June 25, 2021

Dear Chief Executive Officer,

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

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

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

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

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

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

All STSJP claims, inclusive of STSJP-RTA, must be submitted electronically via the Juvenile Detention Automated System (JDAS) for the service period of October 1, 2020 to September 30, 2021. Questions on all aspects of the claiming process should be directed to the STSJP mailbox at stsjp@ocfs.ny.gov with the subject line: “STSJP Claiming Questions”.

If you have any STSJP plan questions, please also email us at stsjp@ocfs.ny.gov and write “STSJP Plan Questions” in the subject line or reach out to Geneva Hilliard at (518) 486-1819 or Lynn Tubbs at (518) 473-9116.
Thank you for your continued partnership as we reform the juvenile justice practices in New York State by safely engaging youth and their families through innovative programming to reduce out of home placement and detention of youth.

Sincerely,

[Signature]

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

cc: Derek Holtzclaw, OCFS Deputy Commissioner for Administration
    Lynn Tubbs, Director of Cross-System Supports, YDAPS
    OCFS Child Welfare and Community Services Regional Office Directors
    Municipality STSJP Lead
NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
SUPERVISION AND TREATMENT SERVICES FOR JUVENTILES PROGRAM (STSJP)
ANNUAL PLAN FOR PROGRAM YEAR OCTOBER 1, 2020 – SEPTEMBER 30, 2021

SUBMITTING MUNICIPALITY CONTACT INFORMATION

| Name of applicant county, counties, or jurisdiction: Chenango County |
| Lead agency for STSJP submission: Chenango County Department of Social Services |
| Contact Person’s Name: Beth Beers | Title: Director of Services |
| Phone: (607) 337-1583 | Ext: | Email: Elizabeth.Beers@dfa.state.ny.us |

PLAN SUBMISSION INSTRUCTIONS

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

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

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

NOTE:

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

PART I – MUNICIPALITY LEVEL DETAILS

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

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

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

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

   Officer’s Name: ____________________________ Title: ____________________________
   Phone: ____________________________ Ext: ____________________________ Email: ____________________________

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

B. Municipality Level Analysis

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

   Chenango County has a small number of youth who would fit into the above listed populations. Chenango County has two communities with the highest numbers of YO, AO, JO, JD, and PINS population. They are the two largest municipalities within the county. The population density in these areas may play a role. The youth's lack of
involvement in the school community and the community in which they reside is also a factor contributing to their status.

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

Chenango County has had a total of six children placed in a residential or detention at some point in time in 2020. Two of those six children were not related to JD charges. All six children placed in a residential setting or that spent time in detention were white, non-hispanic children. Chenango County's population is approximately 94.5% white, non-hispanic. There was no racial/ethnic disparities for the year 2020. However, Chenango County has such a small population of children placed in a residential/detention setting that just one child can skew the numbers. This plan is designed to support families having difficulty parenting their children and children who struggle with PINS/JD types of behaviors. The plan is in place to help prevent children from entering the foster care system as a result of their behavioral issues.

C. Local Collaboration

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

The Chenango County Department of Social Services is responsible for writing this plan. We are also the lead agency in PINS Diversion. The department is in constant contact with the Probation Department and has access to all petitions the Probation Department files in regards to youth. The Place administers the below listed programs and assists in writing of the application. The department has strong collaborations with the local school districts as well and we communicate frequently with each other.

PART II – PROGRAM LEVEL DETAILS

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Program 1 Contact Information</strong></td>
<td></td>
</tr>
<tr>
<td>Program 1 Name: Why Try</td>
<td></td>
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<tr>
<td>Operating Agency: The Place</td>
<td></td>
</tr>
<tr>
<td>Program Mailing Address: PO Box 509</td>
<td></td>
</tr>
<tr>
<td>Address Line 2: 22 East Main Street</td>
<td></td>
</tr>
<tr>
<td>City: Norwich</td>
<td>State: NY</td>
</tr>
<tr>
<td>Program Contact's Name: Sharon Vesely</td>
<td>Title: Executive Director of The Place</td>
</tr>
<tr>
<td>Phone: (607) 336-9696 Ext: 103</td>
<td>Email: <a href="mailto:execdirector@theplacenorwich.com">execdirector@theplacenorwich.com</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>B. Program 1 Description and Target Population</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. This program meets the legal definition of a <strong>Family Support Services (FSS) program (Social Services Law Section 458-m)</strong> and will operate in this capacity for PY 2020-2021. [ ] Yes [x] No</td>
</tr>
</tbody>
</table>
2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:

<table>
<thead>
<tr>
<th>STSJP</th>
<th>STSJP-RTA</th>
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</table>

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

3. Please list the zip codes this program will target:
   13815, 13830, 13733, 13460

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

   Program is an evidence-based modular curriculum designed to decrease maladaptive and difficult behaviors while increasing youth success. The authors of the program state “The WhyTry Program is a resilience education curriculum that provides simple, hands-on solutions for dropout prevention, violence prevention, truancy reduction, and increased academic success” using 10 units with multi-sensory approaches to teaching the concepts.

