



Office of Children and Family Services

KATHY HOCHUL
Governor

SHEILA J. POOLE
Commissioner

March 16, 2022

Dear Chief Executive Officer,

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

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

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

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

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

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

All STSJP claims, inclusive of STSJP-RTA, must be submitted electronically via the Juvenile Detention Automated System (JDAS) for the service period of October 1, 2021 to September 30, 2022. Questions on all aspects of the claiming process should be directed to the STSJP mailbox at stsjp@ocfs.ny.gov 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,



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

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

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

SUBMITTING MUNICIPALITY CONTACT INFORMATION

Name of applicant county, counties or jurisdiction: Niagara County		
Lead agency for STSJP submission: Youth Bureau		
Contact person's name: Benjamin Bunker	Title: Director of Youth Bureau	
Phone: (716) 278-6872	Ext: -	Email: benjamin.bunker@niagaracounty.com

PLAN SUBMISSION INSTRUCTIONS

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

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

**Please direct any STSJP plan questions to the STSJP mailbox at: STSJP@ocfs.ny.gov,
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:

Niagara County identifies the highest number of YO, AO, JO, JD and PINS by zip code and have identified 14305, 14304, 14303, 14301 as high risk areas with youth most likely to be placed. The factors contributing to this seem to be poverty, family stress and drugs and alcohol use in the specific areas.

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

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

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

Race/Ethnicity	2019 General Population <18 years		2020 Detention Admissions <18 years		2020 Placement Admissions <18 years	
	#	%	#	%	#	%
Black/African American	5006	12	10	43	7	47
White	32674	78	10	43	6	40
Native American/Alaskan	663	2	1	7		
Asian/Pacific Islander	709	2	0	0		
Hispanic	2642	6	1	7	2	13

Sex Assigned at Birth	2019 General Population <18 years		2020 Detention Admissions <18 years		2020 Placement Admissions <18 years	
	#	%	#	%	#	%
Male	21167	51	15	65	8	53
Female	20827	49	8	35	7	47

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

This plan is designed and supports programming in communities of higher black/african american populations to ensure that disparity in detention and placement is reduced. Although, just 2 youth, there is a considerable number of hispanic in the designated areas as well to reduce disparity in this group as well.

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:

Local organization, departments and schools all sit on our local Juvenile Justice taskforce. We meet quarterly, and have switched to virtual meetings due to COVID-19. STSJP Lead sits on taskforce, compiling information for application on pressing issues. All programs participate in taskforce and express needs for communities.

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

N/A

Describe how the plan incorporates that feedback; if you have not yet received youth and family feedback, please describe the municipality implementation plan to develop such feedback mechanisms during PY 2021-2022. The STSJP lead anticipates putting together a feedback form (QR code) that can be distributed to youth, parents and guardians that will acknowledge the program involved with, an evaluation of the program and general area for feedback to be given in regards to STSJP / STSJP-RTA programming in Niagara County.

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

Yes No

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

The STSJP team will work local taskforces and groups to adress the gaps in the communities desginated for programming. Use of the Juvenile Justice taskforce that encompasses community based programmers, Mental Health, Substance Abuse counselors, and school delegates will be given a feedback mechanism, such as a survey in the next year to evaluate gaps in the process.

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? <input type="checkbox"/> Yes (If Yes, please provide their contact details below.) <input type="checkbox"/> No (If No, skip to Q4.)		
Officer's Name:		Title:
Phone: ()	Ext:	Email:
4. Provide the name and email address of the person who will be responsible for collecting and submitting STSJP data for joint-funded programs, as well as the names and email addresses of the fiscal officers responsible for joint-funded programs:		

