



## Office of Children and Family Services

KATHY HOCHUL  
Governor

SUZANNE MILES-GUSTAVE, ESQ.  
Acting Commissioner

February 16, 2024

Dear Chief Executive Officer,

Thank you for submitting Albany County's Supervision and Treatment Services for Juveniles Program (STSJP) plan for Program Year (PY) 2023-2024. Your entire STSJP plan, including any amounts listed for PY 2023-2024 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, 2024, 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, 2023, to September 30, 2024. 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 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, PhD  
Deputy Commissioner

cc: Sharon Devine, 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, 2023 – SEPTEMBER 30, 2024**

### SUBMITTING MUNICIPALITY CONTACT INFORMATION

|   |                            |                                       |
|---|----------------------------|---------------------------------------|
| Name of applicant county, counties, or jurisdiction: Albany County                          |                            |                                       |
| Lead agency for STSJP submission: Albany County Department for Children, Youth and Families |                            |                                       |
| Contact person's name: Nicole Ward  | Title: Deputy Commissioner |                                       |
| Phone: (518) 447-4892   | Ext:                       | Email: nicole.ward@albanycountyny.gov |

### PLAN SUBMISSION INSTRUCTIONS

**STSJP plans are due to the Office of Children and Family Services (OCFS) by 08 / 04 / 2023**

- 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 2023-2024 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 2023-2024 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:  
The City of Albany, specifically the 12206 zip code which represents the West Hill, West End, and Arbor Hill neighborhoods, accounts for most of the penetration into the juvenile justice system. The 12202 area, known as the South End, also accounts for a substantial portion of system-involved youth. Contributing factors in these areas include poor/low socio-economic neighborhoods, sub-standard housing, lack of livable wage employment, lack of vocational/apprenticeship programs and services, weakened family structures, heightened gang activity, and a juvenile justice system that has historically had a differential response to youth of color. These neighborhoods have also had a significant increase in gun violence over the past year.
- 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. For the placement admissions data, please add together county data from Tables 1b-Total OCFS Facility Admissions by Sex, Race/Ethnicity and Age, 6b-JD Foster Care Admissions by Sex, Race/Ethnicity and Age and 7b-PINS Post-Dispositional Foster Care Admissions by Sex, Race/Ethnicity and Age from [Annual Out of Home Placement Admissions Data Packet](#)

| Race/Ethnicity          | 2020 General Population <18 years |     | 2022 Detention Admissions |     | 2022 Placement Admissions |     |
|-------------------------|-----------------------------------|-----|---------------------------|-----|---------------------------|-----|
|                         | #                                 | %   | #                         | %   | #                         | %   |
| Black/African American  | 10,655                            | 19% | 89                        | 83% | 13                        | 72% |
| White                   | 33,460                            | 61% | 8                         | 7%  | 3                         | 17% |
| Native American/Alaskan | 98                                | 0%  | 0                         | 0%  |                           |     |
| Asian/Pacific Islander  | 5,288                             | 10% | 1                         | 1%  |                           |     |
| Hispanic                | 5,716                             | 10% | 9                         | 8%  | 2                         | 11% |

| Sex Assigned at Birth | 2020 General Population <18 years |     | 2022 Detention Admissions |     | 2022 Placement Admissions |     |
|-----------------------|-----------------------------------|-----|---------------------------|-----|---------------------------|-----|
|                       | #                                 | %   | #                         | %   | #                         | %   |
| Male                  | 28,182                            | 51% | 95                        | 89% | 16                        | 89% |
| Female                | 27,035                            | 49% | 12                        | 11% | 2                         | 11% |

b) If you identified any disparities when comparing youth 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.

As shown in the chart above, there is a disproportionate number of Black/African American youth in detention and placement relative to the general population. The programs identified in this plan focus on youth in the most at-risk neighborhoods of Albany County, including those living in areas of the City of Albany that are predominately Black/African American. Some of these programs also utilize staff who come from the communities and/or who share the same demographic backgrounds as the youth they serve. Albany County took part in the NYS Policy Equity Academy whose goal was to support localities in their efforts to implement policies and reforms that target areas of significant racial and ethnic disparity in the Juvenile Justice System. The Policy Equity Academy consisted of virtual skill-building and planning opportunities for local team participants that are designed to equip team members with the knowledge base and leadership skills to promote effective efforts to reduce racial and ethnic disparities in Albany County Juvenile Justice.

**B. Local Collaboration**

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

The partners of our local juvenile justice collaborative met to review the requirements of the STSJP plan and to provide input as to data, outcomes, programs, and services. This team includes Albany County Probation, the SUNY Albany Center for Human Services Research, and the Department for Children, Youth and Families. Throughout the year, other partners have engaged in dialogue that contributed to the development of the plan. These partners include the following stakeholders: community members, community service providers, detention providers, Family Court Judges, Law Enforcement, the Albany City School District, and the Youth Bureau. The Juvenile Justice Steering Committee (a collaborative of key stakeholders), the Zero Youth Detention Taskforce and the West Hill/West End Neighborhood Steering Committee also participate in conversations key to informing appropriate services for youth. In addition, Albany County was one of 5 counties in NYS to be chosen to participate in a Policy Equity Academy. The Policy Equity Academy was developed through a collaboration between DCJS' Office of Youth Justice, the Center for Children's Law and Policy, and the NYS Youth Justice Institute, with a goal of providing Probation Departments and other juvenile system partners the ability to implement sustained program, policy, and practice changes. As a means to achieve this goal, Albany County put together a Policy Equity Team consisting of representatives from the Probation Department, Department for Children, Youth and Families, County Attorney's

Office, Youth Bureau, Judicial, Attorney for the Child, Police, Community Resources, and a Parent. This team meets on a regular basis to offer input and suggestions regarding policy, procedures, and programming for justice involved youth and families.

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

Yes. (If yes, please describe how the plan incorporates that feedback at the system level, e.g., funding and service continuum decisions.)

No. (If no, please describe the barriers to implementation and the municipality's solutions to develop such feedback mechanism during PY 2023-2024.)

Albany County seeks to obtain youth and family feedback from multiple sources. STSJP partner agencies currently conduct exit interviews with youth and families who have completed their programs. Additionally, efforts are currently underway to hold quarterly focus groups with current and former program participants to gather feedback on their experiences and how the system can be improved or changed. It is anticipated that these focus groups will lead to the formation of a community based juvenile justice advisory group. Feedback from past groups of youth and community members speaks to increased community violence, lack of pro-social activities for youth, a need for positive adult connections for youth with people they can relate to, and a need for concrete resources. The services outlined in the current STSJP plan have incorporated strategies to address these concerns.

3. Was community feedback in low opportunity ZIP codes sought as part of the STSJP plan development?

Yes. (If yes, please describe how the plan incorporates that feedback at the system level, e.g., funding and service continuum decisions.)

No. (If no, please describe the barriers to implementation and the municipality's solutions to develop such feedback mechanism during PY 2023-2024.)

The majority of the STSJP program participants reside in the high need zip codes. Additionally, the county continues to maintain a collaboration with the West Hill/West End Neighborhood Steering Committee which is comprised of residents from the highest-need zip code. Feedback from these sources has been used to determine service gaps within the zip code and to inform any needed changes to the STSJP plan.

**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 Q.4.)

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 jointly funded programs, as well as the names and email addresses of the fiscal officers responsible for jointly funded programs:

**PART II – PROGRAM LEVEL DETAILS**

**PROGRAM 1**

**A. Program 1 Contact Information**

Program 1 Name: Juvenile Community Accountability Board

Operating Agency: Albany County Probation

|  |           |                                    |
|--|-----------|------------------------------------|
| Program Mailing Address: 60 South Pearl Street |           |                                    |
| Address Line 2:                                |           |                                    |
| City: Albany                                   | State: NY | ZIP Code: 12207                    |
| Program Contact's Name: Michael O'Connor       |           | Title: Principal Probation Officer |
| Phone: (518) 487-5314                          | Ext:      | Email: moconnor@albanycountyny.gov |

**B. Program 1 Description and Target Population**

1. A Family Support Services (FSS) program may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS; or children under 12 years of age who do not meet the definition of a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the Family Court Act (FCA). This program meets the legal definition of an FSS program (Social Services Law Section 458-m) and will operate in this capacity for PY 2023-2024.

Yes     No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2023-2024:

| STSJP                               | STSJP-RTA                           |  |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/>            | <input type="checkbox"/>            | Prevention (P)   |
| <input checked="" type="checkbox"/> | <input checked="" 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. Additionally, children under 12 years of age who do not meet the definition of either a PINS or a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the FCA, may only be served through the Prevention and Early Intervention service domains.

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

The program is open to all Albany County youth, with the majority of participants residing in the following zip codes: 12202, 12206

4. Describe the program, including how it is family focused. If you answered "Yes" to Q.1. Family Support Services program, be sure to demonstrate how your program meets each requirement of the legislation. Also, please explain how each of the service types selected in Q.2. 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.)

JCAB seeks to divert juveniles accused of an act of delinquency from family court, hence avoiding possible detention, adjudication, or placement. The Board was designed to provide the opportunity for juveniles to complete specific activities intended to restore victims and repair our community while simultaneously enabling juveniles to learn about the impact of their offenses and ways to avoid re-offending. The program is based on restorative practices and focuses on getting the juvenile to understand the harm that was caused, who was affected, and how to repair that harm. Meetings are held weekly and volunteers who serve as Board Members are trained in restorative practices as well as the juvenile justice process and interviewing skills. The volunteer board provides support and encouragement to the youth; those youth who successfully complete the program will have their cases closed, thereby eliminating the need for family court intervention. Participating youth have 60-90 days to complete the agreed upon JCAB contract.

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 2022-2023? If the program was approved in PY 2022-2023 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 10/1/2022 and 3/31/2023. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     | Total |
|------------------|--------------|----|-----------|-----|-----|-------|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |       |
| STSJP            | 0            | 20 | 0         | 0   | 0   | 20    |
| STSJP-RTA        | 0            | 4  | 0         | 0   | 0   | 4     |
| Total            | 0            | 24 | 0         | 0   | 0   | 24    |

3. Based on the program's record of youth served, do you anticipate this program serving more or less than its projected capacity on 9/30/2023? Please explain:  
 The STSJP portion of the program is on track to meet projected capacity. While the RTA portion of the program operated under capacity during the first period, referrals have since increased and it is likely to meet projections.

4. Please use the table to record the **average length of service (days)** for youth who exited the program between 10/1/2022 and 3/31/2023. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     |
|------------------|--------------|----|-----------|-----|-----|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |
| STSJP            | 0            | 95 | 0         | 0   | 0   |
| STSJP-RTA        | 0            | 77 | 0         | 0   | 0   |

5. How does the average length of service compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length of stay for youth who were in detention and residential placements during the same time period.  
 The length of service was as expected for an Early Intervention program, with RTA youth completing the program slightly earlier than STSJP youth.

