



## Office of Children and Family Services

KATHY HOCHUL  
Governor

SHEILA J. POOLE  
Commissioner

October 29, 2021

Dear Chief Executive Officer,

Thank you for submitting Ontario 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: Ontario County    |                 |  |
| Lead agency for STSJP submission: Ontario County Probation Department |                 |  |
| Contact person's name: Jeffrey S. Rougeux                             | Title: Director |  |
| Phone: (585) 396-4219   | Ext:            | Email: jeffrey.rougeux@ontariocountyny.gov |

### PLAN SUBMISSION INSTRUCTIONS

**STSJP plans are due to the Office of Children and Family Services (OCFS) by 09/08/2021**

- Once you have opened this form on your computer, please use the "Save As" function to save a copy with the following file name: "STSJP 2021-2022 Annual Plan – [ex. Municipality Name]."
- Work from the copy saved in Step 1 as you record your municipality information. Save your work as you complete each section.
- Email the completed application to OCFS at [stsjp@ocfs.ny.gov](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

- Identify the communities or neighborhoods (ZIP codes) from which the highest number of Youthful Offenders (YO), Adolescent Offenders (AO), Juvenile Offenders (JO), Juvenile Delinquents (JD), and Persons in Need of Supervision (PINS), enter the youth justice system, are remanded to detention, and/or are residentially placed; and
  - Discuss what factors may be contributing to these high numbers:
    - 14424, 14425, 14456, 14469, 14432, 14471, 14504, 14512, 14532, 14548, 14561, 14564, 14585
    - As a rural county we lack many of the services normally available in larger counties. We have a significant lack of mental health services and pro-social programming for youth. The lack of a significant pool of participants make it unfeasible for non-profits to fund the programs, so most are government funded and usually only accessible through diversion or Family Court.
- Resources available at the following link can help you answer these questions:  
<https://www.ocfs.ny.gov/programs/youth/stsjp/planning.php>
  - 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  | 852                               | 4  | 0                                   | 0  | 1                                   | 50 |
| White                   | 18459                             | 85 | 13                                  | 81 | 1                                   | 50 |
| Native American/Alaskan | 58                                | 0  | 0                                   | 0  |                                     |    |
| Asian/Pacific Islander  | 447                               | 2  | 2                                   | 13 |                                     |    |
| Hispanic                | 2019                              | 9  | 1                                   | 9  | 0                                   | 0  |

| Sex Assigned at Birth | 2019 General Population <18 years |    | 2020 Detention Admissions <18 years |    | 2020 Placement Admissions <18 years |     |
|-----------------------|-----------------------------------|----|-------------------------------------|----|-------------------------------------|-----|
|                       | #                                 | %  | #                                   | %  | #                                   | %   |
| Male                  | 11098                             | 51 | 8                                   | 50 | 3                                   | 100 |
| Female                | 10737                             | 49 | 8                                   | 50 | 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 is very little disparities between races when comparing detention admissions. Our placement admissions are so low, that any disparities are difficult to evaluate.

**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:

Ontario County historically collaborates with county departments and with outside agency service providers and school districts. Probation meets monthly with DSS for pre-placement. Officers also participate in SPOA. Probation participates in a joint meeting of stakeholders every three weeks which includes county administration, DSS, County Attorney, mental health and local non-profit services agencies. Probation often participates in school IEP meetings for youth currently under diversion or supervision. The focus from that group was to lower our use of detention. Glove House and YAP have worked with DSS for many years with success. We have also used those programs for RTA youth. The Center for Dispute Settlement has worked with our adult population for years and will be a natural fit for providing mediation between youth and their families.

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

Probation staff meets with youth and families to assess the effectiveness of the programs. Both EI programs actively engage the parents and youth in the planning of their programs to meet the needs of their youth. 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. We use feedback from the families and youth to determine the effectiveness of the programs. We use that feedback to assess our STSJP programs effectiveness and to achieve our goal of maintaining the family unit as much as possible.

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.

Probation staff takes an active roll in several community boards including The Partnership for Ontario County, the Child Advocacy Center, BIT, Restorative Justice Board and inclusion in school IEP planning. Our staff also meets with church and community leaders to discuss our programing. Many of those same leaders participate in county boards to offer input on community needs.