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

C. Program 1 Performance History (Refer to your municipality’s STSJP data files.)

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

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

<table>
<thead>
<tr>
<th>Approved Funding</th>
<th>Program Type</th>
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<tr>
<td></td>
<td>P</td>
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<tr>
<td>STSJP</td>
<td>9</td>
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<tr>
<td>STSJP-RTA</td>
<td>9</td>
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<tr>
<td>Total</td>
<td>9</td>
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</table>

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

   It was our hope and intent to exceed budgeted capacity, however the pandemic and subsequent shutdown created unforeseen challenges in doing that.

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

<table>
<thead>
<tr>
<th>Approved Funding</th>
<th>Program Type</th>
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<td>P</td>
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<tr>
<td>STSJP</td>
<td>64.00</td>
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<tr>
<td>STSJP-RTA</td>
<td></td>
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</tbody>
</table>
5. How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths of stay for youth who were in detention and residential placements during the same time period.

The full length of stay for why Try is 70, per participant. The average length of stay of 64 is a respectable length of stay, given the circumstances that we ended the recording period in (pandemic).

6. Will this program’s outcomes meet the PY 2019-2020 projected goals by 9/30/2020?

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

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

Youth were able to connect with facilitators and thereby develop a trusting relationship and resource to be able to work through concerns/problems. Youth also demonstrated increased awareness, positive attitude changes, and an increase in self motivation. These positive changes were demonstrated by attendance, active participation and the positive interactions between youth and facilitators.

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

Due to the pandemic, we were not able to reach the projected number of youth that we had hoped. Although we were able to move the live class to a virtual venue, youth did not participate either because of lack of internet service at their home or they were uncomfortable in the virtual format.

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

Although we can not control the pandemic, we hope that by increasing marketing efforts and additional communication with school officials and PINS staff the enrollment numbers will increase.

D. Program 1 Service Projections for PY 2020-2021

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

<table>
<thead>
<tr>
<th>Approved Funding</th>
<th>Program Type</th>
<th>ATD/PDP</th>
<th>Total</th>
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<tbody>
<tr>
<td></td>
<td>P</td>
<td>EI</td>
<td>(PINS)</td>
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<td>STSJP</td>
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<tr>
<td>Total</td>
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</table>

A. Program 2 Contact Information

Program 2 Name: Loving Solutions

Operating Agency: The Place

Program Mailing Address: PO Box 509

Address Line 2: 22 East Main Street

City: Norwich  State: NY  Zip Code: 13815

Program Contact’s Name: Sharon Vesely  Title: Executive Director of The Place

Phone: (607) 336-9696  Ext: 103  Email: execdirector@theplacenorwich.com

B. Program 2 Description and Target Population

1. This program meets the legal definition of a Family Support Services (FSS) program (Social Services Law Section 458-m) and will operate in this capacity for PY 2020-2021. ☐ Yes  ☑ No
2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:

<table>
<thead>
<tr>
<th></th>
<th>STSJP</th>
<th>STSJP-RTA</th>
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</thead>
<tbody>
<tr>
<td>Prevention (P)</td>
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<tr>
<td>Early Intervention (EI)</td>
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<td>☒</td>
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<tr>
<td>Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)</td>
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<tr>
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<td></td>
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<tr>
<td>Reentry / Aftercare (R / A)</td>
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<tr>
<td>Indirect Services</td>
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</tr>
</tbody>
</table>

3. Please list the zip codes this program will target:
   13815, 13830, 13733, 13460

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

   Project is an evidence-based program created for parents with difficult or out-of-control pre-adolescents. During weekly sessions for 10 weeks, facilitators provide activity-based instruction and step-by-step plans to help parents learn how to manage adolescent behavior problems at home in constructive and supportive ways. Parents also attend support groups where they receive emotional and practical support from facilitators and other parents and practice implementing skills.