6. Will this program's outcomes meet the PY 2022-2023 projected goals by 9/30/2023?

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

7. (a) What outcomes are on track to meet the goals set for PY 2022-2023?  
 (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2022-2023?  
 (b) Please describe any contributing barriers:

9. What changes have been made to overcome the barriers identified in Q.8. so that the program can achieve its desired goals for PY 2023-2024?

**D. Program 1 Service Projections for PY 2023-2024**

1. Please use the table to indicate the **projected number of youth to be served** by the program for PY 2023-2024. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     | Total |
|------------------|--------------|----|-----------|-----|-----|-------|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |       |
| STSJP            | 0            | 32 | 0         | 0   | 0   | 32    |
| STSJP-RTA        | 0            | 20 | 0         | 0   | 0   | 20    |
| Total            | 0            | 52 | 0         | 0   | 0   | 52    |

| <b>PROGRAM</b>  | <b>2</b>   |  |           |  |                          |                          |                |                          |                                     |                         |                          |                                     |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
|---|--|--|-----------|--|--------------------------|--------------------------|----------------|--------------------------|-------------------------------------|-------------------------|--------------------------|-------------------------------------|--|--------------------------|-------------------------------------|--------------------------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|-------------------|
| <b>A. Program 2 Contact Information</b>   |  |  |           |  |                          |                          |                |                          |                                     |                         |                          |                                     |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| Program 2 Name: Juvenile Reporting & Family Center  |  |  |           |  |                          |                          |                |                          |                                     |                         |                          |                                     |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| Operating Agency: Albany County Probation   |  |  |           |  |                          |                          |                |                          |                                     |                         |                          |                                     |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| Program Mailing Address: 60 South Pearl Street  |  |  |           |  |                          |                          |                |                          |                                     |                         |                          |                                     |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| Address Line 2:   |  |  |           |  |                          |                          |                |                          |                                     |                         |                          |                                     |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| City: Albany  | State: <b>NY</b> Zip Code: 12207                     |  |           |  |                          |                          |                |                          |                                     |                         |                          |                                     |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| Program Contact's Name: Michael O'Connor  | Title: Principal Probation Officer                   |  |           |  |                          |                          |                |                          |                                     |                         |                          |                                     |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| Phone: (518) 487-5314   | Ext.: (    )      Email: moconnor@albanycountyny.gov |  |           |  |                          |                          |                |                          |                                     |                         |                          |                                     |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| <b>B. Program 2 Description and Target Population</b>   |  |  |           |  |                          |                          |                |                          |                                     |                         |                          |                                     |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| <p>1. A Family Support Services (FSS) program may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS; or children under 12 years of age who do not meet the definition of a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the Family Court Act (FCA). This program meets the legal definition of an FSS program (Social Services Law Section 458-m) and will operate in this capacity for PY 2023-2024.</p> <p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>  |  |  |           |  |                          |                          |                |                          |                                     |                         |                          |                                     |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| <p>2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2023-2024:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">STSJP</th> <th style="width: 10%;">STSJP-RTA</th> <th style="width: 80%;"></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Prevention (P)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Early Intervention (EI)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Alternative to Detention/Pre-Dispositional Placement (ATD/ATPDP)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Alternative to Placement (ATP)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Reentry/Aftercare (R/A)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Indirect Services</td> </tr> </tbody> </table> <p><b>*Note:</b> If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program. Additionally, children under 12 years of age who do not meet the definition of either a PINS or a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the FCA, may only be served through the Prevention and Early Intervention service domains.</p> |  | STSJP  | STSJP-RTA |  | <input type="checkbox"/> | <input type="checkbox"/> | Prevention (P) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Early Intervention (EI) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Alternative to Detention/Pre-Dispositional Placement (ATD/ATPDP) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Alternative to Placement (ATP) | <input type="checkbox"/> | <input type="checkbox"/> | Reentry/Aftercare (R/A) | <input type="checkbox"/> | <input type="checkbox"/> | Indirect Services |
| STSJP   | STSJP-RTA  |  |           |  |                          |                          |                |                          |                                     |                         |                          |                                     |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| <input type="checkbox"/>  | <input type="checkbox"/>                             | Prevention (P)   |           |  |                          |                          |                |                          |                                     |                         |                          |                                     |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/>                  | Early Intervention (EI)  |           |  |                          |                          |                |                          |                                     |                         |                          |                                     |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/>                  | Alternative to Detention/Pre-Dispositional Placement (ATD/ATPDP) |           |  |                          |                          |                |                          |                                     |                         |                          |                                     |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/>                  | Alternative to Placement (ATP)                                   |           |  |                          |                          |                |                          |                                     |                         |                          |                                     |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| <input type="checkbox"/>  | <input type="checkbox"/>                             | Reentry/Aftercare (R/A)  |           |  |                          |                          |                |                          |                                     |                         |                          |                                     |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| <input type="checkbox"/>  | <input type="checkbox"/>                             | Indirect Services  |           |  |                          |                          |                |                          |                                     |                         |                          |                                     |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| <p>3. Please list the ZIP codes this program will target:</p> <p>The program is open to all Albany County youth, with the majority of participants residing in the following zip codes: 12202, 12206</p>  |  |  |           |  |                          |                          |                |                          |                                     |                         |                          |                                     |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| <p>4. Describe the program, including how it is family focused. If you answered "Yes" to Q.1. Family Support Services program, be sure to demonstrate how your program meets each requirement of the legislation. Also, please explain how each of the service types selected in Q.2. 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 <i>STSJP Annual Plan Development Guide</i> for additional guidance.)</p> <p>The JRFC is an evening reporting center model that serves as an early intervention diversion program, as well as an ATD/ATPDP and ATP for RTA youth. Program is offered at the LaSalle School and provides structured, supervised, age appropriate Positive Youth Development activities for youth involved with the program. This program introduces youth to skills, activities and opportunities, taps into their strengths, and fosters appropriate peer and adult relationships. In addition, Probation plays a supporting role and provides Evidence Based Programming to youth involved with the JRFC while also acting as a liaison between the program, the family, and the youth to ensure the youth attends all court appearances, does not commit a new JD offense, and are not ordered to detention or placement during the pendency of the case.</p>   |  |  |           |  |                          |                          |                |                          |                                     |                         |                          |                                     |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| <p>5. Is the program capable of being replicated across multiple locations?    <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>   |  |  |           |  |                          |                          |                |                          |                                     |                         |                          |                                     |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| <b>C. Program 2 Performance History (Refer to your municipality's STSJP data files.)</b>  |  |  |           |  |                          |                          |                |                          |                                     |                         |                          |                                     |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |



1. What, if any, funding did this program receive in PY 2022-2023? If the program was approved in PY 2022-2023 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 10/1/2022 and 3/31/2023. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     | Total |
|------------------|--------------|----|-----------|-----|-----|-------|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |       |
| STSJP            | 0            | 0  | 0         | 0   | 0   | 0     |
| STSJP-RTA        | 0            | 2  | 3         | 3   | 0   | 8     |
| Total            | 0            | 2  | 3         | 3   | 0   | 8     |

3. Based on the program's record of youth served, do you anticipate this program serving more or less than its projected capacity on 9/30/2023? Please explain:  
 Due to an increase in referrals following the first reporting period, the program is likely to meet expected capacity.

4. Please use the table to record the **average length of service (days)** for youth who exited the program between 10/1/2022 and 3/31/2023. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     |
|------------------|--------------|----|-----------|-----|-----|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |
| STSJP            | 0            | 0  | 0         | 0   | 0   |
| STSJP-RTA        | 0            | 54 | 42        | 8   | 0   |

5. How does the average length of service compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length of stay for youth who were in detention and residential placements during the same time period.  
 The length of service is generally as expected. However, one youth left the program early which skewed the numbers.

6. Will this program's outcomes meet the PY 2022-2023 projected goals by 9/30/2023?  
 Yes. (If yes, skip to section D.)     Partially     No

7. (a) What outcomes are on track to meet the goals set for PY 2022-2023?  
 (b) How will they be met?  
 Due to the small number of youth being discharged from the program, it is difficult to accurately access outcomes. Of the 6 youth who completed the program, 4 of them met all program goals.

8. (a) What outcomes are not on track to meet the goals set for PY 2022-2023?  
 (b) Please describe any contributing barriers:  
 Due to the small number of youth being discharged from the program, it is difficult to accurately access outcomes. Two youth failed to meet the program goals due to a re-arrest and detention admission.

9. What changes have been made to overcome the barriers identified in Q.8. so that the program can achieve its desired goals for PY 2023-2024?  
 The program has had difficulty recruiting and retaining staff, which has impacted service delivery. The hiring and training of staff has become a priority and it is believed moving forward, this will no longer be a concern. In addition, Probation has taken a much more active role in the service delivery part of this program and will continue to supplement staffing needs for this program should any arise.

**Program 2 Service Projections for PY 2023-2024**

1. Please use the table to indicate the **projected number of youth to be served** by the program for PY 2023-2024. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     | Total |
|------------------|--------------|----|-----------|-----|-----|-------|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |       |
| STSJP            | 0            | 0  | 0         | 0   | 0   | 0     |
| STSJP-RTA        | 0            | 8  | 7         | 5   | 0   | 20    |
| Total            | 0            | 8  | 7         | 5   | 0   | 20    |

**PROGRAM 3**

**A. Program 3 Contact Information**

Program 3 Name: Reintegration Services

Operating Agency: Youth L.I.F.E. Support Network

Program Mailing Address: PO Box 5785

Address Line 2:

|  |                  |                             |
|--|------------------|-----------------------------|
| City: Albany                           | State: <b>NY</b> | ZIP Code: 12205             |
| Program Contact's Name: Jamel Muhammad |                  | Title: President            |
| Phone: (518) 299-1015                  | Ext:             | Email: j.muhammad@ylsny.org |

**B. Program 3 Description and Target Population**

1. A Family Support Services (FSS) program may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS; or children under 12 years of age who do not meet the definition of a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the Family Court Act (FCA). This program meets the legal definition of an FSS program (Social Services Law Section 458-m) and will operate in this capacity for PY 2023-2024.

Yes     No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2023-2024:

| 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 checked="" 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. Additionally, children under 12 years of age who do not meet the definition of either a PINS or a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the FCA, may only be served through the Prevention and Early Intervention service domains.

3. Please list the ZIP codes this program will target:  
 The program is open to all Albany County youth, with the majority of participants residing in the 12206 zip code.