**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**

|                |          |
|----------------|----------|
| <b>PROGRAM</b> | <b>1</b> |
|----------------|----------|

**A. PROGRAM 1 CONTACT INFORMATION**

Program 1 Name: Respite Care for Youth < 16

Operating Agency: Glove House, Inc

Program Mailing Address: 220 Franklin Street

Address Line 2:

|              |           |                 |
|--------------|-----------|-----------------|
| City: Elmira | State: NY | ZIP Code: 14904 |
|--------------|-----------|-----------------|

Program Contact's Name: Jodi Walker      Title: Director-Finger Lakes Regional Office

Phone: (315) 539-3724      Ext:      Email: jwalker@glovehouse.org

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

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

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

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

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

3. Please list the ZIP codes this program will target:  
 14424, 14425, 14456, 14469, 14432, 14471, 14504, 14512, 14532, 14548, 14561, 14564, 14585

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.)

Provide respite services for juvenile justice involved youth that are at high risk for detention or placement due to delinquency or PINS behavior. Respite homes are located in the home county, allowing for family contact and continuation of the youth's home school education. Glove House respite providers are trained as therapeutic foster parents and have direct assistance from Glove House staff. Glove House includes Family Engagement Services to assess the needs of youth and their families by providing evidence-based interventions and strategies. The services will be accessible to the probation department for afterhours emergency referral.

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            | 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, 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 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 1 SERVICE PROJECTIONS FOR PY 2021-2022**

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

| Approved Funding | Program Type |    |           |         |          |      | ATP | R/A | Total |
|------------------|--------------|----|-----------|---------|----------|------|-----|-----|-------|
|                  | P            | EI | ATD/ATPDP |         |          |      |     |     |       |
|                  |              |    | (PINS)    | (JO/JD) | (JD-RTA) | (AO) |     |     |       |
| STSJP            |              |    | 3         | 4       |          |      | 2   |     | 9     |
| STSJP-RTA        |              |    |           |         |          |      |     |     |       |
| <b>Total</b>     |              |    | 3         | 4       |          |      | 2   |     | 9     |

**PROGRAM 2**

**A. PROGRAM 2 CONTACT INFORMATION**

Program 2 Name: Youth Advocate Program

Operating Agency: Youth Advocate Program, Inc.

Program Mailing Address: 51 Castle Street

Address Line 2:

City: Geneva

State: NY

ZIP Code: 14456

Program Contact's Name:

Title: Program Director

Phone: (315) 789-1120

Ext:

Email:

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

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

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

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

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

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

14424, 14425, 14456, 14469, 14432, 14471, 14504, 14512, 14532, 14548, 14561, 14564, 14585

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.)

YAP will work with youth <16 and families with familial, social, or emotional barriers that have placed youth at high risk of court involvement. At risk youth will be determined by the Probation Department which will serve as the program overseer. YAP uses strength-based, wrap-around, community-based services. Emphasis is placed on areas most critical to the family and youth.

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

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

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

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

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

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            |              | 180 |           |         |          |      |     |     |
| 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.

We expect each participant to be engaged in the program for 6 months.

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            |              | 10 |           |         |          |      |     | 10    |     |
| STSJP-RTA        |              |    |           |         |          |      |     |       |     |
| Total            |              | 10 |           |         |          |      |     | 10    |     |

**PROGRAM 3**

**A. PROGRAM 3 CONTACT INFORMATION**

Program 3 Name: Enhanced Electronic Monitoring of Youth <16

Operating Agency: Ontario County Probation Department

Program Mailing Address: 3010 County Complex Drive

Address Line 2:

City: Canandaigua      State: **NY**      ZIP Code: 14424

Program Contact's Name: Jeffrey Rougeux      Title: Director

Phone: (585) 396-4219      Ext:      Email: jeffrey.rougeux@ontaricountyny.gov

**B. PROGRAM 3 DESCRIPTION AND TARGET POPULATION**

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

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

| STSJP                               | STSJP-RTA                |  |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/>            | <input type="checkbox"/> | Prevention (P)   |
| <input type="checkbox"/>            | <input type="checkbox"/> | Early Intervention (EI)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP) |
| <input 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:

14424, 14425, 14456, 14469, 14432, 14471, 14504, 14512, 14532, 14548, 14561, 14564, 14585

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.)

