, lifeguard certification class, safe sitter programming (giving teens certification in care giver skills), restorative circle work using the Restorative Justice Model, Social Learning Theory and evidenced based principles that have been found to reduce risk factors that lead to PINS and Juvenile Delinquency. This program assists in developing competency and accountability for youth and their families at risk of PINS, JD, and youth at risk for placement. This program in collaboration with Warren County Probation can provide intervention and accountability for youth through education, monitoring, mediation, and community restoration projects. Interventions will be based on the risk, need, responsibility model in correlation with the youth's Youth Assessment and Screening Instrument (if applicable). This will not be considered an STSJP/RTA program.

We applied the Additional Allocation, \$3,347, to Program #6. This additional allocation of \$3347.00 will be used to supplement the cost of the Washington County youth bureau to provide multiple programs to Warren County youth at risk. These programs include restorative justice and community building circles and life skills courses and certifications.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**D. PROGRAM 6 SERVICE PROJECTIONS FOR PY 2021-2022**

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

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

<b>PROGRAM</b>	<b>7</b>																					
<b>A. PROGRAM 7 CONTACT INFORMATION</b>																						
Program 7 Name: Progressive Parenting																						
Operating Agency: Progressive Parenting , Inc																						
Program Mailing Address: 52 Orchard ST																						
Address Line 2:																						
City: Glens Falls	State: <b>NY</b> ZIP Code: 12801																					
Program Contact's Name: Adrienne Gliha-Bell	Title: Director																					
Phone: (518) 260 6834      Ext:	Email: progressiveparentinginc@gmail.com																					
<b>B. PROGRAM 7 DESCRIPTION AND TARGET POPULATION</b>																						
<p>1. A Family Support Service program (FSS) may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS. This program meets the legal definition of a <b>Family Support Services (FSS) program (Social Services Law Section 458-m)</b> and will operate in this capacity for PY 2021-2022.    <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>																						
<p>2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2021-2022:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 10%;">STSJP</th> <th style="width: 10%;">STSJP-RTA</th> <th style="width: 80%;"></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Prevention (P)</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Early Intervention (EI)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Alternative to Placement (ATP)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Reentry / Aftercare (R / A)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Indirect Services</td> </tr> </tbody> </table>		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
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																				
<p>*Note: If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program.</p>																						
<p>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</p>																						
<p>4. Describe the program, including how it is family focused. If you answered "Yes" to Q1 (FSS), be sure to demonstrate how your program meets each requirement of the legislation. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them. (Please refer to the STSJP Annual Plan Development Guide for additional guidance.)</p> <p>Progressive Parenting, Inc. is a comprehensive program designed to provide support, education, advocacy, and mentoring to families in our community. The mission to empower families to create and build healthy and happy homes. 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 or on formal supervision through the probation department. It is anticipated that by caregivers receiving the knowledge and support to assist in caring for juveniles with PINS and JD needs they will be able to keep youth in their home environments and reduce risks of placement.</p>																						
<p>5. Is the program capable of being replicated across multiple locations?    <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>																						
<b>C. PROGRAM 7 PERFORMANCE HISTORY (REFER TO YOUR MUNICIPALITY'S STSJP DATA FILES.)</b>																						

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

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

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

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

We did not contract with the program until after 8/1/21 and therefore no youth were served in the 10/1/20-3/31/21 time period. We do anticipate increasing the numbers of youth served. Our data from the 7/1/2021-9/30/2021 data roster for this program indicates that 4 youth were served during this time frame and only two youth are still in program. Two youth did not enroll. We anticipate that it will serve to capacity but it does have room to add more if needed.

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

Approved Funding	Program Type							
	P	EI	ATD/ATPDP				ATP	R/A
			(PINS)	(JO/JD)	(JD-RTA)	(AO)		
STSJP	0.00	0.00	0	0.00	0.00	0.00	0.00	0.00
STSJP-RTA	0	0.00			0.00	0.00	0.00	0.00

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

Due to this program being a parenting/caregiver/and family support program the ALOS is dependent on the need of the family or their desire to continue the support programming. In comparing this program to a youth in placement this program has the potential to last as long as a placement would last but is hopefully providing the skills and supports the families need to prevent placement or removal from the home.