4. Describe the program, including how it is family focused. If you answered “Yes” to Q.1. Family Support Services program, be sure to demonstrate how your program meets each requirement of the legislation. Also, please explain how each of the service types selected in Q.2. 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 Reintegration Services Program is a direct intervention consistent with the Risk-Need-Responsivity Framework and the Reintegration Continuum model. It is available to Albany County youth who are adjudicated as a JD and are placed in the custody of ACDCYF. Utilizing a Credible Messenger Model, the service will rapidly engage youth and their families within 24 hours of placement with the sole purpose of reintegrating the youth back into the community upon discharge.

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 2022-2023? If the program was approved in PY 2022-2023 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 10/1/2022 and 3/31/2023. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     | Total |
|------------------|--------------|----|-----------|-----|-----|-------|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |       |
| STSJP            | 0            | 0  | 0         | 0   | 7   | 7     |
| STSJP-RTA        | 0            | 0  | 0         | 0   | 0   | 0     |
| Total            | 0            | 0  | 0         | 0   | 7   | 7     |

3. Based on the program's record of youth served, do you anticipate this program serving more or less than its projected capacity on 9/30/2023? Please explain:

The program will not meet projected capacity. Due to a decrease in the number of youth being referred to placement and duplication of services through Family's first initiative, the decision has been made to discontinue this program when the contract ends in December.

4. Please use the table to record the **average length of service (days)** for youth who exited the program between 10/1/2022 and 3/31/2023. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     |
|------------------|--------------|----|-----------|-----|-----|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |
| STSJP            | 0            | 0  | 0         | 0   | 342 |
| STSJP-RTA        | 0            | 0  | 0         | 0   | 342 |

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

The length of service is as expected.

6. Will this program's outcomes meet the PY 2022-2023 projected goals by 9/30/2023?

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

7. (a) What outcomes are on track to meet the goals set for PY 2022-2023?

(b) How will they be met?

Due to the small number of youth discharged from the program during the period, it is difficult to accurately access outcomes. Of the 3 youth discharged during the period, 1 met all program goals.

8. (a) What outcomes are not on track to meet the goals set for PY 2022-2023?

(b) Please describe any contributing barriers:

Due to the small number of youth discharged from the program during the period, it is difficult to accurately access outcomes. Of the 3 youth who were discharged, 1 was rearrested and detained during the period.

9. What changes have been made to overcome the barriers identified in Q.8. so that the program can achieve its desired goals for PY 2023-2024?

Funding for this program will not continue past December 2023.

**D. Program 3 Service Projections for PY 2023-2024**

1. Please use the table to indicate the **projected number of youth to be served** by the program for PY 2023-2024. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     | Total |
|------------------|--------------|----|-----------|-----|-----|-------|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |       |
| STSJP            | 0            | 0  | 0         | 0   | 2   | 2     |
| STSJP-RTA        | 0            | 0  | 0         | 0   | 0   | 0     |
| Total            | 0            | 0  | 0         | 0   | 2   | 2     |



| <b>PROGRAM</b>  | <b>4</b>   |  |           |  |                          |                          |                |                                     |                          |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
|---|--|--|-----------|--|--------------------------|--------------------------|----------------|-------------------------------------|--------------------------|-------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|-------------------|
| <b>A. Program 4 Contact Information</b>   |  |  |           |  |                          |                          |                |                                     |                          |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| Program 4 Name: Parent Partner Services   |  |  |           |  |                          |                          |                |                                     |                          |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| Operating Agency: Cayuga Centers  |  |  |           |  |                          |                          |                |                                     |                          |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| Program Mailing Address: 5 Computer Drive West  |  |  |           |  |                          |                          |                |                                     |                          |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| Address Line 2:   |  |  |           |  |                          |                          |                |                                     |                          |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| City: Albany  | State: <b>NY</b> Zip Code: 12205                       |  |           |  |                          |                          |                |                                     |                          |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| Program Contact's Name: Cindi Pagan   | Title: Vice President of Community Based Interventions |  |           |  |                          |                          |                |                                     |                          |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| Phone: (518) 401-1104      Ext.: (    )   | Email: cindi.pagan@cayugacenter.org                    |  |           |  |                          |                          |                |                                     |                          |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <b>B. Program 4 Description and Target Population</b>   |  |  |           |  |                          |                          |                |                                     |                          |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <p>1. A Family Support Services (FSS) program may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS; or children under 12 years of age who do not meet the definition of a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the Family Court Act (FCA). This program meets the legal definition of an FSS program (Social Services Law Section 458-m) and will operate in this capacity for PY 2023-2024.</p> <p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>  |  |  |           |  |                          |                          |                |                                     |                          |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <p>2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2023-2024:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">STSJP</th> <th style="width: 10%;">STSJP-RTA</th> <th style="width: 80%;"></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Prevention (P)</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Early Intervention (EI)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Alternative to Detention/Pre-Dispositional Placement (ATD/ATPDP)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Alternative to Placement (ATP)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Reentry/Aftercare (R/A)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Indirect Services</td> </tr> </tbody> </table> <p><b>*Note:</b> If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program. Additionally, children under 12 years of age who do not meet the definition of either a PINS or a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the FCA, may only be served through the Prevention and Early Intervention service domains.</p> |  | 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 |
| 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  |           |  |                          |                          |                |                                     |                          |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <p>3. Please list the ZIP codes this program will target:</p> <p>The program is open to all Albany County youth, with the majority of participants residing in the following zip codes: 12206, 12209, 12203, 12205</p>  |  |  |           |  |                          |                          |                |                                     |                          |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <p>4. Describe the program, including how it is family focused. If you answered "Yes" to Q.1. Family Support Services program, be sure to demonstrate how your program meets each requirement of the legislation. Also, please explain how each of the service types selected in Q.2. 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 <i>STSJP Annual Plan Development Guide</i> for additional guidance.)</p> <p>A Parent Partner is someone who has gained a unique set of skills and knowledge based on their personal experience in advocating for their own child(ren) who have been involved in one or more formal service systems. The Parent Partner will assist families by engaging them and offering empathy, support, encouragement, information, and advocacy as to what to expect from service providers within the Juvenile Justice System. The Parent Partner will assist families in accessing needed resources based on their assessment and screening. The Parent Partner works with the caregivers of youth at risk or alleged to be PINS or JD in order to prevent further penetration into the Juvenile Justice System. The service is also available as part of the RTLA differential response for youth under the age of 12 who engage in behavior that would be considered a crime, but for their age.</p>  |  |  |           |  |                          |                          |                |                                     |                          |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |

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 2022-2023? If the program was approved in PY 2022-2023 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 10/1/2022 and 3/31/2023. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     | Total |
|------------------|--------------|----|-----------|-----|-----|-------|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |       |
| STSJP            | 0            | 34 | 0         | 0   | 0   | 34    |
| STSJP-RTA        | 0            | 0  | 0         | 0   | 0   | 0     |
| Total            | 0            | 34 | 0         | 0   | 0   | 34    |

3. Based on the program's record of youth served, do you anticipate this program serving more or less than its projected capacity on 9/30/2023? Please explain:  
 Due to the popularity of this program, it has already exceeded the expected number of youth to be served.

4. Please use the table to record the **average length of service (days)** for youth who exited the program between 10/1/2022 and 3/31/2023. Enter zero (0) if not applicable.

| Approved Funding | Program Type |     |           |     |     |
|------------------|--------------|-----|-----------|-----|-----|
|                  | P            | EI  | ATD/ATPDP | ATP | R/A |
| STSJP            | 0            | 268 | 0         | 0   | 0   |
| STSJP-RTA        | 0            | 0   | 0         | 0   | 0   |

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

6. Will this program's outcomes meet the PY 2022-2023 projected goals by 9/30/2023?  
 Yes. (If yes, skip to section D.)  Partially  No

7. (a) What outcomes are on track to meet the goals set for PY 2022-2023?  
 (b) How will they be met?  
 The program met or exceeded all goals except those related to truancy and school suspension.

8. (a) What outcomes are not on track to meet the goals set for PY 2022-2023?  
 (b) Please describe any contributing barriers:  
 The program fell just short of meeting the goals related to truancy and school suspension. Several of the youth referred to the program have significant history related truancy and school suspension and while they have made improvements, they have not been able to meet projected outcomes.

9. What changes have been made to overcome the barriers identified in Q.8. so that the program can achieve its desired goals for PY 2023-2024?  
 The county is currently exploring strategies to address chronic truancy, which will benefit this program.

**D. Program 4 Service Projections for PY 2023-2024**

1. Please use the table to indicate the **projected number of youth to be served** by the program for PY 2023-2024. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     | Total |
|------------------|--------------|----|-----------|-----|-----|-------|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |       |
| STSJP            | 0            | 30 | 0         | 0   | 0   | 30    |
| STSJP-RTA        | 0            | 0  | 0         | 0   | 0   | 0     |
| Total            | 0            | 30 | 0         | 0   | 0   | 30    |