PART II – PROGRAM LEVEL DETAILS

PROGRAM	1
A. PROGRAM 1 CONTACT INFORMATION	
Program 1 Name: JUVENILE ELECTRONIC MONITORING	
Operating Agency: Niagara County Probation Department	
Program Mailing Address: 111 Main Street	
Address Line 2:	
City: 111 Main Street	State: NY ZIP Code: 14094
Program Contact's Name: Amanda Shirback	Title: Probation Supervisor
Phone: (716) 2788203	Ext: Email: Amanda.Shirback@niagaracounty.com
B. PROGRAM 1 DESCRIPTION AND TARGET POPULATION	
1. A Family Support Service program (FSS) may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS. This program meets the legal definition of a Family Support Services (FSS) program (Social Services Law Section 458-m) and will operate in this capacity for PY 2021-2022. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2021-2022:	
STSJP	STSJP-RTA
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
Prevention (P) Early Intervention (EI) Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP) Alternative to Placement (ATP) Reentry / Aftercare (R / A) Indirect Services	
*Note: If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program.	
3. Please list the ZIP codes this program will target: All Niagara County Zip Codes	
4. Describe the program, including how it is family focused. If you answered "Yes" to Q1 (FSS), be sure to demonstrate how your program meets each requirement of the legislation. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them. (Please refer to the STSJP Annual Plan Development Guide for additional guidance.) The Juvenile Electronic Monitoring program will serve targeted Non-RTA and RTA youth by allowing them to remain in the community, in their home, with their parent/guardian, attending their local school district, and	

allowing community based service provision. During participation in electronic monitoring, probation officers will also be able to continue monitoring the youth’s attendance at, and participation in, referred services, as well as monitoring their location at their residence. Electronic monitoring is an alternative to detention pending disposition of the case, the youth being placed on EHM instead of going to detention. It would also be used as an alternative to out of home placement at disposition of the case.

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

C. PROGRAM 1 PERFORMANCE HISTORY (REFER TO YOUR MUNICIPALITY’S STSJP DATA FILES.)

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

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

Approved Funding	Program Type							Total	
	P	EI	ATD/ATPDP				ATP		R/A
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	0	0	1	1	0	2	0	4
STSJP-RTA	0	0			0	0	0	0	
Total	0	0	0	1	1	0	2	0	4

3. Based on the program’s record of youth served, do you anticipate this program serving more or less than its projected capacity on 9/30/2021? Please explain:
 We anticipate being under budget, due to the scope of COVID-19 and the Court systems having been shut down for a period of months.

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

Approved Funding	Program Type							
	P	EI	ATD/ATPDP				ATP	R/A
			(PINS)	(JO/JD)	(JD-RTA)	(AO)		
STSJP	0.00	0.00	0.00	0	132.00	0.00	130.00	0.00
STSJP-RTA	0.00	0.00			132.00	0.00	130.00	0.00

5. How does the average length of service compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length of stay for youth who were in detention and residential placements during the same time period.
 The length of service anticipated was 90 days per youth, and the actual service were significantly longer. Court dates were delayed due to COVID, resulting in youth remaining on EHM for longer periods.

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

7. (a) What outcomes are on track to meet the goals set for PY 2020-2021? (b) How will they be met?
 We experienced partial completion of program goals. During the time period, there were 4 youth enrolled in EHM and the total number of monitoring days accomplished were 527 days.

8. (a) What outcomes are not on track to meet the goals set for PY 2020-2021? (b) Please describe any contributing barriers.
 We fell short on the number of youth placed on Electronic Monitoring. As EHM is by Court Order, and COVID has significantly impacted the functioning of the Courts, it significantly impacted the number of youth placed on monitor by Court Order.

9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2021-2022?
 The COVID restrictions are being lifted by the Courts, which we anticipate will result in an increase of youth placed on electronic monitoring.

D. PROGRAM 1 SERVICE PROJECTIONS FOR PY 2021-2022

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

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	0	2	8	4	8	4	0	26
STSJP-RTA	0	0			0	0	0	0	0
Total	0	0	2	8	4	8	4	0	26

PROGRAM 2

A. PROGRAM 2 CONTACT INFORMATION

Program 2 Name: Niagara County Juvenile Supported Case Management Program (Hybrid)

Operating Agency: Community Missions of Niagara Frontier, Inc.