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

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

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

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

**D. PROGRAM 7 SERVICE PROJECTIONS FOR PY 2021-2022**

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

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

**PROGRAM 8**

**A. PROGRAM 8 CONTACT INFORMATION**

Program 8 Name: \_\_\_\_\_

Operating Agency: \_\_\_\_\_

Program Mailing Address: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: F \_\_\_\_\_ State: **NY** ZIP Code: \_\_\_\_\_

Program Contact's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Ext: \_\_\_\_\_ Email: \_\_\_\_\_

**B. PROGRAM 8 DESCRIPTION AND TARGET POPULATION**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**D. PROGRAM 8 SERVICE PROJECTIONS FOR PY 2021-2022**

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

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

**PROGRAM 9**

**A. PROGRAM 9 CONTACT INFORMATION**

Program 9 Name:		
Operating Agency:		
Program Mailing Address:		
Address Line 2:		
City:	State: <b>NY</b>	ZIP Code:
Program Contact's Name:		Title:
Phone: ( )	Ext:	Email:

**B. PROGRAM 9 DESCRIPTION AND TARGET POPULATION**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**D. PROGRAM 9 SERVICE PROJECTIONS FOR PY 2021-2022**

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

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

**PROGRAM 10**

**A. PROGRAM 10 CONTACT INFORMATION**

Program 10 Name: \_\_\_\_\_

Operating Agency: \_\_\_\_\_

Program Mailing Address: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: **NY** ZIP Code: \_\_\_\_\_

Program Contact's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Ext: \_\_\_\_\_ Email: \_\_\_\_\_

**B. PROGRAM 10 DESCRIPTION AND TARGET POPULATION**

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**D. PROGRAM 10 SERVICE PROJECTIONS FOR PY 2021-2022**

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

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

**PROGRAM 11**

**A. PROGRAM 11 CONTACT INFORMATION**

Program 11 Name: \_\_\_\_\_

Operating Agency: \_\_\_\_\_

Program Mailing Address: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: **NY** ZIP Code: \_\_\_\_\_

Program Contact's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Ext: \_\_\_\_\_ Email: \_\_\_\_\_

**B. PROGRAM 11 DESCRIPTION AND TARGET POPULATION**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**D. PROGRAM 11 SERVICE PROJECTIONS FOR PY 2021-2022**

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

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

**PROGRAM 12**

**A. PROGRAM 12 CONTACT INFORMATION**

Program 12 Name:

Operating Agency:

Program Mailing Address:

Address Line 2:

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

Program Contact's Name: Title:

Phone: ( ) Ext: Email:

**B. PROGRAM 12 DESCRIPTION AND TARGET POPULATION**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**D. PROGRAM 12 SERVICE PROJECTIONS FOR PY 2021-2022**

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

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

**PART III – Goals for PY 2021-2022**

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

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

STSJP		STSJP RTA		Outcomes
80	%	0	%	of youth will have no PINS referrals during service engagement
70	%	0	%	of youth will have no truancies during service engagement
80	%	0	%	of youth will have no school suspensions during service engagement
80	%	0	%	of youth will have no arrests or probation intakes during service engagement
100	%	0	%	of youth will be able to identify at least one accessible, positive adult connection
90	%	0	%	of youth will be engaged in at least one positive community activity
80	%	0	%	of youth will comply with program rules
80	%	0	%	of youth will attend at least 90% of programming

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

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

STSJP		STSJP RTA		Outcomes
80	%	0	%	of youth will have no PINS referrals during service engagement
80	%	0	%	of youth will have no truancies during service engagement
80	%	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
80	%	0	%	of youth will have their cases successfully adjusted/diverted during service engagement
100	%	0	%	of youth will be able to identify at least one accessible, positive adult connection
80	%	0	%	of youth will be engaged in at least one positive community activity
80	%	0	%	of youth will comply with program rules
80	%	0	%	of youth will attend at least 90% of programming

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

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

STSJP		STSJP RTA		Outcomes
90	%	0	%	of youth will have no missed court appearances during service engagement
90	%	0	%	of youth will have no warrants issued during service engagement
70	%	0	%	of youth will have no arrests or probation intakes during service engagement
70	%	0	%	of youth will have no detention or jail admissions during service engagement
80	%		%	of PINS will have no pre-dispositional placements during service engagement
90	%	0	%	of youth will be able to identify at least one accessible, positive adult connection
70	%	0	%	of youth will be engaged in at least one positive community activity
70	%	0	%	of youth will comply with program rules
90	%	0	%	of youth will attend at least 90% of programming