| <b>PROGRAM</b>  | <b>5</b>                            |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
|---|-------------------------------------|--|-----------|--|--------------------------|--------------------------|----------------|--------------------------|-------------------------------------|-------------------------|--------------------------|--------------------------|--|--------------------------|-------------------------------------|--------------------------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|-------------------|
| <b>A. Program 5 Contact Information</b>   |                                     |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| Program 5 Name: Multisystemic Therapy (MST)   |                                     |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| Operating Agency: Cayuga Centers  |                                     |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| Program Mailing Address: 5 Computer Drive West  |                                     |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| Address Line 2: Suite 203   |                                     |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| City: Albany  | State: <b>NY</b>                    |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| Zip Code: 12205   |                                     |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| Program Contact's Name: Cindi Pagan   |                                     |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| Title: Vice President of Community Based Interventions  |                                     |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| Phone: (518) 401-1104   | Ext.: ( )                           |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| Email: cindi.pagan@cayugacenter.org   |                                     |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| <b>B. Program 5 Description and Target Population</b>   |                                     |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| <p>1. A Family Support Services (FSS) program may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS; or children under 12 years of age who do not meet the definition of a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the Family Court Act (FCA). This program meets the legal definition of an FSS program (Social Services Law Section 458-m) and will operate in this capacity for PY 2023-2024.</p> <p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>  |                                     |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| <p>2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2023-2024:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9d9e9;"> <th style="width: 10%;">STSJP</th> <th style="width: 10%;">STSJP-RTA</th> <th style="width: 80%;"></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Prevention (P)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Early Intervention (EI)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Alternative to Detention/Pre-Dispositional Placement (ATD/ATPDP)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Alternative to Placement (ATP)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Reentry/Aftercare (R/A)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Indirect Services</td> </tr> </tbody> </table> <p><b>*Note:</b> If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program. Additionally, children under 12 years of age who do not meet the definition of either a PINS or a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the FCA, may only be served through the Prevention and Early Intervention service domains.</p> |                                     | STSJP  | STSJP-RTA |  | <input type="checkbox"/> | <input type="checkbox"/> | Prevention (P) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Early Intervention (EI) | <input type="checkbox"/> | <input type="checkbox"/> | Alternative to Detention/Pre-Dispositional Placement (ATD/ATPDP) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Alternative to Placement (ATP) | <input type="checkbox"/> | <input type="checkbox"/> | Reentry/Aftercare (R/A) | <input type="checkbox"/> | <input type="checkbox"/> | Indirect Services |
| STSJP   | STSJP-RTA                           |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| <input type="checkbox"/>  | <input type="checkbox"/>            | Prevention (P)   |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Early Intervention (EI)  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| <input type="checkbox"/>  | <input type="checkbox"/>            | Alternative to Detention/Pre-Dispositional Placement (ATD/ATPDP) |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> | Alternative to Placement (ATP)                                   |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| <input type="checkbox"/>  | <input type="checkbox"/>            | Reentry/Aftercare (R/A)  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| <input type="checkbox"/>  | <input type="checkbox"/>            | Indirect Services  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| <p>3. Please list the ZIP codes this program will target:</p> <p>The program is open to all Albany County youth, with the majority of participants residing in the following zip codes: 12208, 12084</p>  |                                     |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| <p>4. Describe the program, including how it is family focused. If you answered "Yes" to Q.1. Family Support Services program, be sure to demonstrate how your program meets each requirement of the legislation. Also, please explain how each of the service types selected in Q.2. 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 <i>STSJP Annual Plan Development Guide</i> for additional guidance.)</p> <p>MST is an intensive, evidenced based model of home based family therapy that will serve RTA youth. This outcome-driven therapy is based on identifying and working with the strengths of the family to reach defined goals that will assist them in overcoming barriers. This therapy model involves all family members working together to avoid the youth's further penetration into the system and prevent out of home placement. MST is a pragmatic and goal-oriented treatment that specifically targets those factors in each youth's network that are contributing to his or her antisocial behavior.</p>   |                                     |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| <p>5. Is the program capable of being replicated across multiple locations?    <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>   |                                     |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| <b>C. Program 5 Performance History (Refer to your municipality's STSJP data files.)</b>  |                                     |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |

1. What, if any, funding did this program receive in PY 2022-2023? If the program was approved in PY 2022-2023 but was not implemented or is anticipated to serve no youth, please choose None.  
 None (If none, skip to section D.)     STSJJP     STSJJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2022 and 3/31/2023. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     | Total |
|------------------|--------------|----|-----------|-----|-----|-------|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |       |
| STSJJP           | 0            | 0  | 0         | 0   | 0   | 0     |
| STSJJP-RTA       | 0            | 1  | 0         | 1   | 0   | 2     |
| Total            | 0            | 1  | 0         | 1   | 0   | 2     |

3. Based on the program's record of youth served, do you anticipate this program serving more or less than its projected capacity on 9/30/2023? Please explain:  
 The program is not likely to meet capacity. Referrals have been limited to a lack of availability within the program. Efforts are underway to expand access to this program and to help increase awareness of this programs and to help identify youth and families who would benefit from it.

4. Please use the table to record the **average length of service (days)** for youth who exited the program between 10/1/2022 and 3/31/2023. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     |
|------------------|--------------|----|-----------|-----|-----|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |
| STSJJP           | 0            | 0  | 0         | 0   | 0   |
| STSJJP-RTA       | 0            | 0  | 0         | 0   | 0   |

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

n/a There have been no discharges from the program during the reporting period.

6. Will this program's outcomes meet the PY 2022-2023 projected goals by 9/30/2023?

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

7. (a) What outcomes are on track to meet the goals set for PY 2022-2023?

(b) How will they be met?

n/a There have been no discharges from the program during the reporting period.

8. (a) What outcomes are not on track to meet the goals set for PY 2022-2023?

(b) Please describe any contributing barriers:

n/a There have been no discharges from the program during the reporting period.

9. What changes have been made to overcome the barriers identified in Q.8. so that the program can achieve its desired goals for PY 2023-2024?

n/a There have been no discharges from the program during the reporting period.

**D. Program 5 Service Projections for PY 2023-2024**

1. Please use the table to indicate the **projected number of youth to be served** by the program for PY 2023-2024. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     | Total |
|------------------|--------------|----|-----------|-----|-----|-------|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |       |
| STSJP            | 0            | 0  | 0         | 0   | 0   | 0     |
| STSJP-RTA        | 0            | 7  | 0         | 4   | 0   | 11    |
| Total            | 0            | 7  | 0         | 4   | 0   | 11    |

|                |          |
|----------------|----------|
| <b>PROGRAM</b> | <b>6</b> |
|----------------|----------|

**A. Program 6 Contact Information**

|  |                  |  |
|--|------------------|--|
| Program 6 Name: PINS/JD Probation Service            |                  |  |
| Operating Agency: Albany County Probation Department |                  |  |
| Program Mailing Address: 60 South Pearl Street       |                  |  |
| Address Line 2:                                      |                  |  |
| City: Albany   | State: <b>NY</b> | Zip Code: 12207                            |
| Program Contact's Name: Michael O'Connor             |                  | Title: Principal Probation Officer         |
| Phone: (518) 487-5314                                | Ext.: (    )     | Email: Michael.O'Connor@albanycountyny.gov |

**B. Program 6 Description and Target Population**

1. A Family Support Services (FSS) program may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS; or children under 12 years of age who do not meet the definition of a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the Family Court Act (FCA). This program meets the legal definition of an FSS program (Social Services Law Section 458-m) and will operate in this capacity for PY 2023-2024.

Yes     No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2023-2024:

| 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 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. Additionally, children under 12 years of age who do not meet the definition of either a PINS or a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the FCA, may only be served through the Prevention and Early Intervention service domains.

3. Please list the ZIP codes this program will target:  
 The program is open to all Albany County youth, with the majority of participants residing in the following zip codes: 12206, 12202

4. Describe the program, including how it is family focused. If you answered "Yes" to Q.1. Family Support Services program, be sure to demonstrate how your program meets each requirement of the legislation. Also, please explain how each of the service types selected in Q.2. 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 PINS/JD Probation Service will focus on providing pre-diversion, diversion, and supervision services to youth at risk of becoming, alleged to be, or are adjudicated as a PINS or JD to prevent further penetration into the Juvenile Justice System for youth at risk of court involvement and to prevent out of home placement for youth already adjudicated. Two Probation Officers will continue to act as liaisons to the Juvenile Reporting and Family Center and will not only supervise youth assigned to that program but will also assist with providing programming at that Center. Their duties will also be expanded to include providing enhanced supervision for JD and PINS youth who are presenting as medium or high risk, especially in the area of school related PINS. These two Probation Officers will also provide runaway response services to help identify and locate youth who have been reported

missing in an effort to avoid court intervention. This year, the officer's duties will be expanded to help assist with the implementation of youth focus groups/advisory board as needed.

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 2022-2023? If the program was approved in PY 2022-2023 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 10/1/2022 and 3/31/2023. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     | Total |
|------------------|--------------|----|-----------|-----|-----|-------|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |       |
| STSJP            | 0            | 42 | 0         | 5   | 0   | 47    |
| STSJP-RTA        | 0            | 0  | 0         | 0   | 0   | 0     |
| Total            | 0            | 42 | 0         | 5   | 0   | 47    |

3. Based on the program's record of youth served, do you anticipate this program serving more or less than its projected capacity on 9/30/2023? Please explain:  
 This program is currently operating above anticipated capacity.

4. Please use the table to record the **average length of service (days)** for youth who exited the program between 10/1/2022 and 3/31/2023. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     |
|------------------|--------------|----|-----------|-----|-----|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |
| STSJP            | 0            | 62 | 0         | 64  | 0   |
| STSJP-RTA        | 0            | 0  | 0         | 0   | 0   |

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

6. Will this program's outcomes meet the PY 2022-2023 projected goals by 9/30/2023?  
 Yes. (If yes, skip to section D.)  Partially  No

7. (a) What outcomes are on track to meet the goals set for PY 2022-2023?  
 (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2022-2023?  
 (b) Please describe any contributing barriers:

9. What changes have been made to overcome the barriers identified in Q.8. so that the program can achieve its desired goals for PY 2023-2024?

**D. Program 6 Service Projections for PY 2023-2024**

1. Please use the table to indicate the **projected number of youth to be served** by the program for PY 2023-2024. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     | Total |
|------------------|--------------|----|-----------|-----|-----|-------|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |       |
| STSJP            | 0            | 30 | 0         | 10  | 0   | 40    |
| STSJP-RTA        | 0            | 0  | 0         | 0   | 0   | 0     |
| Total            | 0            | 30 | 0         | 10  | 0   | 40    |