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

C. Program 2 Performance History (Refer to your municipality’s STSJP data files.)

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

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

<table>
<thead>
<tr>
<th>Approved Funding</th>
<th>Program Type</th>
<th>ATD/ATPDP</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>STSJP</td>
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<td>(JO/JD)</td>
<td>(JD-RTA)</td>
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<td></td>
<td>8</td>
<td></td>
<td></td>
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<tr>
<td>STSJP-RTA</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>8</td>
<td></td>
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</tbody>
</table>

3. Based on the program’s record of youth served (Q2), do you anticipate this program being over or under its budgeted capacity on 9/30/2020? Please explain:
   It was our hope and intent to exceed budgeted capacity, however the pandemic and subsequent shutdown created unforeseen challenges in doing that.

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

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<td>(JO/JD)</td>
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<td>64.00</td>
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<tr>
<td>STSJP-RTA</td>
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<td>(AO)</td>
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</table>
5. How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths of stay for youth who were in detention and residential placements during the same time period.

The full length of stay for why Try is 70. The average length of stay of 64 is a respectable length of stay, given the circumstances that we ended the recording period in (pandemic).

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

7. (a) What outcomes are on track to meet the goals set for PY 2019-2020? (b) How will they be met?
   Participant evaluations and feedback offered support that they experienced an increase in self confidence and in handling conflict. Youth reported an increase in awareness that their actions impact their future.

8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.
   Due to the pandemic, we were not able to reach the projected number of participants that we had hoped for. Although we were able to move the live class to a virtual venue, individuals did not participate either because of lack of internet service at their home or they were uncomfortable in the virtual format.

9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2020-2021?
   Although we can not control the pandemic, we hope that by increasing marketing efforts and additional communication with school officials and key community members, the enrollment numbers will increase.

D. Program 2 Service Projections for PY 2020-2021

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

<table>
<thead>
<tr>
<th>Approved Funding</th>
<th>Program Type</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>P</td>
<td>EI</td>
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<td>STSJP</td>
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<td>Total</td>
<td>30</td>
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</tbody>
</table>

PROGRAM 3

A. Program 3 Contact Information

Program 3 Name: Parent Project

Operating Agency: The Place

Program Mailing Address: PO Box 509

Address Line 2: 22 East Main Street

City: Norwich State: NY Zip Code: 13815

Program Contact’s Name: Sharon Vesely Title: Executive Director of The Place

Phone: (607) 336-9696 Ext: 103 Email: execdirector@theplacenorwich.com

B. Program 3 Description and Target Population

1. This program meets the legal definition of a Family Support Services (FSS) program (Social Services Law Section 458-m) and will operate in this capacity for PY 2020-2021. ☑️ Yes ☐ No
2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:

<table>
<thead>
<tr>
<th>Service Type</th>
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<tbody>
<tr>
<td>STSJP  STSJP-RTA</td>
</tr>
<tr>
<td>☒ Prevention (P)</td>
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<td>☐ Alternative to Placement (ATP)</td>
</tr>
<tr>
<td>☐ Reentry / Aftercare (R / A)</td>
</tr>
<tr>
<td>☐ Indirect Services</td>
</tr>
</tbody>
</table>

3. Please list the zip codes this program will target:
   13815, 13830, 13733, 13460

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

   Project is an evidence-based program created for parents with difficult or out-of-control adolescents. During weekly sessions for 10 weeks, facilitators provide activity-based instruction and step-by-step plans to help parents learn how to manage adolescent behavior problems at home in constructive and supportive ways. Parents also attend support groups where they receive emotional and practical support from facilitators and other parents and practice implementing newly acquired skills.

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

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

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

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

<table>
<thead>
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<td>STSJP-RTA</td>
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<td>ATP R/A</td>
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<td>Total</td>
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</tbody>
</table>

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

   It was our hope and intent to exceed budgeted capacity, however the pandemic and subsequent shutdown created unforeseen challenges in doing that.

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

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

Under normal circumstances, the average length of service would be 70 days.

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

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

8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.
   This program did not run during the reporting period 10/1-3/31, but did run after this reporting period.

9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2020-2021?
   We will continue to increase marketing and communication with other key CBOs to increase participation numbers.