Program Mailing Address: CMI Youth Services

Address Line 2: 1570 Buffalo Avenue

City: Niagara Falls

State: NY

ZIP Code: 14303

Program Contact's Name: Marilee R. Clark

Title: Vice President of Youth Services

Phone: (716) 285-3403

Ext: 2265

Email: mclark@communitymissions.org

B. PROGRAM 2 DESCRIPTION AND TARGET POPULATION

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

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

STSJP	STSJP-RTA	
<input 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 type="checkbox"/>	Alternative to Placement (ATP)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reentry / Aftercare (R / A)
<input type="checkbox"/>	<input type="checkbox"/>	Indirect Services

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

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

14301, 14302, 14303, 14304, 14305, 14094, 14120, 14172, 14174, 14092

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

CMI has committed to supportive programming for families by offering inclusion into current Family Support Groups, occurring both virtually and in-person in Niagara Falls and Lockport. Referral to our Children Family

Treatment Support Service (CFTSS) programming is offered to ATP and youth reentering the program through placement. Alternative to Placement (ATP) referrals will be received from the County Department of Social Services and Niagara County Probation Department, and Admission acceptance determined. Services will be voluntary in nature, and designed to provide the youth and families with a well-designed program of case management opportunities which will help to complement the strengths of families. DSS workers and Probation Officers will complete a Skills Assessment Priorities sheet in addition to referral forms, which will target the top five priorities for SCM services to be accomplished in the 60 day programming. These services will provide specific interventions designed to address needs that will support the recommendation to defer decisions to pursue placement out-of-home and community for youth. Re-Entry referrals will be received from NCDSS and NYSOCFS and will be designed to offer youth and families supportive programming which will assist them in their return to home communities, from out-of-home placements. These services will be designed to reactivate support systems youth will need to successfully remain in their communities and lessen their chance for returning to out-of-home placements. We believe that Family Support Services, and connections made with other parents/guardians experiencing the same struggles, will provide these families with opportunities to focus on strengths and accomplishments. Parents/guardians will also be able to participate in skill building sessions designed to support alternative ways to help youth recognize changes that need to be made in their lives to ensure success and good citizenship.

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

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

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

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

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

3. Based on the program's record of youth served (Q2), do you anticipate this program serving more or less than its projected capacity on 9/30/2021? Please explain:
 The anticipation is that youth served will be under capacity at end of period. The program performed under capacity due to experiencing staffing issues during the COVID-19 pandemic. The program did not have adequate staff in place from October - December of 2020 and again February 2021-July 2021.

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

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

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

There were no average length of stays due to the inability to hire staff and further staffing issues during the program period 10/1/21 to 3/31/21.

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

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

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

While the program will not meet the numbers we anticipated, for the youth and families currently admitted to programming, we believe goals will be completed by 9/30/21. Individual goals are aligned with referral areas regarding truancy reduction, anger management, life skills, and mental health supports. Again, we would mention both the inability to hire a replacement Case Manager following departure in February 2021, and the projected resistance from families to participate in programming given the impact of COVID-19.

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

As stated above, CMI will not meet targeted numbers, given to the inability to hire and retain the Case Manager following the departure in February 2021. b. The program was unable to operate from October 2020- December 2020 and again February 2021 until July 2021 when the replacment staff person was hired.

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

We have worked diligently throughout 2021 on Recruitment and Hiring of staff. With the additional monies provided by New York State for individuals on Unemployment due to COVID-19, finding and hiring qualified staff has been a challenge. CMI is aware that other Human Service agencies are experiencing the same drought in hiring. Following efforts made to reach out specifically to local colleges and universities, CMI was fortunate to hire a Master's Level Case Manager in July of 2021. This individual also has an academic focus in Restorative Justice. We have also continued to be flexible in our program design to provide additional supports for families, increased our abilities to reach out virtually with programming (for youth and families) and have confidence that NYS and National interventions for the COVID-19 Pandemic, including vaccines, will help to alleviate barriers with referrals being received for the remainder of 2021. For the next funding cycle of PY 2021-2022, we anticipate we will serve (36) families, and will continue to maintain our caseload at (8) families, cycling out for completion everying (60) days. The Juvenile SCM program will continue to monitor youth who require more supported case management services and interventions beyond the limitations of Child Welfare Case Workers and Probation Officers' time. These youth may be OCFS Re-Entry, Foster Care Re-Entry, or youth at risk of placement outside their home (ATP). Within the scope of services, SCM youth will have two (2) face-to-face contacts weekly with the Case Manager along with one additional virtual or telephonic contact per week as well. Services will include review and assistance with school attendance, a variety of skills groups, and work to target employment or volunteer opportunities. As identified, youth will participate in Anger Replacement Training (ART) which is designed to help youth develop skills which can be realistically applied to better their lives by focusing on anger management, social skills and moral reasoning. Youth who are identified to be more appropriate for self-esteem and relationship building skills will be able to participate in specialized Circle Group skillstreaming. Casey Life Skills Assessments and Individualized Worksheets will also be utilized for all youth to ensure supports and progression for daily and independent living skills. As identified, youth and families will receive linkage to mental health counseling and Family Support Services within their home communities or closest service location, including individualized and family therapy. As of this writing 8/26/21, the JSCM program has already received and processed eight (8) referrals since the re-opening of Intake on August 2, 2021.