| <b>PROGRAM</b>   | <b>7</b>  |  |           |  |                          |                          |                |                                     |                                     |                         |                                     |                                     |  |                                     |                                     |                                |                          |                          |                         |                          |                          |                   |
|--|---|--|-----------|--|--------------------------|--------------------------|----------------|-------------------------------------|-------------------------------------|-------------------------|-------------------------------------|-------------------------------------|--|-------------------------------------|-------------------------------------|--------------------------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|-------------------|
| <b>A. Program 7 Contact Information</b>  |   |  |           |  |                          |                          |                |                                     |                                     |                         |                                     |                                     |  |                                     |                                     |                                |                          |                          |                         |                          |                          |                   |
| Program 7 Name: Participants Achieving Through Hard Work (PATH) Program  |   |  |           |  |                          |                          |                |                                     |                                     |                         |                                     |                                     |  |                                     |                                     |                                |                          |                          |                         |                          |                          |                   |
| Operating Agency: Parsons Child and Family Center  |   |  |           |  |                          |                          |                |                                     |                                     |                         |                                     |                                     |  |                                     |                                     |                                |                          |                          |                         |                          |                          |                   |
| Program Mailing Address: 60 Academy Road   |   |  |           |  |                          |                          |                |                                     |                                     |                         |                                     |                                     |  |                                     |                                     |                                |                          |                          |                         |                          |                          |                   |
| Address Line 2:  |   |  |           |  |                          |                          |                |                                     |                                     |                         |                                     |                                     |  |                                     |                                     |                                |                          |                          |                         |                          |                          |                   |
| City: Albany   | State: <b>NY</b> Zip Code: 12208                            |  |           |  |                          |                          |                |                                     |                                     |                         |                                     |                                     |  |                                     |                                     |                                |                          |                          |                         |                          |                          |                   |
| Program Contact's Name: Marilyn Anderson   | Title: Director, Albany Prevention                          |  |           |  |                          |                          |                |                                     |                                     |                         |                                     |                                     |  |                                     |                                     |                                |                          |                          |                         |                          |                          |                   |
| Phone: (518) 573-0633  | Ext.: (    )      Email: marilyn.anderson@nothernrivers.org |  |           |  |                          |                          |                |                                     |                                     |                         |                                     |                                     |  |                                     |                                     |                                |                          |                          |                         |                          |                          |                   |
| <b>B. Program 7 Description and Target Population</b>  |   |  |           |  |                          |                          |                |                                     |                                     |                         |                                     |                                     |  |                                     |                                     |                                |                          |                          |                         |                          |                          |                   |
| <p>1. A Family Support Services (FSS) program may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS; or children under 12 years of age who do not meet the definition of a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the Family Court Act (FCA). This program meets the legal definition of an FSS program (Social Services Law Section 458-m) and will operate in this capacity for PY 2023-2024.</p> <p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>   |   |  |           |  |                          |                          |                |                                     |                                     |                         |                                     |                                     |  |                                     |                                     |                                |                          |                          |                         |                          |                          |                   |
| <p>2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2023-2024:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">STSJP</th> <th style="width: 10%;">STSJP-RTA</th> <th style="width: 80%;"></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Prevention (P)</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Early Intervention (EI)</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Alternative to Detention/Pre-Dispositional Placement (ATD/ATPDP)</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Alternative to Placement (ATP)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Reentry/Aftercare (R/A)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Indirect Services</td> </tr> </tbody> </table> <p><b>*Note:</b> If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program. Additionally, children under 12 years of age who do not meet the definition of either a PINS or a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the FCA, may only be served through the Prevention and Early Intervention service domains.</p> |   | STSJP  | STSJP-RTA |  | <input type="checkbox"/> | <input type="checkbox"/> | Prevention (P) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Early Intervention (EI) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Alternative to Detention/Pre-Dispositional Placement (ATD/ATPDP) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Alternative to Placement (ATP) | <input type="checkbox"/> | <input type="checkbox"/> | Reentry/Aftercare (R/A) | <input type="checkbox"/> | <input type="checkbox"/> | Indirect Services |
| STSJP  | STSJP-RTA   |  |           |  |                          |                          |                |                                     |                                     |                         |                                     |                                     |  |                                     |                                     |                                |                          |                          |                         |                          |                          |                   |
| <input type="checkbox"/>   | <input type="checkbox"/>                                    | Prevention (P)   |           |  |                          |                          |                |                                     |                                     |                         |                                     |                                     |  |                                     |                                     |                                |                          |                          |                         |                          |                          |                   |
| <input checked="" type="checkbox"/>  | <input checked="" type="checkbox"/>                         | Early Intervention (EI)  |           |  |                          |                          |                |                                     |                                     |                         |                                     |                                     |  |                                     |                                     |                                |                          |                          |                         |                          |                          |                   |
| <input checked="" type="checkbox"/>  | <input checked="" type="checkbox"/>                         | Alternative to Detention/Pre-Dispositional Placement (ATD/ATPDP) |           |  |                          |                          |                |                                     |                                     |                         |                                     |                                     |  |                                     |                                     |                                |                          |                          |                         |                          |                          |                   |
| <input checked="" type="checkbox"/>  | <input checked="" type="checkbox"/>                         | Alternative to Placement (ATP)                                   |           |  |                          |                          |                |                                     |                                     |                         |                                     |                                     |  |                                     |                                     |                                |                          |                          |                         |                          |                          |                   |
| <input type="checkbox"/>   | <input type="checkbox"/>                                    | Reentry/Aftercare (R/A)  |           |  |                          |                          |                |                                     |                                     |                         |                                     |                                     |  |                                     |                                     |                                |                          |                          |                         |                          |                          |                   |
| <input type="checkbox"/>   | <input type="checkbox"/>                                    | Indirect Services  |           |  |                          |                          |                |                                     |                                     |                         |                                     |                                     |  |                                     |                                     |                                |                          |                          |                         |                          |                          |                   |
| <p>3. Please list the ZIP codes this program will target:</p> <p>The program is open to all Albany County youth.</p>   |   |  |           |  |                          |                          |                |                                     |                                     |                         |                                     |                                     |  |                                     |                                     |                                |                          |                          |                         |                          |                          |                   |
| <p>4. Describe the program, including how it is family focused. If you answered "Yes" to Q.1. Family Support Services program, be sure to demonstrate how your program meets each requirement of the legislation. Also, please explain how each of the service types selected in Q.2. 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 <i>STSJP Annual Plan Development Guide</i> for additional guidance.)</p> <p>The PATH program was originally designed and is currently funded under RTA to provide enhanced case management services to the RTA population, while incorporating the use of community coaches/credible messengers/mentors. Parsons Child and Family Center currently administers this program and has collaborated with community based agencies to provide credible messengers who are members of the community in which they serve with real life experiences and will help in assisting youth and families navigate the juvenile justice system, all of which will be under the direct supervision and guidance of a case manager. STSJP funding for this program will be used to expand the use of this program for PINS youth as an early intervention, an alternative to pre-dispositional placement, and an alternative to placement. Additionally, this service will be available to children eligible under the RTLA differential response to prevent their entry into the juvenile justice or child welfare systems in the future. In addition, under RTA, two Probation Officers will be assigned to work directly with this program and will provide supervision and coordination for those RTA youth who are referred to PATH,</p>   |   |  |           |  |                          |                          |                |                                     |                                     |                         |                                     |                                     |  |                                     |                                     |                                |                          |                          |                         |                          |                          |                   |

many of who are presenting as high risk. Working closely with PATH, the goal of this program ultimately is to respond to each youth's individual needs, while maintaining them safely in the community, thereby reducing the need for Family Court Intervention for Intake/Diversion cases and for those youth already involved in Family Court, reducing the use of detention and out of home placement. Due to the popularity and success of the service, additional funding is being allocated to increase the number of slots available for PINS youth.

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 2022-2023? If the program was approved in PY 2022-2023 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 10/1/2022 and 3/31/2023. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     | Total |
|------------------|--------------|----|-----------|-----|-----|-------|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |       |
| STSJP            | 0            | 0  | 0         | 0   | 0   | 0     |
| STSJP-RTA        | 0            | 0  | 0         | 0   | 0   | 0     |
| Total            | 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 9/30/2023? Please explain:

4. Please use the table to record the **average length of service (days)** for youth who exited the program between 10/1/2022 and 3/31/2023. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     |
|------------------|--------------|----|-----------|-----|-----|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |
| STSJP            | 0            | 0  | 0         | 0   | 0   |
| STSJP-RTA        | 0            | 0  | 0         | 0   | 0   |

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

6. Will this program's outcomes meet the PY 2022-2023 projected goals by 9/30/2023?  
 Yes. (If yes, skip to section D.)  Partially  No

7. (a) What outcomes are on track to meet the goals set for PY 2022-2023?  
 (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2022-2023?  
 (b) Please describe any contributing barriers:

9. What changes have been made to overcome the barriers identified in Q.8. so that the program can achieve its desired goals for PY 2023-2024?

**D. Program 7 Service Projections for PY 2023-2024**



1. Please use the table to indicate the **projected number of youth to be served** by the program for PY 2023-2024. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     | Total |
|------------------|--------------|----|-----------|-----|-----|-------|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |       |
| STSJP            | 0            | 18 | 2         | 5   | 0   | 25    |
| STSJP-RTA        | 0            | 30 | 10        | 10  | 0   | 50    |
| Total            | 0            | 48 | 12        | 15  | 0   | 75    |

| <b>PROGRAM</b>   | <b>8</b>                                   |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
|--|--|--|-----------|--|--------------------------|--------------------------|----------------|--------------------------|-------------------------------------|-------------------------|--------------------------|--------------------------|--|--------------------------|-------------------------------------|--------------------------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|-------------------|
| <b>A. Program 8 Contact Information</b>  |  |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| Program 8 Name: RTA Senior Probation Officer   |  |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| Operating Agency: Albany County Probation Department   |  |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| Program Mailing Address: 60 South Pearl St   |  |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| Address Line 2:  |  |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| City: Albany   | State: <b>NY</b> Zip Code: 12207           |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| Program Contact's Name: Michael O'Connor   | Title: Principal Probation Officer         |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| Phone: (518) 487-5314      Ext.: (    )  | Email: Michael.O'connor@albanycountyny.gov |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| <b>B. Program 8 Description and Target Population</b>  |  |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| <p>1. A Family Support Services (FSS) program may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS; or children under 12 years of age who do not meet the definition of a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the Family Court Act (FCA). This program meets the legal definition of an FSS program (Social Services Law Section 458-m) and will operate in this capacity for PY 2023-2024.</p> <p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>   |  |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| <p>2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2023-2024:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">STSJP</th> <th style="width: 10%;">STSJP-RTA</th> <th style="width: 80%;"></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Prevention (P)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Early Intervention (EI)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Alternative to Detention/Pre-Dispositional Placement (ATD/ATPDP)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Alternative to Placement (ATP)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Reentry/Aftercare (R/A)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Indirect Services</td> </tr> </tbody> </table> <p><b>*Note:</b> If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program. Additionally, children under 12 years of age who do not meet the definition of either a PINS or a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the FCA, may only be served through the Prevention and Early Intervention service domains.</p> |  | STSJP  | STSJP-RTA |  | <input type="checkbox"/> | <input type="checkbox"/> | Prevention (P) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Early Intervention (EI) | <input type="checkbox"/> | <input type="checkbox"/> | Alternative to Detention/Pre-Dispositional Placement (ATD/ATPDP) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Alternative to Placement (ATP) | <input type="checkbox"/> | <input type="checkbox"/> | Reentry/Aftercare (R/A) | <input type="checkbox"/> | <input type="checkbox"/> | Indirect Services |
| STSJP  | STSJP-RTA                                  |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| <input type="checkbox"/>   | <input type="checkbox"/>                   | Prevention (P)   |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/>        | Early Intervention (EI)  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| <input type="checkbox"/>   | <input type="checkbox"/>                   | Alternative to Detention/Pre-Dispositional Placement (ATD/ATPDP) |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/>        | Alternative to Placement (ATP)                                   |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| <input type="checkbox"/>   | <input type="checkbox"/>                   | Reentry/Aftercare (R/A)  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| <input type="checkbox"/>   | <input type="checkbox"/>                   | Indirect Services  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| <p>3. Please list the ZIP codes this program will target:</p> <p>The program is open to all Albany County youth, with the majority of participants residing in the following zip codes: 12206, 12203</p>   |  |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |
| <p>4. Describe the program, including how it is family focused. If you answered "Yes" to Q.1. Family Support Services program, be sure to demonstrate how your program meets each requirement of the legislation. Also, please explain how each of the service types selected in Q.2. 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 <i>STSJP Annual Plan Development Guide</i> for additional guidance.)</p> <p>Originally funded under RTA to support expansion of the JCAB program, it is felt that this Senior Probation Officer would be best utilized providing any of the following services: screen new JD cases being referred to the Department by local police departments, assist in the planning and programming for these youth, assist in the training of new staff assigned to both Diversion and Formal Supervision units, manage a caseload consisting of high risk RTA youth, act as a liaison with local service providers, and assist in managing those programs funded under RTA dollars. In addition, this Senior Probation Officer will be active in the community providing supervision and case management of at risk RTA youth monitoring each child's behavior in the home, in school, and in the community in an effort to reduce the risk of court involvement and out of home placement. The duties of this Senior Probation Officer will be dictated to by the needs of the youth and Probation Department at any given time.</p>  |  |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                                     |                                |                          |                          |                         |                          |                          |                   |

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 2022-2023? If the program was approved in PY 2022-2023 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 10/1/2022 and 3/31/2023. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     | Total |
|------------------|--------------|----|-----------|-----|-----|-------|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |       |
| STSJP            | 0            | 0  | 0         | 0   | 0   | 0     |
| STSJP-RTA        | 0            | 6  | 3         | 5   | 0   | 14    |
| <b>Total</b>     | 0            | 6  | 3         | 5   | 0   | 14    |

3. Based on the program's record of youth served, do you anticipate this program serving more or less than its projected capacity on 9/30/2023? Please explain:  
 The program is on track to meet expected capacity.