Provide for enhanced electronic monitoring of JD youth <16 at risk of detention or PINS pre-placement. Allows the respondent, either PINS or JD's, to remain in the family or a relative's home in lieu of detention. The program maintains the ability for the department to refer to local service agencies to provide services to the youth and their families. Enhanced monitoring provides point uploading every minute and immediate violation notification to the assigned probation officer for a more effective location and behavior control, reducing the risk for runaway or committing new offenses that would place them in detention or PINS pre-placement.

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 |    |           |         |          |      | ATP | R/A | Total |
|------------------|--------------|----|-----------|---------|----------|------|-----|-----|-------|
|                  | P            | EI | ATD/ATPDP |         |          |      |     |     |       |
|                  |              |    | (PINS)    | (JO/JD) | (JD-RTA) | (AO) |     |     |       |
| STSJP            |              |    | 4         | 3       |          |      |     | 7   |       |
| STSJP-RTA        |              |    |           |         |          |      |     |     |       |
| Total            |              |    | 4         | 3       |          |      |     | 7   |       |

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 less youth in the program than originally anticipated. The pandemic resulted in minimal family court sessions and school issues. We saw a significant drop in PINS referrals and only a few difficult cases.

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            |              |    | 47.00     | 90      |          |      |     |     |
| STSJP-RTA        |              |    |           |         |          |      |     |     |

5. How does the average length of service (Q4) compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length of stay for youth who were in detention and residential placements during the same time period.  
 The length of service days for these programs run a little longer than then expected detention days. The use of EM allows for the youth to remain a member of the household while reducing their risk of running away and keeping them more accountable for their school attendance. It allows them to participate in pro-family functions and activities.

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?  
 a) The outcomes are not on track. b) It is unlikely that the outcomes will be on track for 2020-2021.

8. (a) What outcomes are not on track to meet the goals set for PY 2020-2021? (b) Please describe any contributing barriers.  
 a) It is anticipated that the goal of youth served will not be met by 9/30/21.  
 b) There were no real barriers, just a lack of need.

9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2021-2022?  
 We are reducing our anticipated use for 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            |              |    | 3         | 5       |          |      |     | 8     |     |
| STSJP-RTA        |              |    |           |         |          |      |     |       |     |
| Total            |              |    | 3         | 5       |          |      |     | 8     |     |

**PROGRAM 4**

**A. PROGRAM 4 CONTACT INFORMATION**

Program 4 Name: Parent/Child Mediation Program < 16

Operating Agency: Center for Dispute Settlement

Program Mailing Address: 120 N Main Street

Address Line 2:

City: Canandaigua

State: NY

ZIP Code: 14424

Program Contact's Name: Kim Reisch

Title: Director

Phone: (585) 396-0840 Ext:

Email: kreisch@cadsadr.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 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:

14424, 14425, 14456, 14469, 14432, 14471, 14504, 14512, 14532, 14548, 14561, 14564, 14585

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 Parent/Child Mediation Program is a mediation service which offers an alternative approach to solving problems that develop between parents and their children, to prevent further penetration of PINS and JD's into the juvenile justice program. This program gives family members an opportunity to sit down with a trained neutral mediator and work towards a mutually agreeable solution.

Program Goals:

To give parents and children a resource for resolving disputes, such as:

- Respect among family members
- Household responsibilities

Establishing and following family rules and curfews  
 Feelings of not being listened or treated fairly  
 Smoking, drug, and alcohol use  
 School attendance and homework

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

**C. PROGRAM 4 PERFORMANCE HISTORY (REFER TO YOUR MUNICIPALITY'S STSJP DATA FILES.)**

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

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

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

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

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

| Approved Funding | Program Type |    |           |         |          |      |     |     |
|------------------|--------------|----|-----------|---------|----------|------|-----|-----|
|                  | 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?