D. PROGRAM 2 SERVICE PROJECTIONS FOR PY 2021-2022

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

Approved Funding	Program Type							ATP	R/A	Total
	P	EI	ATD/ATPDP							
			(PINS)	(JO/JD)	(JD-RTA)	(AO)				
STSJP	0	0	0	0	0	0	30	6	36	
STSJP-RTA	0	0			0	0	0	0	0	
Total	0	0	0	0	0	0	30	6	36	

PROGRAM 3

A. PROGRAM 3 CONTACT INFORMATION

Program 3 Name: The Reporting Center

Operating Agency: Buffalo Federation of Neighborhood Centers

Program Mailing Address: 97 Lemon Street

Address Line 2:

City: Buffalo State: NY ZIP Code: 14204

Program Contact's Name: Richard Thomas Title: Program Director

Phone: (716) 282-2217 Ext: Email: rthomas@bfnc.org

B. PROGRAM 3 DESCRIPTION AND TARGET POPULATION

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

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

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

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

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

14303, 14304, 14305, 14094, 14095

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

Reporting Center program focuses on working with youth who have been deemed as "at-risk" who are between the ages of 15-18. Additionally, the program provides services to assist youth in further penetration to the Juvenile Justice system.

Finally, services are provided to youth during the pendency of their court matters an alternative to detention and services to RTA adjudicated youth as an Alternative to Placement.

The mission of the program is to provide case management for the youth, as well as daily groups, including Aggression Replacement Training, in order to reduce the rate of recidivism in our communities among our youth.

Our program offers many services to both the youth and their families including:

- Home visits

o Home visits will be conducted once a month for the duration of the time the youth is in program to monitor progress of the youth on a monthly basis, or as needed based on the needs of the family. The purpose of the home visits is to work with the family as a whole to help improve youth’s behavior.

- School visits

o School visits will be conducted bi-weekly to monitor youth’s grades, attendance and behavior in the school setting. The case counselor will also assist youth and family to advocate for youth in behavioral hearings, and any special education meetings etc.

- Transportation

o Youth are transported to and from program daily by Reporting Center staff. Case Counselor will assist families in securing transportation for appointments in relation to youth (ie. counseling, probation, and court) on a case by case basis pending approval by Program Director or Site Supervisor.

- Crisis intervention

o Staff at the Reporting Center are all mandated reporters, as well as educated in a variety of Human Services fields, including Mental Health and Social Work. Staff is able to work alongside DSS, including child protection workers, to advocate for youth in program.

- Court advocacy

o Case Counselor will attend any court hearings and make themselves available to the family to assist in navigating the Family Court System.

- Family assistance

o Case Counselor and Program Specialist will complete a needs assessment and work with family to assist them in a variety of areas through linkages and coordination with other service providers including but not limited to:

- § Financial literacy

- § Housing

- § Food

- § Counseling

- § Parenting

- Case Reviews

o Case Counselor will meet with parties involved with the youth, including family, probation, counselors etc., and every 30 days to review youth’s case.

- Group

o Youth will be required to attend daily groups including Aggression Replacement Training and other life skills groups, conducted by Case Counselor.

- Restorative Justice

o Youth will be offered an opportunity to participate in restorative justice peace circle to help repair harm to any victims who may have been effected by their behavior on a case by case basis. This is completely voluntary and both youth and victims must be willing to participate. Peace circle will be facilitate by Case Counselor.

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

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

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

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

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

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	0	0	0	0	0	0	0	0
STSJP-RTA	17	6			3	0	0	0	26
Total	17	6	0	0	3	0	0	0	26

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

BFNC anticipates being over projected capacity by 9/30/21. As of 8/31/21, and submission of application for STSJP-RTA, BFNC has served 33 youth and BFNC projected the capacity to serve 35 youth for the program year.