4. Please use the table to record the **average length of service (days)** for youth who exited the program between 10/1/2022 and 3/31/2023. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     |
|------------------|--------------|----|-----------|-----|-----|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |
| STSJP            | 0            | 0  | 0         | 0   | 0   |
| STSJP-RTA        | 0            | 60 | 58        | 0   | 0   |

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

6. Will this program's outcomes meet the PY 2022-2023 projected goals by 9/30/2023?  
 Yes. (If yes, skip to section D.)  Partially  No

7. (a) What outcomes are on track to meet the goals set for PY 2022-2023?  
 (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2022-2023?  
 (b) Please describe any contributing barriers:

9. What changes have been made to overcome the barriers identified in Q.8. so that the program can achieve its desired goals for PY 2023-2024?

**D. Program 8 Service Projections for PY 2023-2024**

1. Please use the table to indicate the **projected number of youth to be served** by the program for PY 2023-2024. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     | Total |
|------------------|--------------|----|-----------|-----|-----|-------|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |       |
| STSJP            | 0            | 0  | 0         | 0   | 0   | 0     |
| STSJP-RTA        | 0            | 15 | 0         | 5   | 0   | 20    |
| Total            | 0            | 15 | 0         | 5   | 0   | 20    |

**PROGRAM 9**

**A. Program 9 Contact Information**

Program 9 Name: Program Support and Incentives

Operating Agency: Department for Children, Youth and Families

Program Mailing Address: 112 State St

Address Line 2:

City: Albany State: **NY** Zip Code: 12207

Program Contact's Name: Nicole Ward Title: Deputy Commissioner

Phone: (518) 487-4892 Ext.: ( ) Email: nicole.ward@albanycountyny.gov

**Program 9 Description and Target Population**

1. A Family Support Services (FSS) program may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS; or children under 12 years of age who do not meet the definition of a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the Family Court Act (FCA). This program meets the legal definition of an FSS program (Social Services Law Section 458-m) and will operate in this capacity for PY 2023-2024.

Yes  No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2023-2024:

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

**\*Note:** If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program. Additionally, children under 12 years of age who do not meet the definition of either a PINS or a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the FCA, may only be served through the Prevention and Early Intervention service domains.

3. Please list the ZIP codes this program will target:  
All of Albany County

4. Describe the program, including how it is family focused. If you answered "Yes" to Q.1. Family Support Services program, be sure to demonstrate how your program meets each requirement of the legislation. Also, please explain how each of the service types selected in Q.2. 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.)

Program Support and Incentives will be utilized as an enhancement to the services outlined in this plan. Incentives will be purchased to support the Graduated Response grid utilized by probation to reinforce positive youth behavior. These incentives will also be available to encourage families to participate in the DR-RTLA. Stipends will be provided to youth and families who participate in focus groups and/or advisory panels throughout the county. Funds will also be utilized to meet the concrete needs of youth and families who come in contact with the Juvenile Justice System by operating a resource closet at probation and providing care packages to youth at family court. Additionally, funds will be available to support juvenile justice initiatives and provide training/educational support opportunities as needed.

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

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

1. What, if any, funding did this program receive in PY 2022-2023? If the program was approved in PY 2022-2023 but was not implemented or is anticipated to serve no youth, please choose None.  
 None (If none, skip to section D.)     STSJJP     STSJJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2022 and 3/31/2023. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     | Total |
|------------------|--------------|----|-----------|-----|-----|-------|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |       |
| STSJJP           | 0            | 0  | 0         | 0   | 0   | 0     |
| STSJJP-RTA       | 0            | 0  | 0         | 0   | 0   | 0     |
| Total            | 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 9/30/2023? Please explain:  
n/a

4. Please use the table to record the **average length of service (days)** for youth who exited the program between 10/1/2022 and 3/31/2023. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     |
|------------------|--------------|----|-----------|-----|-----|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |
| STSJJP           | 0            | 0  | 0         | 0   | 0   |
| STSJJP-RTA       | 0            | 0  | 0         | 0   | 0   |

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

6. Will this program’s outcomes meet the PY 2022-2023 projected goals by 9/30/2023?  
 Yes. (If yes, skip to section D.)     Partially     No

7. (a) What outcomes are on track to meet the goals set for PY 2022-2023?  
(b) How will they be met?  
n/a

8. (a) What outcomes are not on track to meet the goals set for PY 2022-2023?  
(b) Please describe any contributing barriers:  
N/A

9. What changes have been made to overcome the barriers identified in Q.8. so that the program can achieve its desired goals for PY 2023-2024?  
n/a

**Program 9 Service Projections for PY 2023-2024**

1. Please use the table to indicate the **projected number of youth to be served** by the program for PY 2023-2024. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     | Total |
|------------------|--------------|----|-----------|-----|-----|-------|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |       |
| STSJJP           | 0            | 0  | 0         | 0   | 0   | 0     |
| STSJJP-RTA       | 0            | 0  | 0         | 0   | 0   | 0     |
| Total            | 0            | 0  | 0         | 0   | 0   | 0     |

**PROGRAM 10**

**A. Program 10 Contact Information**

Program 10 Name: Juvenile Justice Coordination and Research

Operating Agency: University at Albany - Center for Human Services Research (CHSR)

Program Mailing Address: Richardson Hall

Address Line 2: 135 Western Ave

|                                       |                  |                                  |
|---------------------------------------|------------------|----------------------------------|
| City: Albany                          | State: <b>NY</b> | Zip Code: 12203                  |
| Program Contact's Name: Susan Dietzel |                  | Title: Senior Research Scientist |
| Phone: (518) 591-8796                 | Ext.: ( )        | Email: sdietzel@albanyny.edu     |

**Program 10 Description and Target Population**

1. A Family Support Services (FSS) program may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS; or children under 12 years of age who do not meet the definition of a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the Family Court Act (FCA). This program meets the legal definition of an FSS program (Social Services Law Section 458-m) and will operate in this capacity for PY 2023-2024.

Yes     No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2023-2024:

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

**\*Note:** If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program. Additionally, children under 12 years of age who do not meet the definition of either a PINS or a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the FCA, may only be served through the Prevention and Early Intervention service domains.

3. Please list the ZIP codes this program will target:  
All of Albany County

4. Describe the program, including how it is family focused. If you answered "Yes" to Q.1. Family Support Services program, be sure to demonstrate how your program meets each requirement of the legislation. Also, please explain how each of the service types selected in Q.2. 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.)

Juvenile Justice Coordination Research will focus on utilizing data to drive decision making and improve juvenile justice practices in Albany County. This program will drill down into the data to highlight patterns and trends at the various decision making points in the juvenile justice arena. The goal will be to identify where the acute areas of focus need to be, pinpoint any gaps, and identify and recommend programs and services to address such. This program will also assist youth serving agencies with recording and analyzing their data.

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

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

1. What, if any, funding did this program receive in PY 2022-2023? If the program was approved in PY 2022-2023 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 10/1/2022 and 3/31/2023. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     | Total |
|------------------|--------------|----|-----------|-----|-----|-------|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |       |
| STSJP            | 0            | 0  | 0         | 0   | 0   | 0     |
| STSJP-RTA        | 0            | 0  | 0         | 0   | 0   | 0     |
| Total            | 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 9/30/2023? Please explain:  
N/A

4. Please use the table to record the **average length of service (days)** for youth who exited the program between 10/1/2022 and 3/31/2023. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     |
|------------------|--------------|----|-----------|-----|-----|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |
| STSJP            | 0            | 0  | 0         | 0   | 0   |
| STSJP-RTA        | 0            | 0  | 0         | 0   | 0   |

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

6. Will this program’s outcomes meet the PY 2022-2023 projected goals by 9/30/2023?  
 Yes. (If yes, skip to section D.)     Partially     No

7. (a) What outcomes are on track to meet the goals set for PY 2022-2023?  
 (b) How will they be met?  
 N/A

8. (a) What outcomes are not on track to meet the goals set for PY 2022-2023?  
 (b) Please describe any contributing barriers:  
 n/a

9. What changes have been made to overcome the barriers identified in Q.8. so that the program can achieve its desired goals for PY 2023-2024?  
 n/a

**Program 10 Service Projections for PY 2023-2024**

1. Please use the table to indicate the **projected number of youth to be served** by the program for PY 2023-2024. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     | Total |
|------------------|--------------|----|-----------|-----|-----|-------|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |       |
| STSJP            | 0            | 0  | 0         | 0   | 0   | 0     |
| STSJP-RTA        | 0            | 0  | 0         | 0   | 0   | 0     |
| Total            | 0            | 0  | 0         | 0   | 0   | 0     |



**PROGRAM 11**

**A. Program 11 Contact Information**

Program 11 Name: Youth Advisory Board

Operating Agency: Department for Children, Youth and Families

Program Mailing Address: 112 State St

Address Line 2:

|                                     |           |                                       |
|-------------------------------------|-----------|---------------------------------------|
| City: Albany                        | State: NY | Zip Code: 12207                       |
| Program Contact's Name: Nicole Ward |           | Title: Deputy Commissioner            |
| Phone: (518) 487-4892               | Ext.: ( ) | Email: nicole.ward@albanycountyny.gov |

**Program 11 Description and Target Population**

1. A Family Support Services (FSS) program may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS; or children under 12 years of age who do not meet the definition of a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the Family Court Act (FCA). This program meets the legal definition of an FSS program (Social Services Law Section 458-m) and will operate in this capacity for PY 2023-2024.

