



Office of Children and Family Services

KATHY HOCHUL
Governor

SUZANNE MILES-GUSTAVE, ESQ.
Acting Commissioner

December 13, 2023

Dear Chief Executive Officer,

Thank you for submitting Clinton 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 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 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 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: Clinton		
Lead agency for STSJP submission: Clinton County DSS		
Contact person's name: Richard Holcomb	Title: Deputy Commissioner	
Phone: (518) 565-3622	Ext:	Email: Rich.holcomb@clintoncountygov.com

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. 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, 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:
Plattsburgh (12901) is the zip code that represents the highest number of youth referred for services in Clinton County. Given the relatively small population in Clinton County, this would be expected given that this particular zip code accounts for approximately 40% of the total county population. Other factors that contribute to individuals entering the Juvenile Justice System are Mental Health Issues, Substance Use Disorders and lack of involvement in school or community activities. These issues are frequently compounded by a lack of parent engagement in encouraging and facilitating the child's access to pro-social activities. This lack of parent support is impacted by a number of issues including unemployment, lack of available transportation and the parent's own mental health and addiction issues.
- 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	359	3	0	0	0	0
White	13250	93	0	0	0	0
Native American/Alaskan	45	0	0	0		
Asian/Pacific Islander	153	1	0	0		
Hispanic	439	3	0	0	0	0

Sex Assigned at Birth	2020 General Population <18 years		2022 Detention Admissions		2022 Placement Admissions	
	#	%	#	%	#	%
Male	7314	51	0	0	0	0
Female	6932	49	0	0	0	0

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.

There were no detention or placement admissions for 2022, therefore no disparity exists.

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 programs proposed to be used in the STSJP and STSJP-RTA process have a strong history of collaboration across programs in our community. The plan was developed with input from law enforcement, probation, schools and the courts systems within the County. Much of the collaboration occurs during Diversion meetings which are scheduled 2 times per month. Furthermore, a Grade B Supervisor from our adolescent unit meets with agencies involved with youth. During these meetings the supervisor offers input and receives feedback on the STSJP process.

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.)

The YAP program utilizes monthly phone surveys to gather information from the youth and their families to monitor how successful the program is at meeting the service needs of the family and youth. The Youth Court Program uses a satisfaction survey given to each youth at the end of their involvement in the Youth Court Program.

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.)

Feedback from youth and their families is utilized to make adjustments and modifications during the STSJP planning process. First, feedback from families that have been provided services are surveyed and the information is shared and used in plan development. Second, community needs assessments are done by both the Community Services Board and the Clinton County Health Department with the goal of identifying needs in the areas of mental

health and addiction. Finally, feedback is provided by the Multi-Disciplinary group that makes up the diversion committee. This committee has representatives from community service providers, law enforcement and schools. All this feedback is reviewed to identify service gaps and/or needs which are then relayed to the STSJP provider agencies to ensure that they are incorporated into program activities. Further, representatives from both programs participate in the twice monthly diversion meetings. This feedback is then shared with the STSJP lead and utilized to develop the annual 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: Youth Advocacy Program (YAP)

Operating Agency: Youth Advocacy Program (YAP)

Program Mailing Address: 43 Clinton Street

Address Line 2:

City: Plattsburgh	State: NY	ZIP Code: 12901
Program Contact's Name: Skyler Sullivan		Title: Director
Phone: (518) 561-4829	Ext:	Email: SSullivan@yapinc.org

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 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 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
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***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:
 12901-12903-12910-12911-12912-12918-12919-12921-12919-12933-12934-12935-12958-12959-12962-12978-12979-12981-12992-12993

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.)

Youth referred to the YAP program will be individuals who are already involved in the juvenile justice system and are at risk of being placed out of the home. YAP will work collaboratively with the youth, family and community partner agencies such as schools, mental health providers and any other appropriate provider agency involved with the youth and their family. In addition to avoiding placement, YAP services will also be aimed at preventing actions that would result in the youth being violated by the courts.

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	0	0	9	0	9
STSJP-RTA	0	0	0	0	0	0
Total	0	0	0	9	0	9

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:
 Looking at the data over time I would project that we will continue to be under the projected capacity of 20 individuals.

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	60	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.
 There were no youth in detention during this time period. However, the average length of service for this program is less than what we would expect for youth in out of home placement.

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	0	0	20	0	20
STSJP-RTA	0	0	0	20	0	20
Total	0	0	0	40	0	40

PROGRAM 2

A. Program 2 Contact Information

Program 2 Name: Youth Court

Operating Agency: Clinton County Youth Bureau

Program Mailing Address: 135 Margaret Street

Address Line 2: Second Floor

City: Plattsburgh State: **NY** Zip Code: 12901

Program Contact's Name: Chris Wiley Title: Project Coordinator

Phone: (518) 565-4706 Ext.: () Email: C.wiley@clintoncountyny.gov

B. Program 2 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 STSJ-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:
 12901-12903-12910-12911-12912-12918-12919-12921-12919-12933-12934-12935-12958-12959-12962-12978-12979-12981-12992-12993

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.)