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

Approved Funding	Program Type							
	P	EI	ATD/ATPDP				ATP	R/A
			(PINS)	(JO/JD)	(JD-RTA)	(AO)		
STSJP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0
STSJP-RTA	111.70	100.67			199.00	0.00	0.00	0.00

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

The average length of stay for youth under prevention was 111.70, youth under early intervention as 100.67 and youth who were considered Alternative to Detention at 199.00 which is normal ranges for youth in program and comparable to other programs. System changes to clearly track youth program type are being implemented.

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

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

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

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

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

D. PROGRAM 3 SERVICE PROJECTIONS FOR PY 2021-2022

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

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	0	0	0	0	0	0	0	0
STSJP-RTA	15	10			7	0	3	0	35
Total	15	10	0	0	7	0	3	0	35

PROGRAM	4																					
A. PROGRAM 4 CONTACT INFORMATION																						
Program 4 Name: Casey House																						
Operating Agency: Pinnacle Community Services (dba Family & Children’s Services of Niagara)																						
Program Mailing Address: 1522 Main Street																						
Address Line 2:																						
City: Niagara Falls	State: NY ZIP Code: 14301																					
Program Contact’s Name: Teddy McDuffie	Title: Youth Services Director																					
Phone: (716) 285-6984 Ext:	Email: tmcduffie@pinnaclecs.org																					
B. PROGRAM 4 DESCRIPTION AND TARGET POPULATION																						
<p>1. A Family Support Service program (FSS) may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS. This program meets the legal definition of a Family Support Services (FSS) program (Social Services Law Section 458-m) and will operate in this capacity for PY 2021-2022. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>																						
<p>2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2021-2022:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">STSJP</th> <th style="width: 10%;">STSJP-RTA</th> <th style="width: 80%;"></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Prevention (P)</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Early Intervention (EI)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Alternative to Placement (ATP)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Reentry / Aftercare (R / A)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Indirect Services</td> </tr> </tbody> </table>		STSJP	STSJP-RTA		<input type="checkbox"/>	<input type="checkbox"/>	Prevention (P)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Early Intervention (EI)	<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)	<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Placement (ATP)	<input type="checkbox"/>	<input type="checkbox"/>	Reentry / Aftercare (R / A)	<input type="checkbox"/>	<input type="checkbox"/>	Indirect Services
STSJP	STSJP-RTA																					
<input type="checkbox"/>	<input type="checkbox"/>	Prevention (P)																				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Early Intervention (EI)																				
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)																				
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Placement (ATP)																				
<input type="checkbox"/>	<input type="checkbox"/>	Reentry / Aftercare (R / A)																				
<input type="checkbox"/>	<input type="checkbox"/>	Indirect Services																				
<p>*Note: If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program.</p>																						
<p>3. Please list the ZIP codes this program will target: 14301, 14302, 14303, 14304, 14305</p>																						
<p>4. Describe the program, including how it is family focused. If you answered “Yes” to Q1 (FSS), be sure to demonstrate how your program meets each requirement of the legislation. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them. (Please refer to the STSJP Annual Plan Development Guide for additional guidance.)</p> <p>Casey House provides immediate emergency respite services for Non-RTA youth to prevent them from further penetrating the juvenile justice system. Casey House provides a trauma informed approach in working with the youth and their families. Staff provides linkages to services in the community to assist with reducing negative behaviors and making healthier, safer choices. Youth in residence are required to participate in Positive Youth Development Activities. Positive Youth Development Activities are designed to give youth the skills necessary to become successful members of society. These activities include, but are not limited to, anger management, building self-esteem, job hunting, cooking and nutrition, study skills and safe relationships/dating. Educational assistance is also provided and families are encouraged to participate in these activities together. Casey House is a safe, supervised, voluntary alternative to being out on the streets or couch surfing. This option in turn reduces possibilities of youth being involved in drugs, violence, prostitution and other criminal activity. School attendance is monitored by Casey House staff and is a requirement for residency at Casey House. Staff will assist youth in registering for educational programs as needed. Casey House's main goal is family reunification. All youth in residence are offered family mediation services before discharge. All families are offered referral to MST (Multi-Systemic Therapy) counseling. Programming is geared to each individual youth, their family and their specific needs and goals. Casey House also incorporates family style meals and duties for youth in residence, helping open lines of communication and creates consistency, structure and support. Casey House operates a Transitional Youth Services Program, LEAP, for youth ages 16-21 years of age. The program operates out of Casey House. This</p>																						