D. Program 3 Service Projections for PY 2020-2021

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

<table>
<thead>
<tr>
<th>Approved Funding</th>
<th>P</th>
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<th>Total</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>ATD/PDP</td>
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<td>Total</td>
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</tbody>
</table>

PROGRAM 4

A. Program 4 Contact Information

Program 4 Name: Preparing our Kids for Success-Truancy Intervention

Operating Agency: The Place

Program Mailing Address: PO Box 509

Address Line 2: 22 East Main Street

City: Norwich State: NY Zip Code: 13815

Program Contact’s Name: Sharon Vesely Title: Executive Director of The Place

Phone: (607) 36-9696 Ext: 103 Email: execdirector@theplacenorwich.com

B. Program 4 Description and Target Population

1. This program meets the legal definition of a Family Support Services (FSS) program (Social Services Law Section 458-m) and will operate in this capacity for PY 2020-2021. ☐ Yes ☒ No
2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:

<table>
<thead>
<tr>
<th>STSJP</th>
<th>STSJP-RTA</th>
</tr>
</thead>
<tbody>
<tr>
<td>☒ Prevention (P)</td>
<td>☒ Early Intervention (EI)</td>
</tr>
<tr>
<td></td>
<td>☒ Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)</td>
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<td></td>
<td>☒ Alternative to Placement (ATP)</td>
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<tr>
<td></td>
<td>☒ Reentry / Aftercare (R / A)</td>
</tr>
<tr>
<td></td>
<td>☒ Indirect Services</td>
</tr>
</tbody>
</table>

3. Please list the zip codes this program will target:
   13815, 13830, 13733, 13460

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

   "Preparing Our Kids for Success" is a 2.5-hour truancy intervention parent class is “Trauma Informed” and specifically designed to augment the S.A.R.B. and local Truancy Abatement efforts. It is based on cooperative learning norms and activity-based instruction. Using a behavioral model, it aims to help parents:
   - Better understand and recognize the signs of trauma
   - Recognize the necessity of creating structure for children
   - Identify strategies for getting kids to school
   - Discuss successful methods to increase home/school communication
   - Implement the Homework Assignment Sheet, or effectively use an online homework information system.

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

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

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

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

<table>
<thead>
<tr>
<th>Approved Funding</th>
<th>Program Type</th>
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<tbody>
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<tr>
<td>Total</td>
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</tbody>
</table>

3. Based on the program’s record of youth served (Q2), do you anticipate this program being over or under its budgeted capacity on 9/30/2020? Please explain:
   It was our hope and intent to exceed budgeted capacity, however the pandemic and subsequent shutdown created unforeseen challenges in doing that.
4. Please use the table to record the **average lengths of service** (days) for youth who exited the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

<table>
<thead>
<tr>
<th>Approved Funding</th>
<th>Program Type</th>
<th>P</th>
<th>EI</th>
<th>ATD/ATPD</th>
<th>R/A</th>
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</table>

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

The average length of stay for this program is 1 day, as it is a 2.5 hour training. All participants stayed for the entire program.

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

7. (a) What outcomes are on track to meet the goals set for PY 2019-2020? (b) How will they be met?
   Participants expressed value in the information and strategies shared during the course. Feedback from school officials provided evidence of increased school attendance and positive interactions/support between the families and schools.

8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.
   Due to the pandemic, we were not able to reach the projected number of participants that we had hoped for.

9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2020-2021?
   Although we can not control the pandemic, we hope that by increasing marketing efforts and additional communication with school officials and key community members, the enrollment numbers will increase.

**D. Program 4 Service Projections for PY 2020-2021**

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

<table>
<thead>
<tr>
<th>Approved Funding</th>
<th>Program Type</th>
<th>P</th>
<th>EI</th>
<th>ATD/ATPD</th>
<th>Total</th>
</tr>
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<tbody>
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</tbody>
</table>

**A. Program 5 Contact Information**

Program 5 Name:

Operating Agency:

Program Mailing Address:

Address Line 2:

City: [State: NY] Zip Code:

Program Contact's Name:

Title:

Phone: (    ) Ext:

Email:

**B. Program 5 Description and Target Population**
1. This program meets the legal definition of a Family Support Services (FSS) program (Social Services Law Section 458-m) and will operate in this capacity for PY 2020-2021.  □ Yes □ No

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

<table>
<thead>
<tr>
<th></th>
<th>STSJP</th>
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<tr>
<td>Early Intervention (EI)</td>
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<tr>
<td>Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)</td>
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<tr>
<td>Alternative to Placement (ATP)</td>
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<tr>
<td>Reentry / Aftercare (R / A)</td>
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<tr>
<td>Indirect Services</td>
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</tbody>
</table>

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Approved Funding</th>
<th>Program Type</th>
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<td>(JO/JD)</td>
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<td>Total</td>
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</table>