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

**ALTERNATIVE TO PLACEMENT**

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

STSJP		STSJP RTA		Outcomes
90	%	0	%	of youth will have no warrants issued during service engagement
80	%	0	%	of youth will have no arrests or probation intakes during service engagement
90	%	0	%	of youth will have no detention or jail admissions during service engagement
90	%		%	of PINS will have no pre-dispositional placements during service engagement
75	%	0	%	of youth will have no violations of probation filed during service engagement
70	%	0	%	of youth will have no new placements during service engagement
100	%	0	%	of youth will be able to identify at least one accessible, positive adult connection
90	%	0	%	of youth will be engaged in at least one positive community activity
80	%	0	%	of youth will comply with program rules
80	%	0	%	of youth will attend at least 90 percent of programming

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

**REENTRY / AFTERCARE**

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

STSJP		STSJP RTA		Outcomes
0	%	0	%	of youth will have no warrants issued during service engagement
0	%	0	%	of youth will have no arrests or probation intakes during service engagement
0	%	0	%	of youth will have no detention or jail admissions during service engagement
0	%		%	of PINS will have no pre-dispositional placements during service engagement
0	%	0	%	of youth will have no new placements during service engagement
0	%	0	%	of youth will have no returns to their previous placements during service engagement
0	%	0	%	of youth will be able to identify at least one accessible, positive adult connection
0	%	0	%	of youth will be engaged in at least one positive community activity
0	%	0	%	of youth will comply with program rules
0	%	0	%	of youth will attend at least 90% of programming

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

<b>PART IV – FUNDING</b>							
<b>A. ANTICIPATED PROGRAM EXPENSES AND FUNDING DISTRIBUTION</b>							
Program Name and Service Types	STSJP						STSJP - RTA
	Detention Allocation Shifted	Approved Rollover	PY21-22 STSJP Allocation	Total Expenses (100%)	Local Share (38%)	State Share (62%)	State Share (100%)
<b>1</b> Warren County Probation/PINS/Prevention	\$0.00	\$0.00	\$40,476.00	\$65,283.87	\$24,806.87	\$40,476.00	\$0.00
Prevention	0	\$0.00	\$40,476.00	\$65,283.87	\$24,806.87	\$40,476.00	\$0.00
Early Intervention	\$0.00	\$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	\$0.00
ATP	\$0.00	\$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	\$0.00
Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>2</b> WAIT House Programs	\$18,600.00	\$0.00	\$0.00	\$30,000.00	\$11,400.00	\$18,600.00	\$0.00
Prevention	\$4,650.00	\$0.00	\$0.00	\$7,500.00	\$2,850.00	\$4,650.00	\$0.00
Early Intervention	\$4,650.00	\$0.00	\$0.00	\$7,500.00	\$2,850.00	\$4,650.00	\$0.00
ATD/ATPDP	\$4,650.00	\$0.00	\$0.00	\$7,500.00	\$2,850.00	\$4,650.00	\$0.00
ATP	\$4,650.00	\$0.00	\$0.00	\$7,500.00	\$2,850.00	\$4,650.00	\$0.00
Reentry/Aftercare	\$0.00	\$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	\$0.00
<b>3</b> Council Programs/ Youth Court	\$7,157.28	\$0.00	\$0.00	\$11,544.00	\$4,386.72	\$7,157.28	\$0.00
Prevention	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Early Intervention	\$7,157.28	\$0.00	\$0.00	\$11,544.00	\$4,386.72	\$7,157.28	\$0.00
ATD/ATPDP	\$0.00	\$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	\$0.00
Reentry/Aftercare	\$0.00	\$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	\$0.00
<b>4</b> BBBS	\$13,726.80	\$0.00	\$0.00	\$22,140.00	\$8,413.20	\$13,726.80	\$0.00
Prevention	\$4,575.60	\$0.00	\$0.00	\$7,380.00	\$2,804.40	\$4,575.60	\$0.00
Early Intervention	\$4,575.60	\$0.00	\$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	\$0.00
ATP	\$4,575.60	\$0.00	\$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	\$0.00
Indirect	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0
<b>5</b> Probation PINS Incentive Program	\$620.00	\$0.00	\$0.00	\$1,000.00	\$380.00	\$620.00	\$0.00
Prevention	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Early Intervention	\$0.00	\$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	\$0.00