program is designed to assist clients with job hunting, housing and educational needs and navigating social services programs and maintaining/obtaining healthcare coverage. All services at Casey House provided at no cost to youth and their families and help guide them in the right direction. Youth can have a case worker assist with almost any need they may not have a mentor/family member to help them with. This program has become an integral part of youth's success while working with Pinnacle Community Services. Casey House also provide on-site Youth Counselor available to all Youth Services clients. The counselor meets with each individual youth for an intake and then if interested will meet on an ongoing basis with the youth. The youth counselor position was implemented due to a shortage of clinical counseling services for youth in Niagara County, as well as long waiting lists for counseling services. The counselor works with the youth while they are on a waiting list for more long term counseling (if needed) with Catholic Charities or New Directions (or a private provider). Due to the trauma most of the youth Casey House engages with have faced, the addition of this youth counselor, while still new, appears to be an asset to the Program and to the youth in services. In addition, Casey House operates a 24 hour/ 7 day a week emergency crisis hotline which is available to youth, family members or services providers for information, support and screening for shelter services

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

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

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

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

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

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJPD	0	24	0	0	0	0	0	0	24
STSJPD-RTA	0	0			0	0	0	0	0
Total	0	24	0	0	0	0	0	0	24

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

Casey House Shelter has had a decrease in the number of youth needing emergency shelter, however the length of stay and bednights per youth have increase overall. Youth who are now requiring services have very little options and not good support systems. Casey House hotline calls has increased with youth and families looking for additional long term support and services. We anticipate this trend to continue as families and youth continue to need support during the COVID-19 pandemic and the social unrest within Niagara County communitites. Casey House continues to give PPE gear to youth as precautions to help reduce the risk of the COVID-19 sickness in Niagara County. Our budgeted capacity is under what is needed to continue to provide 24/hr emergency services as needed moving forward with helping to provide PPE gear and increase in staff hours to cover the shelter.

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

Approved Funding	Program Type							
	P	EI	ATD/ATPDP				ATP	R/A
			(PINS)	(JO/JD)	(JD-RTA)	(AO)		
STSJPD	0.00	13.63	0.00	0.00	0.00	0.00	0.00	0.00
STSJPD-RTA	0.00	0.00			0.00	0.00	0.00	0.00

5. How does the average length of service (Q4) compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length of stay for youth who were in detention and residential placements during the same time period.
6. Will this program's outcomes meet the PY 2020-2021 projected goals by 9/30/2021?
 Yes (If Yes, skip to section D.) Partially No
7. (a) What outcomes are on track to meet the goals set for PY 2020-2021? (b) How will they be met?
 STSJP GOALS...Casey House is on track with providing 200 Crisis Hotline Calls. The program is also on track on providing 40 outreach events to school and/or health fair/community presentations now that schools and society is opening back up. Program is also on track with offering and linking 100% of all residents to mental health counseling either onsite or through an outside agency. The program is also on track with providing outreach/aftercare services to 50% of youth within four weeks of discharge of 30, 60 and 90 days follow-up.
8. (a) What outcomes are not on track to meet the goals set for PY 2020-2021? (b) Please describe any contributing barriers.
 Casey House is not on track with the 95% of youth discharging from the program with a safe exit plan and safe housing secured. Reason being is that Casey House continue to see more high needs youth who are discharging themselves without a discharge plan. Casey House is also not on track with the enrollment of 35 Youth ages 12 -16 in LEAP Transitional Services. The two challenges that we are having is that either the youth has not stayed in contact with us after discharge, or the parents do not want us to continue services. At this time, Casey House no longer has an onsite counselor and currently still searching for a replacement. Casey House will not be on track to meet the goal of 85% of youth will have at least 1 counseling session. We are working to find funding to be able to meet this need again.
9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2021-2022?
 Pinnacle Community Services has implemented both a street outreach and family engagement/diversion programs. Both programs are community based and strong supportive programming that assist youth from Casey House. Staff from both programs work directly in Niagara County communities. Services will be provided to homeless youth on the street, youth at risk of homelessness and families. This program is an extension of services provided from Casey House. Referrals and linkage of services to Casey House emergency shelter and LEAP program are now seamless. Youth are able to get better supportive services within the community when they have different challenges.