Two youth were referred to the program but both families declined to participate

**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            |              | 4  |           |         |          |      |     | 4     |     |
| STSJP-RTA        |              |    |           |         |          |      |     |       |     |
| Total            |              | 4  |           |         |          |      |     | 4     |     |

**PROGRAM 5**

**A. PROGRAM 5 CONTACT INFORMATION**

Program 5 Name: \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**PROGRAM 6**

**A. PROGRAM 6 CONTACT INFORMATION**

Program 6 Name:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**PROGRAM 7**

**A. PROGRAM 7 CONTACT INFORMATION**

Program 7 Name: \_\_\_\_\_

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

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

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

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

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

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

**B. PROGRAM 7 DESCRIPTION AND TARGET POPULATION**

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



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

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

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

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

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

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

**C. PROGRAM 7 PERFORMANCE HISTORY (REFER TO YOUR MUNICIPALITY'S STSJP DATA FILES.)**

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

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

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

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

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

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

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

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

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

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

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

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

**PROGRAM 8**

**A. PROGRAM 8 CONTACT INFORMATION**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**PROGRAM 9**

**A. PROGRAM 9 CONTACT INFORMATION**

Program 9 Name: \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**PROGRAM 10**

**A. PROGRAM 10 CONTACT INFORMATION**

Program 10 Name:

|                          |                  |           |
|--------------------------|------------------|-----------|
| Operating Agency:        |                  |           |
| Program Mailing Address: |                  |           |
| Address Line 2:          |                  |           |
| City:                    | State: <b>NY</b> | 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 |    |           |         |          |      |     |     |       |
|------------------|--------------|----|-----------|---------|----------|------|-----|-----|-------|
|                  | P            | EI | ATD/ATPDP |         |          |      | ATP | R/A | Total |
|                  |              |    | (PINS)    | (JO/JD) | (JD-RTA) | (AO) |     |     |       |
| STSJP            |              |    |           |         |          |      |     |     |       |
| STSJP-RTA        |              |    |           |         |          |      |     |     |       |
| Total            |              |    |           |         |          |      |     |     |       |

**PROGRAM 11**

**A. PROGRAM 11 CONTACT INFORMATION**

Program 11 Name:

Operating Agency:

Program Mailing Address:

Address Line 2:

City:

State: **NY**

ZIP Code:

Program Contact's Name:

Title:

Phone: ( )

Ext:

Email:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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





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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**PART III – Goals for PY 2021-2022**

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

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

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

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

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

| STSJP |   | STSJP RTA |   | Outcomes  |
|-------|---|-----------|---|---|
| 75    | % |           | % | of youth will have no PINS referrals during service engagement                          |
| 75    | % |           | % | of youth will have no truancies during service engagement                               |
| 75    | % |           | % | of youth will have no school suspensions during service engagement                      |
| 85    | % |           | % | of youth will have no arrests or probation intakes during service engagement            |
| 90    | % |           | % | of youth will have their cases successfully adjusted/diverted during service engagement |
| 100   | % |           | % | of youth will be able to identify at least one accessible, positive adult connection    |
| 100   | % |           | % | of youth will be engaged in at least one positive community activity                    |
| 75    | % |           | % | of youth will comply with program rules   |
| 75    | % |           | % | of youth will attend at least 90% of programming  |

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

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

| STSJP |   | STSJP RTA |   | Outcomes   |
|-------|---|-----------|---|--|
| 95    | % |           | % | of youth will have no missed court appearances during service engagement             |
| 95    | % |           | % | of youth will have no warrants issued during service engagement                      |
| 80    | % |           | % | of youth will have no arrests or probation intakes during service engagement         |
| 80    | % |           | % | of youth will have no detention or jail admissions during service engagement         |
| 80    | % |           | % | of PINS will have no pre-dispositional placements during service engagement          |
| 75    | % |           | % | of youth will be able to identify at least one accessible, positive adult connection |
| 75    | % |           | % | of youth will be engaged in at least one positive community activity                 |
| 75    | % |           | % | of youth will comply with program rules  |
| 95    | % |           | % | of youth will attend at least 90% of programming                                     |