Youth referred to the Youth Court Program will be individuals who are being diverted from further juvenile intervention system. Utilizing peer interventions and prosocial activities individuals will be prevented from becoming further involved in the juvenile justice system.

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

C. Program 2 Performance History (Refer to your municipality's STSJ 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.) STSJ STSJ-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	
STSJ	0	5	0	0	0	5
STSJ-RTA	0	6	0	0	0	6
Total	0	11	0	0	0	11

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:
 We would anticipate greater levels of participation going forward.

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
STSJ	0	58	0	0	0
STSJ-RTA	0	63	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.
 Consistent with expectations based on previous program years average length of service days.

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 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	15	0	0	0	15
STSJP-RTA	0	20	0	0	0	20
Total	0	35	0	0	0	35

PROGRAM	3																					
A. Program 3 Contact Information																						
Program 3 Name:																						
Operating Agency:																						
Program Mailing Address:																						
Address Line 2:																						
City:	State: NY ZIP Code:																					
Program Contact's Name:	Title:																					
Phone: ()	Ext: Email:																					
B. Program 3 Description and Target Population																						
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<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 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>*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.</p>		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
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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.)																						
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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?

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						
STSJP-RTA						
Total						

PROGRAM	4																					
A. Program 4 Contact Information																						
Program 4 Name:																						
Operating Agency:																						
Program Mailing Address:																						
Address Line 2:																						
City:	State: NY Zip Code:																					
Program Contact's Name:																						
Title:																						
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B. Program 4 Description and Target Population																						
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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																				
<p>3. Please list the ZIP codes this program will target:</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>5. Is the program capable of being replicated across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																						
C. Program 4 Performance History (Refer to your municipality's STSJP data files.)																						
<p>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.</p> <p><input type="checkbox"/> None (If none, skip to section D.) <input type="checkbox"/> STSJP <input type="checkbox"/> STSJP-RTA</p>																						

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?

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						
STSJP-RTA						
Total						

PROGRAM 5

A. Program 5 Contact Information

Program 5 Name: _____

Operating Agency: _____

Program Mailing Address: _____

Address Line 2: _____

City: _____	State: NY	Zip Code: _____
Program Contact's Name: _____		Title: _____
Phone: () _____	Ext.: () _____	Email: _____

B. Program 5 Description and Target Population

1. A Family Support 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

C. Program 5 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?

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						
STSJP-RTA						
Total						

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																						
<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 type="checkbox"/> No</p>																						
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STSJP	STSJP-RTA																					
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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 <i>STSJP Annual Plan Development Guide</i> for additional guidance.)																						
5. Is the program capable of being replicated across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No																						
C. Program 6 Performance History (Refer to your municipality's STSJP data files.)																						
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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?

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						
STSJP-RTA						
Total						

PROGRAM 7

A. Program 7 Contact Information

Program 7 Name: _____

Operating Agency: _____

Program Mailing Address: _____

Address Line 2: _____

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

Program Contact's Name: _____ Title: _____

Phone: () _____ Ext.: () _____ Email: _____

B. Program 7 Description and Target Population

1. A Family Support 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

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						
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?

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						
STSJP-RTA						
Total						

PROGRAM 8

A. Program 8 Contact Information

Program 8 Name: _____

Operating Agency: _____

Program Mailing Address: _____

Address Line 2: _____

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

Program Contact's Name: _____ Title: _____

Phone: () _____ Ext.: () _____ Email: _____

B. Program 8 Description and Target Population

1. A Family Support 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

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						
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?

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						
STSJP-RTA						
Total						

PROGRAM 9

A. Program 9 Contact Information

Program 9 Name: _____

Operating Agency: _____

Program Mailing Address: _____

Address Line 2: _____

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

Program Contact's Name: _____ Title: _____

Phone: () _____ Ext.: () _____ Email: _____

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 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 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.) 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 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	
STSJP						
STSJP-RTA						
Total						

PROGRAM	10																					
A. Program 10 Contact Information																						
Program 10 Name:																						
Operating Agency:																						
Program Mailing Address:																						
Address Line 2:																						
City:	State: NY Zip Code:																					
Program Contact's Name:	Title:																					
Phone: ()	Ext.: () Email:																					
Program 10 Description and Target Population																						
<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 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 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>*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.</p>		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
STSJP	STSJP-RTA																					
<input type="checkbox"/>	<input type="checkbox"/>	Prevention (P)																				
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<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Detention/Pre-Dispositional Placement (ATD/ATPDP)																				
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Placement (ATP)																				
<input type="checkbox"/>	<input type="checkbox"/>	Reentry/Aftercare (R/A)																				
<input type="checkbox"/>	<input type="checkbox"/>	Indirect Services																				
3. Please list the ZIP codes this program will target:																						
4. Describe the program, including how it is family focused. If you answered "Yes" to 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.)																						
5. Is the program capable of being replicated across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No																						
Program 10 Performance History (Refer to your municipality's STSJP data files.)																						
<p>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.</p> <p><input type="checkbox"/> None (If none, skip to section D.) <input type="checkbox"/> STSJP <input type="checkbox"/> STSJP-RTA</p>																						