Yes  No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2023-2024:

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

**\*Note:** If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program. Additionally, children under 12 years of age who do not meet the definition of either a PINS or a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the FCA, may only be served through the Prevention and Early Intervention service domains.

3. Please list the ZIP codes this program will target:  
Countywide with a focus on 12206 and 12202

4. Describe the program, including how it is family focused. If you answered "Yes" to Q.1. Family Support Services program, be sure to demonstrate how your program meets each requirement of the legislation. Also, please explain how each of the service types selected in Q.2. 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.)

Albany County will contract with a local community based organizations to develop a Youth Advisory Board that will serve as a partner to the County regarding Juvenile Justice issues. The County will collaborate with a local youth focused grassroots organization to oversee the board. Funding will be used to support the development of the board and provide stipends for the participants. Youth residing in the neighborhoods of West Hill, West End, Arbor Hill and South End, including those with current or past juvenile justice involvement, will be identified for participation. Once the Youth Advisory Board becomes operational, the county will look to it to provide input on Juvenile Justice programming, policies and practices and partner with the board on the Juvenile Justice Steering Committee and other County initiatives.

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

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

1. What, if any, funding did this program receive in PY 2022-2023? If the program was approved in PY 2022-2023 but was not implemented or is anticipated to serve no youth, please choose None.  
 None (If none, skip to section D.)     STSJJP     STSJJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2022 and 3/31/2023. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     | Total |
|------------------|--------------|----|-----------|-----|-----|-------|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |       |
| STSJJP           | 0            | 0  | 0         | 0   | 0   | 0     |
| STSJJP-RTA       | 0            | 0  | 0         | 0   | 0   | 0     |
| Total            | 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 9/30/2023? Please explain:  
 n/a

4. Please use the table to record the **average length of service (days)** for youth who exited the program between 10/1/2022 and 3/31/2023. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     |
|------------------|--------------|----|-----------|-----|-----|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |
| STSJJP           |              |    |           |     |     |
| STSJJP-RTA       |              |    |           |     |     |

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.  
 n/a

6. Will this program’s outcomes meet the PY 2022-2023 projected goals by 9/30/2023?  
 Yes. (If yes, skip to section D.)     Partially     No

7. (a) What outcomes are on track to meet the goals set for PY 2022-2023?  
 (b) How will they be met?  
 n/a

8. (a) What outcomes are not on track to meet the goals set for PY 2022-2023?  
 (b) Please describe any contributing barriers:  
 n/a

9. What changes have been made to overcome the barriers identified in Q.8. so that the program can achieve its desired goals for PY 2023-2024?  
 n/a

**Program 11 Service Projections for PY 2023-2024**

1. Please use the table to indicate the **projected number of youth to be served** by the program for PY 2023-2024. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     | Total |
|------------------|--------------|----|-----------|-----|-----|-------|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |       |
| STSJJP           | 0            | 0  | 0         | 0   | 0   | 0     |
| STSJJP-RTA       | 0            | 0  | 0         | 0   | 0   | 0     |
| Total            | 0            | 0  | 0         | 0   | 0   | 0     |

**PROGRAM 12**

**A. Program 12 Contact Information**

Program 12 Name:

Operating Agency:

Program Mailing Address:

Address Line 2:

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

Program Contact's Name: Title:

Phone: ( ) Ext.: ( ) Email:

**Program 12 Description and Target Population**

1. A Family Support Services (FSS) program may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS; or children under 12 years of age who do not meet the definition of a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the Family Court Act (FCA). This program meets the legal definition of an FSS program (Social Services Law Section 458-m) and will operate in this capacity for PY 2023-2024.  
 Yes  No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2023-2024:

| 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. Additionally, children under 12 years of age who do not meet the definition of either a PINS or a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the FCA, may only be served through the Prevention and Early Intervention service domains.

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 Q.1. Family Support Services program, be sure to demonstrate how your program meets each requirement of the legislation. Also, please explain how each of the service types selected in Q.2. 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

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

1. What, if any, funding did this program receive in PY 2022-2023? If the program was approved in PY 2022-2023 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 10/1/2022 and 3/31/2023. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     | Total |
|------------------|--------------|----|-----------|-----|-----|-------|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |       |
| STSJP            |              |    |           |     |     |       |
| STSJP-RTA        |              |    |           |     |     |       |
| Total            |              |    |           |     |     |       |

3. Based on the program’s record of youth served, do you anticipate this program serving more or less than its projected capacity on 9/30/2023? Please explain:

4. Please use the table to record the **average length of service (days)** for youth who exited the program between 10/1/2022 and 3/31/2023. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     |
|------------------|--------------|----|-----------|-----|-----|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |
| STSJP            |              |    |           |     |     |
| STSJP-RTA        |              |    |           |     |     |

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 2022-2023 projected goals by 9/30/2023?

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

7. (a) What outcomes are on track to meet the goals set for PY 2022-2023?  
 (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2022-2023?  
 (b) Please describe any contributing barriers:

9. What changes have been made to overcome the barriers identified in Q.8. so that the program can achieve its desired goals for PY 2023-2024?

**Program 12 Service Projections for PY 2023-2024**

1. Please use the table to indicate the **projected number of youth to be served** by the program for PY 2023-2024. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     | Total |
|------------------|--------------|----|-----------|-----|-----|-------|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |       |
| STSJP            |              |    |           |     |     |       |
| STSJP-RTA        |              |    |           |     |     |       |
| Total            |              |    |           |     |     |       |

**PART III – Goals for PY 2023-2024**

Please set the municipality’s goals for its programs to achieve in PY 2023-2024. State-required outcomes have been included with space for you to identify which programs in **Part II-Program Level 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 trancies 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  |
|-------|-----------|---|
| 80 %  | 80 %      | of youth will have no PINS referrals during service engagement                          |
| 80 %  | 80 %      | of youth will have no trancies during service engagement                                |
| 80 %  | 80 %      | of youth will have no school suspensions during service engagement                      |
| 80 %  | 80 %      | of youth will have no arrests or probation intakes during service engagement            |
| 80 %  | 80 %      | of youth will have their cases successfully adjusted/diverted during service engagement |
| 90 %  | 90 %      | of youth will be able to identify at least one accessible, positive adult connection    |
| 90 %  | 90 %      | of youth will be engaged in at least one positive community activity                    |
| 85 %  | 85 %      | of youth will comply with program rules   |
| 85 %  | 85 %      | 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**

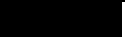
(Programs  1  2  3  4  5  6  7  8  9  10  11  12  N/A)

| STSJP | STSJP RTA | Outcomes   |
|-------|-----------|--|
| 95 %  | 95 %      | of youth will have no missed court appearances during service engagement             |
| 80 %  | 80 %      | of youth will have no warrants issued during service engagement                      |
| 80 %  | 80 %      | of youth will have no arrests or probation intakes during service engagement         |
| 90 %  | 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          |
| 90 %  | 90 %      | of youth will be able to identify at least one accessible, positive adult connection |
| 90 %  | 90 %      | of youth will be engaged in at least one positive community activity                 |
| 85 %  | 85 %      | of youth will comply with program rules  |
| 85 %  | 85 %      | 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>   |   |  |
|---|---|--|
| (Programs <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> 6 <input checked="" type="checkbox"/> 7 <input checked="" type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> N/A) |   |  |
| <b>STSJP</b>  | <b>STSJP RTA</b>  | <b>Outcomes</b>  |
| 80 %  | 80 %  | of youth will have no warrants issued during service engagement                      |
| 80 %  | 80 %  | of youth will have no arrests or probation intakes during service engagement         |
| 90 %  | 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 %  | 80 %  | of youth will have no violations of probation filed during service engagement        |
| 85 %  | 85 %  | of youth will have no new placements during service engagement                       |
| 90 %  | 90 %  | of youth will be able to identify at least one accessible, positive adult connection |
| 90 %  | 90 %  | of youth will be engaged in at least one positive community activity                 |
| 85 %  | 85 %  | of youth will comply with program rules  |
| 85 %  | 85 %  | of youth will attend at least 90% of programming                                     |

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

| <b>Reentry/Aftercare</b>  |  |  |
|---|--|--|
| (Programs <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" 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) |  |  |
| <b>STSJP</b>  | <b>STSJP RTA</b>   | <b>Outcomes</b>  |
| 80 %  | %  | of youth will have no warrants issued during service engagement                      |
| 80 %  | %  | of youth will have no arrests or probation intakes during service engagement         |
| 85 %  | %  | of youth will have no detention or jail admissions during service engagement         |
| 90 %  |  % | of PINS will have no pre-dispositional placements during service engagement          |
| 90 %  | %  | of youth will have no new placements during service engagement                       |
| 90 %  | %  | of youth will have no returns to their previous placements during service engagement |
| 90 %  | %  | of youth will be able to identify at least one accessible, positive adult connection |
| 90 %  | %  | of youth will be engaged in at least one positive community activity                 |
| 90 %  | %  | of youth will comply with program rules  |
| 90 %  | %  | of youth will attend at least 90% of programming                                     |