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

| <b>ALTERNATIVE TO PLACEMENT</b><br>(Programs <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> N/A) |   |              |   |  |
|--|---|--------------|---|--|
| STSJP  |   | STSJP<br>RTA |   | Outcomes   |
| 95   | % |              | % | of youth will have no warrants issued during service engagement                      |
| 90   | % |              | % | of youth will have no arrests or probation intakes during service engagement         |
| 90   | % |              | % | of youth will have no detention or jail admissions during service engagement         |
| 90   | % |              | % | of PINS will have no pre-dispositional placements during service engagement          |
| 80   | % |              | % | of youth will have no violations of probation filed during service engagement        |
| 80   | % |              | % | of youth will have no new placements during service engagement                       |
| 75   | % |              | % | of youth will be able to identify at least one accessible, positive adult connection |
| 75   | % |              | % | of youth will be engaged in at least one positive community activity                 |
| 75   | % |              | % | of youth will comply with program rules  |
| 90   | % |              | % | of youth will attend at least 90 percent of programming                              |

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

| <b>REENTRY / AFTERCARE</b><br>(Programs <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> N/A) |   |              |   |  |
|--|---|--------------|---|--|
| STSJP  |   | STSJP<br>RTA |   | Outcomes   |
|  | % |              | % | of youth will have no warrants issued during service engagement                      |
|  | % |              | % | of youth will have no arrests or probation intakes during service engagement         |
|  | % |              | % | of youth will have no detention or jail admissions during service engagement         |
|  | % |              | % | of PINS will have no pre-dispositional placements during service engagement          |
|  | % |              | % | of youth will have no new placements during service engagement                       |
|  | % |              | % | of youth will have no returns to their previous placements during service engagement |
|  | % |              | % | of youth will be able to identify at least one accessible, positive adult connection |
|  | % |              | % | of youth will be engaged in at least one positive community activity                 |
|  | % |              | % | of youth will comply with program rules  |
|  | % |              | % | of youth will attend at least 90% of programming                                     |