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

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

<table>
<thead>
<tr>
<th>Approved Funding</th>
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<td>STSJP-RTA</td>
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5. How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths of stay for youth who were in detention and residential placements during the same time period.
6. Will this program’s outcomes meet the PY 2019-2020 projected goals by 9/30/2020?
   - Yes (If yes, skip to section D.)
   - Partially
   - No

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

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

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

D. Program 5 Service Projections for PY 2020-2021

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

<table>
<thead>
<tr>
<th>Approved Funding</th>
<th>Program Type</th>
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<td>STSJJP-RTA</td>
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<td>Total</td>
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</table>

PROGRAM 6

A. Program 6 Contact Information

Program 6 Name:
Operating Agency:
Program Mailing Address:
Address Line 2:
City: State: NY Zip Code:
Program Contact’s Name: Title:
Phone: ( ) Ext: Email:

B. Program 6 Description and Target Population

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

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

<table>
<thead>
<tr>
<th>STSJJP</th>
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<tr>
<td>Prevention (P)</td>
<td>Early Intervention (EI)</td>
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<tr>
<td>Alternative to Detention / Pre-Disposition Placement (ATD / ATPDP)</td>
<td>Alternative to Placement (ATP)</td>
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<tr>
<td>Reentry / Aftercare (R / A)</td>
<td>Indirect Services</td>
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</table>

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

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

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

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

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

<table>
<thead>
<tr>
<th>Approved Funding</th>
<th>Program Type</th>
<th>P</th>
<th>EI</th>
<th>ATD/ATPDP (PINS)</th>
<th>(JO/JD)</th>
<th>(JD-RTA)</th>
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</table>

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

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

<table>
<thead>
<tr>
<th>Approved Funding</th>
<th>Program Type</th>
<th>P</th>
<th>EI</th>
<th>ATD/ATPDP (PINS)</th>
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</table>

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

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

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

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

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

D. Program 6 Service Projections for PY 2020-2021
1. Please use the table to indicate the projected # youth to be served by the program for PY 2020-2021. Enter zero (0) if not applicable.

<table>
<thead>
<tr>
<th>Program Type</th>
<th>P</th>
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</tbody>
</table>

**PROGRAM 7**

### A. Program 7 Contact Information

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

### B. Program 7 Description and Target Population

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

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

<table>
<thead>
<tr>
<th></th>
<th>STSJP</th>
<th>STSJP-RTA</th>
</tr>
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<td>Early Intervention (EI)</td>
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<td>Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)</td>
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<td>Alternative to Placement (ATP)</td>
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<td>☐</td>
<td>Reentry / Aftercare (R / A)</td>
</tr>
<tr>
<td>☐</td>
<td>☐</td>
<td>Indirect Services</td>
</tr>
</tbody>
</table>

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

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

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

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

1. What funding did this program receive in PY 2019-2020?
   ☐ None *(If none, skip to section D.*) ☐ STSJP ☐ STSJP-RTA
2. Please use the table to record how many youth (#) were served by the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

<table>
<thead>
<tr>
<th>Approved Funding</th>
<th>EI</th>
<th>Program Type</th>
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<tbody>
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<tr>
<td>STSJJP</td>
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<td>STSJJP-RTA</td>
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<tr>
<td>Total</td>
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<td></td>
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</tbody>
</table>

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

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

<table>
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<tr>
<th>Approved Funding</th>
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<th>Program Type</th>
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<td>STSJJP-RTA</td>
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<td></td>
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<tr>
<td>Total</td>
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</tbody>
</table>

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

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

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

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

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

D. Program 7 Service Projections for PY 2020-2021

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

<table>
<thead>
<tr>
<th>Approved Funding</th>
<th>EI</th>
<th>Program Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>P</td>
</tr>
<tr>
<td>STSJJP</td>
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<tr>
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<tr>
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</tbody>
</table>

PROGRAM 8

A. Program 8 Contact Information

Program 8 Name:

Operating Agency:
**B. Program 8 Description and Target Population**

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

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

<table>
<thead>
<tr>
<th>STSJP</th>
<th>STSJP-RTA</th>
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</thead>
<tbody>
<tr>
<td>☐</td>
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</table>

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Approved Funding</th>
<th>P</th>
<th>EI</th>
<th>ATD/ATPDP</th>
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<tr>
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<td></td>
</tr>
<tr>
<td>Total</td>
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<td></td>
<td></td>
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</tbody>
</table>