D. PROGRAM 4 SERVICE PROJECTIONS FOR PY 2021-2022

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

Approved Funding	Program Type						ATP	R/A	Total
	P	EI	ATD/ATPDP						
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	100	0	0	0	0	0	0	100
STSJP-RTA	0	0			0	0	0	0	0
Total	0	100	0	0	0	0	0	0	100

PROGRAM 5

A. PROGRAM 5 CONTACT INFORMATION

Program 5 Name:

Operating Agency:

Program Mailing Address:

Address Line 2:

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

B. PROGRAM 5 DESCRIPTION AND TARGET POPULATION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

D. PROGRAM 5 SERVICE PROJECTIONS FOR PY 2021-2022

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

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

PROGRAM 6

A. PROGRAM 6 CONTACT INFORMATION

Program 6 Name: _____

Operating Agency: _____

Program Mailing Address: _____

Address Line 2: _____

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

Program Contact's Name: _____ Title: _____

Phone: () Ext: _____ Email: _____

B. PROGRAM 6 DESCRIPTION AND TARGET POPULATION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

D. PROGRAM 6 SERVICE PROJECTIONS FOR PY 2021-2022

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

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

PROGRAM 7

A. PROGRAM 7 CONTACT INFORMATION

Program 7 Name: _____

Operating Agency: _____

Program Mailing Address: _____

Address Line 2: _____

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

Program Contact's Name: _____ Title: _____

Phone: () Ext: _____ Email: _____

B. PROGRAM 7 DESCRIPTION AND TARGET POPULATION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

D. PROGRAM 7 SERVICE PROJECTIONS FOR PY 2021-2022

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

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

PROGRAM 8

A. PROGRAM 8 CONTACT INFORMATION

Program 8 Name: _____

Operating Agency: _____

Program Mailing Address: _____

Address Line 2: _____

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

Program Contact's Name: _____ Title: _____

Phone: () _____ Ext: _____ Email: _____

B. PROGRAM 8 DESCRIPTION AND TARGET POPULATION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

D. PROGRAM 8 SERVICE PROJECTIONS FOR PY 2021-2022

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

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

PROGRAM 9

A. PROGRAM 9 CONTACT INFORMATION

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

B. PROGRAM 9 DESCRIPTION AND TARGET POPULATION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

D. PROGRAM 9 SERVICE PROJECTIONS FOR PY 2021-2022

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

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

PROGRAM 10

A. PROGRAM 10 CONTACT INFORMATION

Program 10 Name: _____

Operating Agency: _____

Program Mailing Address: _____

Address Line 2: _____

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

Program Contact's Name: _____ Title: _____

Phone: () _____ Ext: _____ Email: _____

B. PROGRAM 10 DESCRIPTION AND TARGET POPULATION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

D. PROGRAM 10 SERVICE PROJECTIONS FOR PY 2021-2022

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

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

PROGRAM 11

A. PROGRAM 11 CONTACT INFORMATION

Program 11 Name: _____

Operating Agency: _____

Program Mailing Address: _____

Address Line 2: _____

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

Program Contact's Name: _____ Title: _____

Phone: () _____ Ext: _____ Email: _____

B. PROGRAM 11 DESCRIPTION AND TARGET POPULATION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

D. PROGRAM 11 SERVICE PROJECTIONS FOR PY 2021-2022

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

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

PROGRAM 12

A. PROGRAM 12 CONTACT INFORMATION

Program 12 Name:

Operating Agency:

Program Mailing Address:

Address Line 2:

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

Program Contact's Name: Title:

Phone: () Ext: Email:

B. PROGRAM 12 DESCRIPTION AND TARGET POPULATION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

D. PROGRAM 12 SERVICE PROJECTIONS FOR PY 2021-2022

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

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

PART III – Goals for PY 2021-2022

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

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

STSJP		STSJP RTA		Outcomes
0	%	80	%	of youth will have no PINS referrals during service engagement
0	%	60	%	of youth will have no truanancies during service engagement
0	%	90	%	of youth will have no school suspensions during service engagement
0	%	90	%	of youth will have no arrests or probation intakes during service engagement
0	%	90	%	of youth will be able to identify at least one accessible, positive adult connection
0	%	90	%	of youth will be engaged in at least one positive community activity
0	%	75	%	of youth will comply with program rules
0	%	75	%	of youth will attend at least 90% of programming

If goal is set below 70% for any outcome please explain: Many youth who are in programs have chronic trunacy issues due to lack of transportation to schooling in primary areas of concern.