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 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						
STSJP-RTA						
Total						

PROGRAM 11

A. Program 11 Contact Information

Program 11 Name:

Operating Agency:

Program Mailing Address:

Address Line 2:

City:	State: NY	Zip Code:
Program Contact's Name:	Title:	
Phone: ()	Ext.: ()	Email:

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 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 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.) 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 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	
STSJP						
STSJP-RTA						
Total						

PROGRAM 12

A. Program 12 Contact Information

Program 12 Name:

Operating Agency:

Program Mailing Address:

Address Line 2:

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

Program Contact's Name: Title:

Phone: () Ext.: () Email:

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
95 %	95 %	of youth will have no PINS referrals during service engagement
95 %	95 %	of youth will have no trancies during service engagement
95 %	95 %	of youth will have no school suspensions during service engagement
95 %	95 %	of youth will have no arrests or probation intakes during service engagement
95 %	95 %	of youth will have their cases successfully adjusted/diverted during service engagement
95 %	95 %	of youth will be able to identify at least one accessible, positive adult connection
95 %	95 %	of youth will be engaged in at least one positive community activity
95 %	95 %	of youth will comply with program rules
95 %	95 %	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
%	%	of youth will have no missed court appearances during service engagement
%	%	of youth will have no warrants issued during service engagement
%	%	of youth will have no arrests or probation intakes during service engagement
%	%	of youth will have no detention or jail admissions during service engagement
%	%	of PINS will have no pre-dispositional placements during service engagement
%	%	of youth will 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:

Alternative to 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 warrants issued during service engagement
95 %	95 %	of youth will have no arrests or probation intakes during service engagement
95 %	95 %	of youth will have no detention or jail admissions during service engagement
95 %	 %	of PINS will have no pre-dispositional placements during service engagement
95 %	95 %	of youth will have no violations of probation filed during service engagement
95 %	95 %	of youth will have no new placements during service engagement
95 %	95 %	of youth will be able to identify at least one accessible, positive adult connection
95 %	95 %	of youth will be engaged in at least one positive community activity
95 %	95 %	of youth will comply with program rules
95 %	95 %	of youth will attend at least 90% of programming

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

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

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

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

PART IV – FUNDING							
A. Anticipated Program Expenses and Funding Distribution							
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%)
1 YAP	\$0.00	\$0.00	\$24,800.00	\$40,000.00	\$15,200.00	\$24,800.00	\$40,000.00
Prevention							
Early Intervention							
ATD/ATPDP							
ATP	\$0.00	\$0.00	\$24,800.00	\$40,000.00	\$15,200.00	\$24,800.00	\$40,000.00
Reentry/Aftercare							
Indirect							
2 Youth Court	\$0.00	\$0.00	\$15,200.00	\$24,516.13	\$9,316.13	\$15,200.00	\$39,153.00
Prevention							
Early Intervention	\$0.00	\$0.00	\$15,200.00	\$24,516.13	\$9,316.13	\$15,200.00	\$39,153.00
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							
3							
Prevention							
Early Intervention							
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							
4							
Prevention							
Early Intervention							
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							
5							
Prevention							
Early Intervention							
ATD/ATPDP							
ATP							
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%)
6							
Prevention							
Early Intervention							
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							
7							
Prevention							
Early Intervention							
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							
8							
Prevention							
Early Intervention							
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							
9							
Prevention							
Early Intervention							
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							
10							
Prevention							
Early Intervention							
ATD/ATPDP							
ATP							
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%)
11							
Prevention							
Early Intervention							
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							
12							
Prevention							
Early Intervention							
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							
► Sum of Program Totals:			\$40,000.00	\$64,516.13	\$24,516.13	\$40,000.00	\$79,153.00

B. STSJP Reimbursement Summary	
STSJP Allocation Amount	\$40,000.00
Locally Approved Amount of PY 2023-2024 STSJP Allocation	\$40,000.00
Approved Detention Allocation Shifted	\$0.00
Approved Rollover Amount	\$0.00
Total Approved for State Reimbursement	\$40,000.00
C. STSJP-RTA Reimbursement Summary	
STSJP-RTA Approved Plan Amount	\$79,153.00
Total Approved for State Reimbursement	\$79,153.00

PART V – PLAN APPROVAL		
A. Municipality Level Approval – Chief Executive/Administrative Official		
As STSJP Lead for Clinton County, I certify that the Chief Executive/Administrative Official, [Name and Title] Christine Peters, Commissioner of Social Services, has reviewed and approved the 2023-2024 STSJP Plan.		
User ID: 09a634	Print Name: Christine Peters	Date: 9/8/2023
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 2023-2024.		
User ID: it4541	Print Name: Keegan Burke	Date: 9/8/2023