3. Based on the program’s record of youth served (Q2), do you anticipate this program being over or under its budgeted capacity on 9/30/2020? Please explain:
4. Please use the table to record the **average lengths of service (days)** for youth who exited the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

<table>
<thead>
<tr>
<th>Approved Funding</th>
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<th>ATP</th>
<th>R/A</th>
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<tr>
<td>STSJP-RTA</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

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

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

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

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

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

### D. Program 8 Service Projections for PY 2020-2021

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

<table>
<thead>
<tr>
<th>Approved Funding</th>
<th>P</th>
<th>EI</th>
<th>ATD/ATPDP (PINS)</th>
<th>(JO/JD)</th>
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<th>ATP</th>
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</table>

### PROGRAM 9

#### A. Program 9 Contact Information

Program 9 Name:
Operating Agency:
Program Mailing Address:
Address Line 2:
City: State: **NY** Zip Code:
Program Contact's Name:
Title:
Phone: ( ) Ext: Email:

#### B. Program 9 Description and Target Population

1. This program meets the legal definition of a **Family Support Services (FSS) program (Social Services Law Section 458-m)** and will operate in this capacity for PY 2020-2021.
   - [ ] Yes
   - [ ] No
2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:

<table>
<thead>
<tr>
<th>Service Type</th>
<th>STSJP</th>
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<tr>
<td>Early Intervention (EI)</td>
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</tr>
<tr>
<td>Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)</td>
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<tr>
<td>Alternative to Placement (ATP)</td>
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<td>☐</td>
</tr>
<tr>
<td>Reentry / Aftercare (R / A)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Indirect Services</td>
<td>☐</td>
<td>☐</td>
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</tbody>
</table>

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

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

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

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

1. What funding did this program receive in PY 2019-2020?

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

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

<table>
<thead>
<tr>
<th>Approved Funding</th>
<th>Program Type</th>
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<td>STSJP-RTA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
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</table>

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

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

<table>
<thead>
<tr>
<th>Approved Funding</th>
<th>Program Type</th>
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</table>

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

6. Will this program’s outcomes meet the PY 2019-2020 projected goals by 9/30/2020?

☐ Yes  (If yes, skip to section D.)  ☐ Partially  ☐ No
7. (a) What outcomes are on track to meet the goals set for PY 2019-2020? (b) How will they be met?

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

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

D. Program 9 Service Projections for PY 2020-2021

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

<table>
<thead>
<tr>
<th>Program Type</th>
<th>P</th>
<th>EI</th>
<th>ATD/ATPDP</th>
<th>Total</th>
</tr>
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<tbody>
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<tr>
<td>Total</td>
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</tr>
</tbody>
</table>

 PROGRAM 10

A. Program 10 Contact Information

Program 10 Name:
Operating Agency:
Program Mailing Address:
Address Line 2:
City: State: NY Zip Code:
Program Contact's Name: Title:
Phone: ( ) Ext: Email:

B. Program 10 Description and Target Population

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

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

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<thead>
<tr>
<th>STSJP</th>
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<td>Early Intervention (EI)</td>
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<td>□</td>
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<tr>
<td>Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)</td>
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<tr>
<td>Alternative to Placement (ATP)</td>
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<tr>
<td>Reentry / Aftercare (R / A)</td>
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<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Indirect Services</td>
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</tbody>
</table>

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

4. Describe the program, including how it is family focused. If you answered “yes” to Q1 (FSS), be sure to demonstrate how your program meets the definition. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them.
5. Is the program capable of being replicated across multiple locations?  □ Yes  □ No

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

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

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

<table>
<thead>
<tr>
<th>Program Type</th>
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</thead>
<tbody>
<tr>
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<td>STSJP-RTA</td>
<td></td>
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<td>Total</td>
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</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Program Type</th>
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<td>STSJP-RTA</td>
<td></td>
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<tr>
<td>Total</td>
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</table>

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

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

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

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

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

D. Program 10 Service Projections for PY 2020-2021
1. Please use the table to indicate the projected # youth to be served by the program for PY 2020-2021. Enter zero (0) if not applicable.