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

| <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> Respite Care for Youth <16                             | \$10,000.00                  |                   | \$10,000.00              | \$32,258.06           | \$12,258.06       | \$20,000.00       |                    |
| Prevention  |                              |                   |                          |                       |                   |                   |                    |
| Early Intervention  |                              |                   |                          |                       |                   |                   |                    |
| ATD/ATPDP   | \$8,000.00                   |                   | \$8,000.00               | \$25,806.45           | \$9,806.45        | \$16,000.00       |                    |
| ATP   | \$2,000.00                   |                   | \$2,000.00               | \$6,451.61            | \$2,451.61        | \$4,000.00        |                    |
| Reentry/Aftercare   |                              |                   |                          |                       |                   |                   |                    |
| Indirect  |                              |                   |                          |                       |                   |                   |                    |
| <b>2</b> Youth Advocate Program                                 | \$50,000.00                  |                   | \$30,839.00              | \$130,385.48          | \$49,546.48       | \$80,839.00       |                    |
| Prevention  |                              |                   |                          |                       |                   |                   |                    |
| Early Intervention  | \$50,000.00                  |                   | \$30,839.00              | \$130,385.48          | \$49,546.48       | \$80,839.00       |                    |
| ATD/ATPDP   |                              |                   |                          |                       |                   |                   |                    |
| ATP   |                              |                   |                          |                       |                   |                   |                    |
| Reentry/Aftercare   |                              |                   |                          |                       |                   |                   |                    |
| Indirect  |                              |                   |                          |                       |                   |                   |                    |
| <b>3</b> Enhanced Electronic Monitoring                         | \$2,000.00                   |                   | \$3,000.00               | \$8,064.52            | \$3,064.52        | \$5,000.00        |                    |
| Prevention  |                              |                   |                          |                       |                   |                   |                    |
| Early Intervention  |                              |                   |                          |                       |                   |                   |                    |
| ATD/ATPDP   | \$2,000.00                   |                   | \$3,000.00               | \$8,064.52            | \$3,064.52        | \$5,000.00        |                    |
| ATP   |                              |                   |                          |                       |                   |                   |                    |
| Reentry/Aftercare   |                              |                   |                          |                       |                   |                   |                    |
| Indirect  |                              |                   |                          |                       |                   |                   |                    |
| <b>4</b> Parent/Child Mediation Program                         | \$2,000.00                   |                   | \$3,000.00               | \$8,064.52            | \$3,064.52        | \$5,000.00        |                    |
| Prevention  |                              |                   |                          |                       |                   |                   |                    |
| Early Intervention  | \$2,000.00                   |                   | \$3,000.00               | \$8,064.52            | \$3,064.52        | \$5,000.00        |                    |
| ATD/ATPDP   |                              |                   |                          |                       |                   |                   |                    |
| ATP   |                              |                   |                          |                       |                   |                   |                    |
| Reentry/Aftercare   |                              |                   |                          |                       |                   |                   |                    |
| Indirect  |                              |                   |                          |                       |                   |                   |                    |
| <b>5</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>6</b>                       |                              |                   |                          |                       |                   |                   |                    |
| Prevention                     |                              |                   |                          |                       |                   |                   |                    |
| Early Intervention             |                              |                   |                          |                       |                   |                   |                    |
| ATD/ATPDP                      |                              |                   |                          |                       |                   |                   |                    |
| ATP                            |                              |                   |                          |                       |                   |                   |                    |
| Reentry/Aftercare              |                              |                   |                          |                       |                   |                   |                    |
| Indirect                       |                              |                   |                          |                       |                   |                   |                    |
| <b>7</b>                       |                              |                   |                          |                       |                   |                   |                    |
| Prevention                     |                              |                   |                          |                       |                   |                   |                    |
| Early Intervention             |                              |                   |                          |                       |                   |                   |                    |
| ATD/ATPDP                      |                              |                   |                          |                       |                   |                   |                    |
| ATP                            |                              |                   |                          |                       |                   |                   |                    |
| Reentry/Aftercare              |                              |                   |                          |                       |                   |                   |                    |
| Indirect                       |                              |                   |                          |                       |                   |                   |                    |
| <b>8</b>                       |                              |                   |                          |                       |                   |                   |                    |
| Prevention                     |                              |                   |                          |                       |                   |                   |                    |
| Early Intervention             |                              |                   |                          |                       |                   |                   |                    |
| ATD/ATPDP                      |                              |                   |                          |                       |                   |                   |                    |
| ATP                            |                              |                   |                          |                       |                   |                   |                    |
| Reentry/Aftercare              |                              |                   |                          |                       |                   |                   |                    |
| Indirect                       |                              |                   |                          |                       |                   |                   |                    |
| <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>\$64,000.00</b>           |                   | <b>\$46,839.00</b>       | <b>\$178,772.58</b>   | <b>\$67,933.58</b> | <b>110,839</b>    |                    |

| <b>B. STSJP REIMBURSEMENT SUMMARY</b>                    |                     |
|--|---------------------|
| STSJP Allocation Amount                                  | \$46,839.00         |
| Locally Approved Amount of PY 2021-2022 STSJP Allocation | \$46,839.00         |
| Approved Detention Allocation Shifted                    | \$64,000.00         |
| Approved Rollover Amount                                 |                     |
| <b>Total Approved for State Reimbursement</b>            | <b>\$110,839.00</b> |
| <b>C. STSJP-RTA REIMBURSEMENT SUMMARY</b>                |                     |
| STSJP-RTA Approved Plan Amount                           | \$0.00              |
| <b>Total Approved for State Reimbursement</b>            | <b>0.00</b>         |

| <b>PART V – PLAN APPROVAL</b>  |                                |                  |
|--|--------------------------------|------------------|
| <b>A. Municipality Level Approval – Chief Executive / Administrative Official</b>  |                                |                  |
| As STSJP Lead for Ontario County, I certify that the Chief Executive/Administrative Official, [Name and Title] Christopher DeBolt, County Administrator, has reviewed and approved the 2021-2022 STSJP Plan. |                                |                  |
| User ID: JSR624  | Print Name: Jeffrey S. Rougeux | Date: 10/22/2021 |
| <b>B. State Level Approval – OCFS Program Reviewer</b>   |                                |                  |
| As OCFS STSJP reviewer, I certify that I approve of this STSJP plan for Ontario County for 2021-2022.  |                                |                  |
| User ID: JM9737  | Print Name: Karen Sessions     | Date: 10/26/2021 |