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

| <b>PART IV – FUNDING</b>  |                                     |                          |                                 |                              |                          |                          |                           |
|---|-------------------------------------|--------------------------|---------------------------------|------------------------------|--------------------------|--------------------------|---------------------------|
| <b>A. Anticipated Program Expenses and Funding Distribution</b> |                                     |                          |                                 |                              |                          |                          |                           |
| <b>Program Name and Service Types</b>                           | <b>STSJP</b>                        |                          |                                 |                              |                          |                          | <b>STSJP-RTA</b>          |
|   | <b>Detention Allocation Shifted</b> | <b>Approved Rollover</b> | <b>PY23-24 STSJP Allocation</b> | <b>Total Expenses (100%)</b> | <b>Local Share (38%)</b> | <b>State Share (62%)</b> | <b>State Share (100%)</b> |
| <b>1</b> Juvenile Community Accountability Board                | \$3,232.00                          |                          | \$3,588.00                      | \$11,000.00                  | \$4,180.00               | \$6,820.00               | \$6,000.00                |
| Prevention  |                                     |                          |                                 |                              |                          |                          |                           |
| Early Intervention  | \$3,232.00                          |                          | \$3,588.00                      | \$11,000.00                  | \$4,180.00               | \$6,820.00               | \$6,000.00                |
| ATD/ATPDP   |                                     |                          |                                 |                              |                          |                          |                           |
| ATP   |                                     |                          |                                 |                              |                          |                          |                           |
| Reentry/Aftercare   |                                     |                          |                                 |                              |                          |                          |                           |
| Indirect  |                                     |                          |                                 |                              |                          |                          |                           |
| <b>2</b> Juvenile Reporting & Family Center                     |                                     |                          |                                 |                              |                          |                          | \$116,560.00              |
| Prevention  |                                     |                          |                                 |                              |                          |                          |                           |
| Early Intervention  |                                     |                          |                                 |                              |                          |                          | \$3,854.00                |
| ATD/ATPDP   |                                     |                          |                                 |                              |                          |                          | \$38,853.00               |
| ATP   |                                     |                          |                                 |                              |                          |                          | \$38,853.00               |
| Reentry/Aftercare   |                                     |                          |                                 |                              |                          |                          |                           |
| Indirect  |                                     |                          |                                 |                              |                          |                          |                           |
| <b>3</b> Reintegration Services                                 | \$7,337.86                          |                          | \$8,146.14                      | \$24,974.19                  | \$9,490.19               | \$15,484.00              |                           |
| Prevention  |                                     |                          |                                 |                              |                          |                          |                           |
| Early Intervention  |                                     |                          |                                 |                              |                          |                          |                           |
| ATD/ATPDP   |                                     |                          |                                 |                              |                          |                          |                           |
| ATP   |                                     |                          |                                 |                              |                          |                          |                           |
| Reentry/Aftercare   | \$7,337.86                          |                          | \$8,146.14                      | \$24,974.19                  | \$9,490.19               | \$15,484.00              |                           |
| Indirect  |                                     |                          |                                 |                              |                          |                          |                           |
| <b>4</b> Parent Partner Services                                | \$22,036.30                         |                          | \$24,463.70                     | \$75,000.00                  | \$28,500.00              | \$46,500.00              |                           |
| Prevention  |                                     |                          |                                 |                              |                          |                          |                           |
| Early Intervention  | \$22,036.30                         |                          | \$24,463.70                     | \$75,000.00                  | \$28,500.00              | \$46,500.00              |                           |
| ATD/ATPDP   |                                     |                          |                                 |                              |                          |                          |                           |
| ATP   |                                     |                          |                                 |                              |                          |                          |                           |
| Reentry/Aftercare   |                                     |                          |                                 |                              |                          |                          |                           |
| Indirect  |                                     |                          |                                 |                              |                          |                          |                           |
| <b>5</b> Multi-Systemtic Treatment                              |                                     |                          |                                 |                              |                          |                          | \$119,606.00              |
| Prevention  |                                     |                          |                                 |                              |                          |                          |                           |
| Early Intervention  |                                     |                          |                                 |                              |                          |                          | \$76,113.00               |
| ATD/ATPDP   |                                     |                          |                                 |                              |                          |                          |                           |
| ATP   |                                     |                          |                                 |                              |                          |                          | \$43,493.00               |

|                   |  |  |  |  |  |  |  |
|-------------------|--|--|--|--|--|--|--|
| Reentry/Aftercare |  |  |  |  |  |  |  |
| Indirect          |  |  |  |  |  |  |  |

| Program Name and Service Types                       | STSJP                        |                   |                          |                       |                   |                   | STSJP-RTA          |
|--|------------------------------|-------------------|--------------------------|-----------------------|-------------------|-------------------|--------------------|
|  | Detention Allocation Shifted | Approved Rollover | PY23-24 STSJP Allocation | Total Expenses (100%) | Local Share (38%) | State Share (62%) | State Share (100%) |
| <b>6</b> PINS/JD Probation Officer                   | \$60,971.35                  |                   | \$67,687.35              | \$207,514.04          | \$78,855.34       | \$128,658.70      |                    |
| Prevention   |                              |                   |                          |                       |                   |                   |                    |
| Early Intervention                                   | \$48,777.08                  |                   | \$54,149.88              | \$166,011.23          | \$63,084.27       | \$102,926.96      |                    |
| ATD/ATPDP  |                              |                   |                          |                       |                   |                   |                    |
| ATP  | \$12,194.27                  |                   | \$13,537.47              | \$41,502.81           | \$15,771.07       | \$25,731.74       |                    |
| Reentry/Aftercare                                    |                              |                   |                          |                       |                   |                   |                    |
| Indirect   |                              |                   |                          |                       |                   |                   |                    |
| <b>7</b> Particapnts Achieving through Hard Work     | \$42,612.60                  |                   | \$47,287.40              | \$145,000.00          | \$55,100.00       | \$89,900.00       | \$173,815.00       |
| Prevention   |                              |                   |                          |                       |                   |                   |                    |
| Early Intervention                                   | \$14,204.20                  |                   | \$15,762.46              | \$48,333.33           | \$18,366.66       | \$29,966.66       | \$57,938.33        |
| ATD/ATPDP  | \$14,204.20                  |                   | \$15,762.47              | \$48,333.33           | \$18,366.67       | \$29,966.67       | \$57,938.33        |
| ATP  | \$14,204.20                  |                   | \$15,762.47              | \$48,333.34           | \$18,366.67       | \$29,966.67       | \$57,938.34        |
| Reentry/Aftercare                                    |                              |                   |                          |                       |                   |                   |                    |
| Indirect   |                              |                   |                          |                       |                   |                   |                    |
| <b>8</b> RTA Senior Probation Officer                |                              |                   |                          |                       |                   |                   | \$81,507.00        |
| Prevention   |                              |                   |                          |                       |                   |                   |                    |
| Early Intervention                                   |                              |                   |                          |                       |                   |                   | \$65,206.00        |
| ATD/ATPDP  |                              |                   |                          |                       |                   |                   |                    |
| ATP  |                              |                   |                          |                       |                   |                   | \$16,301.00        |
| Reentry/Aftercare                                    |                              |                   |                          |                       |                   |                   |                    |
| Indirect   |                              |                   |                          |                       |                   |                   |                    |
| <b>9</b> Program Support and Incentives              | \$1,469.09                   |                   | \$1,630.91               | \$5,000.00            | \$1,900.00        | \$3,100.00        | \$6,000.00         |
| Prevention   |                              |                   |                          |                       |                   |                   |                    |
| Early Intervention                                   |                              |                   |                          |                       |                   |                   |                    |
| ATD/ATPDP  |                              |                   |                          |                       |                   |                   |                    |
| ATP  |                              |                   |                          |                       |                   |                   |                    |
| Reentry/Aftercare                                    |                              |                   |                          |                       |                   |                   |                    |
| Indirect   | \$1,469.09                   |                   | \$1,630.91               | \$5,000.00            | \$1,900.00        | \$3,100.00        | \$6,000.00         |
| <b>10</b> Juvenile Justice Coordination and Research | \$14,995.86                  |                   | \$16,647.70              | \$51,038.00           | \$19,394.44       | \$31,643.56       |                    |
| Prevention   |                              |                   |                          |                       |                   |                   |                    |



|                    |             |  |             |             |             |             |  |
|--------------------|-------------|--|-------------|-------------|-------------|-------------|--|
| Early Intervention |             |  |             |             |             |             |  |
| ATD/ATPDP          |             |  |             |             |             |             |  |
| ATP                |             |  |             |             |             |             |  |
| Reentry/Aftercare  |             |  |             |             |             |             |  |
| Indirect           | \$14,995.86 |  | \$16,647.70 | \$51,038.00 | \$19,394.44 | \$31,643.56 |  |

| Program Name and Service Types  | STSJP                        |                   |                          |                       |                   |                   | STSJP-RTA          |
|---------------------------------|------------------------------|-------------------|--------------------------|-----------------------|-------------------|-------------------|--------------------|
|                                 | Detention Allocation Shifted | Approved Rollover | PY23-24 STSJP Allocation | Total Expenses (100%) | Local Share (38%) | State Share (62%) | State Share (100%) |
| <b>11</b> Youth Advisory Board  | \$2,929.20                   |                   | \$3,270.80               | \$10,000.00           | \$3,800.00        | \$6,200.00        |                    |
| Prevention                      |                              |                   |                          |                       |                   |                   |                    |
| Early Intervention              |                              |                   |                          |                       |                   |                   |                    |
| ATD/ATPDP                       |                              |                   |                          |                       |                   |                   |                    |
| ATP                             |                              |                   |                          |                       |                   |                   |                    |
| Reentry/Aftercare               |                              |                   |                          |                       |                   |                   |                    |
| Indirect                        | \$2,929.20                   |                   | \$3,270.80               | \$10,000.00           | \$3,800.00        | \$6,200.00        |                    |
| <b>12</b>                       |                              |                   |                          |                       |                   |                   |                    |
| Prevention                      |                              |                   |                          |                       |                   |                   |                    |
| Early Intervention              |                              |                   |                          |                       |                   |                   |                    |
| ATD/ATPDP                       |                              |                   |                          |                       |                   |                   |                    |
| ATP                             |                              |                   |                          |                       |                   |                   |                    |
| Reentry/Aftercare               |                              |                   |                          |                       |                   |                   |                    |
| Indirect                        |                              |                   |                          |                       |                   |                   |                    |
| <b>► Sum of Program Totals:</b> | \$155,584.26                 |                   | \$172,722.00             | \$529,526.23          | \$201,219.97      | \$328,306.26      | \$503,488.00       |

| B. STSJP Reimbursement Summary                           |                     |
|--|---------------------|
| STSJP Allocation Amount                                  | \$172,722.00        |
| Locally Approved Amount of PY 2023-2024 STSJP Allocation | \$172,722.00        |
| Approved Detention Allocation Shifted                    | \$155,584.26        |
| Approved Rollover Amount                                 |                     |
| <b>Total Approved for State Reimbursement</b>            | <b>\$328,306.26</b> |
| C. STSJP-RTA Reimbursement Summary                       |                     |
| STSJP-RTA Approved Plan Amount                           | \$503,488.00        |
| <b>Total Approved for State Reimbursement</b>            | <b>\$503,488.00</b> |

**PART V – PLAN APPROVAL**

**A. Municipality Level Approval – Chief Executive/Administrative Official**

|  |                            |                 |
|--|----------------------------|-----------------|
| As STSJP Lead for Albany County, I certify that the Chief Executive/Administrative Official, [Name and Title] Daniel P. McCoy Albany County Executive, has reviewed and approved the 2023-2024 STSJP Plan. |                            |                 |
| User ID: nward   | Print Name: Nicole Ward    | Date: 2/12/2024 |
| <b>B. State Level Approval – OCFS Program Reviewer</b>   |                            |                 |
| As OCFS STSJP reviewer, I certify that I approve of this STSJP plan for Albany County for 2023-2024.   |                            |                 |
| User ID: it4915  | Print Name: Amelia Barbera | Date: 2/15/2024 |