<table>
<thead>
<tr>
<th>Program Type</th>
<th>ATD/ATPDP</th>
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<tbody>
<tr>
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<tr>
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</table>

**Program 11**

**A. Program 11 Contact Information**

Program 11 Name: 
Operating Agency: 
Program Mailing Address: 
Address Line 2: 
City: 
State: NY 
Zip Code: 
Program Contact's Name: 
Title: 
Phone: ( ) 
Ext: 
Email: 

**B. Program 11 Description and Target Population**

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

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

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

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

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

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

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

1. What funding did this program receive in PY 2019-2020?
- [ ] None (If none, skip to section D.)
- [ ] STSJ
- [ ] STSJ-RTA
2. Please use the table to record how many youth (#) were served by the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

<table>
<thead>
<tr>
<th>Approved Funding</th>
<th>P</th>
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<td>STSJJP-RTA</td>
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<tr>
<td>Total</td>
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</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Approved Funding</th>
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<tr>
<td>Total</td>
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</table>

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

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

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

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

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

D. Program 11 Service Projections for PY 2020-2021

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

<table>
<thead>
<tr>
<th>Approved Funding</th>
<th>P</th>
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</tbody>
</table>

A. Program 12 Contact Information

Program 12 Name:
Operating Agency:
B. Program 12 Description and Target Population

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

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

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<thead>
<tr>
<th>STSJP</th>
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<tr>
<td></td>
<td>Prevention (P)</td>
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<td>Early Intervention (EI)</td>
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<tr>
<td></td>
<td>Alternative to Detention / Pre-Disposition Placement (ATD / ATPDP)</td>
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<tr>
<td></td>
<td>Alternative to Placement (ATP)</td>
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<tr>
<td></td>
<td>Reentry / Aftercare (R / A)</td>
</tr>
<tr>
<td></td>
<td>Indirect Services</td>
</tr>
</tbody>
</table>

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

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

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

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

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

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

<table>
<thead>
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<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Based on the program’s record of youth served (Q2), do you anticipate this program being over or under its budgeted capacity on 9/30/2020? Please explain:
4. Please use the table to record the **average lengths of service (days)** for youth who exited the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

<table>
<thead>
<tr>
<th>Program Type</th>
<th>P</th>
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<th>ATD/ATPDP</th>
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<td>STSJP-RTA</td>
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5. How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths of stay for youth who were in detention and residential placements during the same time period.

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

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

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

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

### D. Program 12 Service Projections for PY 2020-2021

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

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<tr>
<th>Approved Funding</th>
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<th>EI</th>
<th>ATD/ATPDP</th>
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<td>STSJP-RTA</td>
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### PART III – Goals for PY 2020-2021

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

#### Prevention

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<thead>
<tr>
<th>STSJP</th>
<th>STSJP RTA</th>
<th>Outcomes</th>
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<tbody>
<tr>
<td>90 %</td>
<td>%</td>
<td>of youth will have no PINS referrals during service engagement</td>
</tr>
<tr>
<td>90 %</td>
<td>%</td>
<td>of youth will have no truancies during service engagement</td>
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<tr>
<td>90 %</td>
<td>%</td>
<td>of youth will have no school suspensions during service engagement</td>
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<tr>
<td>90 %</td>
<td>%</td>
<td>of youth will have no arrests or probation intakes during service engagement</td>
</tr>
<tr>
<td>90 %</td>
<td>%</td>
<td>of youth will be able to identify at least one accessible, positive adult connection <em>(new)</em></td>
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<tr>
<td>90 %</td>
<td>%</td>
<td>of youth will be engaged in at least one positive community activity <em>(new)</em></td>
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<tr>
<td>90 %</td>
<td>%</td>
<td>of youth will comply with program rules</td>
</tr>
<tr>
<td>90 %</td>
<td>%</td>
<td>of youth will attend at least 90 percent of programming</td>
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</table>
Other, locally collected outcomes:

### Early Intervention

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<th>STSJP</th>
<th>STSJP RTA</th>
<th>Outcomes</th>
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<td>%</td>
<td>%</td>
<td>% of youth will have no PINS referrals during service engagement</td>
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<td>%</td>
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<td>% of youth will have no truancies during service engagement</td>
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<td>% of youth will have no school suspensions during service engagement</td>
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<td>%</td>
<td>% of youth will have no arrests or probation intakes during service engagement</td>
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<tr>
<td>%</td>
<td>%</td>
<td>% of youth will have their cases successfully adjusted/diverted during service engagement</td>
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<tr>
<td>%</td>
<td>%</td>
<td>% of youth will be able to identify at least one accessible, positive adult connection * (new)</td>
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<tr>
<td>%</td>
<td>%</td>
<td>% of youth will be engaged in at least one positive community activity * (new)</td>
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<tr>
<td>%</td>
<td></td>
<td>% of youth will comply with program rules</td>
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<tr>
<td>%</td>
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<td>% of youth will attend at least 90 percent of programming</td>
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### Alternative to Detention / Pre-Disposition Placement