ATP	\$0.00	\$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	\$0.00
Indirect	\$620.00	\$0.00	\$0.00	\$1,000.00	\$380.00	\$620.00	\$0.00

Program Name and Service Types	STSJP						STSJP-RTA
	Detention Allocation Shifted	Approved Rollover	PY21-22 STSJP Allocation	Total Expenses (100%)	Local Share (38%)	State Share (62%)	State Share (100%)
<b>6</b> Washington County Youth Bureau and Alternative Sentencing Agency Programs	\$45,478.00	\$0.00	\$3,347.00	\$78,750.00	\$29,925.00	\$48,825.00	\$0.00
Prevention	\$12,928.00	\$0.00	\$3,347.00	\$26,250.00	\$9,975.00	\$16,275.00	\$0.00
Early Intervention	\$16,275.00	\$0.00	\$0.00	\$26,250.00	\$9,975.00	\$16,275.00	\$0.00
ATD/ATPDP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
ATP	\$16,275.00	\$0.00	\$0.00	\$26,250.00	\$9,975.00	\$16,275.00	\$0.00
Reentry/Aftercare	\$0.00	\$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	\$0.00
<b>7</b> Progressive Parenting	\$3,099.38	\$0.00	\$0.00	\$4,999.00	\$1,899.62	\$3,099.38	\$0.00
Prevention	\$1,033.12	\$0.00	\$0.00	\$1,666.33	\$633.20	\$1,033.12	\$0.00
Early Intervention	\$1,033.13	\$0.00	\$0.00	\$1,666.33	\$633.21	\$1,033.13	\$0.00
ATD/ATPDP	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
ATP	\$1,033.13	\$0.00	\$0.00	\$1,666.34	\$633.21	\$1,033.13	\$0.00
Reentry/Aftercare	\$0.00	\$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	\$0.00
<b>8</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Prevention	\$0.00	\$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	\$0.00
ATD/ATPDP	\$0.00	\$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	\$0.00
Reentry/Aftercare	\$0.00	\$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	\$0.00
<b>9</b>							
Prevention							
Early Intervention							
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							
<b>10</b>							
Prevention							
Early Intervention							
ATD/ATPDP							

ATP							
Reentry/Aftercare							
Indirect							

Program Name and Service Types	STSJP						STSJP-RTA
	Detention Allocation Shifted	Approved Rollover	PY21-22 STSJP Allocation	Total Expenses (100%)	Local Share (38%)	State Share (62%)	State Share (100%)
<b>11</b>							
Prevention							
Early Intervention							
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							
<b>12</b>							
Prevention							
Early Intervention							
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							
<b>► Sum of Program Totals:</b>	<b>\$88,681.46</b>	<b>\$0.00</b>	<b>\$43,823.00</b>	<b>\$213,716.87</b>	<b>\$81,212.41</b>	<b>\$132,504.46</b>	<b>\$0.00</b>

B. STSJP REIMBURSEMENT SUMMARY	
STSJP Allocation Amount	\$43,823.00
Locally Approved Amount of PY 2021-2022 STSJP Allocation	\$43,823.00
Approved Detention Allocation Shifted	\$88,681.46
Approved Rollover Amount	\$0.00
<b>Total Approved for State Reimbursement</b>	<b>\$132,504.46</b>
C. STSJP-RTA REIMBURSEMENT SUMMARY	
STSJP-RTA Approved Plan Amount	\$0.00
<b>Total Approved for State Reimbursement</b>	<b>\$0.00</b>

PART V – PLAN APPROVAL		
A. Municipality Level Approval – Chief Executive / Administrative Official		
As STSJP Lead for Warren County, I certify that the Chief Executive/Administrative Official, [Name and Title] Robert F. Iusi, Probation Director , has reviewed and approved the 2021-2022 STSJP Plan.		
User ID: lusir@warrencountyny.gov	Print Name: Robert F. Iusi	Date: 1/28/2022
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 2021-2022.

User ID: IT1619

Print Name: Geneva Hilliard

Date: 1/31/2022