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<th>STSJP RTA</th>
<th>Outcomes</th>
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<tbody>
<tr>
<td>%</td>
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<td>% of youth will have no missed court appearances during service engagement</td>
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<tr>
<td>%</td>
<td>%</td>
<td>% of youth will have no warrants issued during service engagement</td>
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<tr>
<td>%</td>
<td>%</td>
<td>% of youth will have no arrests or probation intakes during service engagement</td>
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<td>% of youth will have no detention or jail admissions during service engagement</td>
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<tr>
<td>%</td>
<td>%</td>
<td>% of PINS will have no pre-dispositional placements during service engagement</td>
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<tr>
<td>%</td>
<td>%</td>
<td>% of youth will be able to identify at least one accessible, positive adult connection * (new)</td>
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<td>%</td>
<td>% of youth will be engaged in at least one positive community activity * (new)</td>
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<td>% of youth will comply with program rules</td>
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<td>% of youth will attend at least 90 percent of programming</td>
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### Alternative to Placement

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<th>Outcomes</th>
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<td>% of youth will have no arrests or probation intakes during service engagement</td>
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<td>% of youth will have no detention or jail admissions during service engagement</td>
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<tr>
<td>%</td>
<td>%</td>
<td>% of PINS will have no pre-dispositional placements during service engagement</td>
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<tr>
<td>%</td>
<td>%</td>
<td>% of youth will have no violations of probation filed during service engagement</td>
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<td>% of youth will have no new placements during service engagement</td>
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<tr>
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<td>% of youth will be able to identify at least one accessible, positive adult connection * (new)</td>
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<td>% of youth will be engaged in at least one positive community activity * (new)</td>
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<td>% of youth will comply with program rules</td>
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<td>%</td>
<td>%</td>
<td>% of youth will attend at least 90 percent of programming</td>
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Other, locally collected outcomes:

### Reentry / Aftercare
### STSJP RTA Outcomes

<table>
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<th>STSJP RTA</th>
<th>Outcomes</th>
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<tr>
<td>%</td>
<td>%</td>
<td>of youth will have no warrants issued during service engagement</td>
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<td>%</td>
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<td>of youth will have no arrests or probation intakes during service engagement</td>
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<td>of PINS will have no pre-dispositional placements during service engagement</td>
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<td>of youth will have no new placements during service engagement</td>
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<td>of youth will have no returns to their previous placements during service engagement</td>
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<td>of youth will be able to identify at least one accessible, positive adult connection <em>(new)</em></td>
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**Other, locally collected outcomes:**
### PART IV – FUNDING

#### A. Anticipated Program Expenses and Funding Distribution

<table>
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<tr>
<th>Program Name &amp; Service Types</th>
<th>Detention Allocation Shifted</th>
<th>PY20-21 STSJP Allocation</th>
<th>Total Expenses (100%)</th>
<th>Local Share (38%)</th>
<th>State Share (62%)</th>
<th>State Share (100%)</th>
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<td>$17,172.92</td>
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<td>Detention Allocation Shifted</td>
<td>PY20-21 STSJP Allocation</td>
<td>Total Expenses (100%)</td>
<td>Local Share (38%)</td>
<td>State Share (62%)</td>
<td>State Share (100%)</td>
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**Sum of Program Totals:**

|                      | $0.00 | $64,981.00 | $104,808.07 | $39,827.07 | $64,981.00 | $0.00 |

**B. STSJP Reimbursement Summary**

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<th>$64,981.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Locally Approved Amount of PY 2020-2021 STSJP Allocation</td>
<td>$64,981.00</td>
</tr>
<tr>
<td>Approved Detention Allocation Shifted</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Approved for State Reimbursement</td>
<td>$64,981.00</td>
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</tbody>
</table>

**C. STSJP-RTA Reimbursement Summary**

<table>
<thead>
<tr>
<th>STSJP-RTA Approved Plan Amount</th>
<th>$0.00</th>
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</thead>
<tbody>
<tr>
<td>Total Approved for State Reimbursement</td>
<td>0.00</td>
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**PART V – PLAN APPROVAL**

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

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

User ID: 08a335  Print Name: Elizabeth Beers  Date: 6/23/2020

**B. State Level Approval – OCFS Program Reviewer**

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

User ID: IT0911  Print Name: Lynn Tubbs  Date: 6/25/2021