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

STSJP		STSJP RTA		Outcomes
85	%	85	%	of youth will have no PINS referrals during service engagement
60	%	60	%	of youth will have no truanancies during service engagement
70	%	70	%	of youth will have no school suspensions during service engagement
100	%	100	%	of youth will have no arrests or probation intakes during service engagement
100	%	100	%	of youth will have their cases successfully adjusted/diverted during service engagement
100	%	100	%	of youth will be able to identify at least one accessible, positive adult connection
90	%	90	%	of youth will be engaged in at least one positive community activity
90	%	90	%	of youth will comply with program rules
75	%	75	%	of youth will attend at least 90% of programming

If goal is set below 70% for any outcome please explain: Many youth who are in programs have chronic trunacy issues due to lack of transportation to schooling in primary areas of concern..

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

STSJP		STSJP RTA		Outcomes
90	%	90	%	of youth will have no missed court appearances during service engagement
90	%	90	%	of youth will have no warrants issued during service engagement
80	%	80	%	of youth will have no arrests or probation intakes during service engagement
90	%	90	%	of youth will have no detention or jail admissions during service engagement
90	%		%	of PINS will have no pre-dispositional placements during service engagement
100	%	100	%	of youth will be able to identify at least one accessible, positive adult connection
100	%	100	%	of youth will be engaged in at least one positive community activity

80	%	80	%	of youth will comply with program rules
100	%	100	%	of youth will attend at least 90% of programming

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

ALTERNATIVE TO PLACEMENT

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

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

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

REENTRY / AFTERCARE

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

STSJP		STSJP RTA		Outcomes
80	%	0	%	of youth will have no warrants issued during service engagement
80	%	0	%	of youth will have no arrests or probation intakes during service engagement
80	%	0	%	of youth will have no detention or jail admissions during service engagement
80	%		%	of PINS will have no pre-dispositional placements during service engagement
80	%	0	%	of youth will have no new placements during service engagement
95	%	0	%	of youth will have no returns to their previous placements during service engagement
80	%	0	%	of youth will be able to identify at least one accessible, positive adult connection
80	%	0	%	of youth will be engaged in at least one positive community activity
80	%	0	%	of youth will comply with program rules
80	%	0	%	of youth will attend at least 90% of programming

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

PART IV – FUNDING							
A. ANTICIPATED PROGRAM EXPENSES AND FUNDING DISTRIBUTION							
Program Name and Service Types	STSJP						STSJP-RTA
	Detention Allocation Shifted	Approved Rollover	PY21-22 STSJP Allocation	Total Expenses (100%)	Local Share (38%)	State Share (62%)	State Share (100%)
1 Electronic Monitoring			\$4,497.48	\$7,254.00	\$2,756.52	\$4,497.48	
Prevention							
Early Intervention							
ATD/ATPDP			\$2,248.74	\$3,627.00	\$1,378.26	\$2,248.74	
ATP			\$2,248.74	\$3,627.00	\$1,378.26	\$2,248.74	
Reentry/Aftercare							
Indirect							
2 CMI			\$55,056.52	\$88,800.84	\$33,744.32	\$55,056.52	
Prevention							
Early Intervention							
ATD/ATPDP							
ATP			\$27,528.26	\$44,400.42	\$16,872.16	\$27,528.26	
Reentry/Aftercare			\$27,528.26	\$44,400.42	\$16,872.16	\$27,528.26	
Indirect							
3 BFNC							\$61,980.00
Prevention							\$15,495.00
Early Intervention							\$15,495.00
ATD/ATPDP							\$15,495.00
ATP							\$15,495.00
Reentry/Aftercare							
Indirect							
4 Casey House			\$14,880.00	\$24,000.00	\$9,120.00	\$14,880.00	
Prevention							
Early Intervention			\$14,880.00	\$24,000.00	\$9,120.00	\$14,880.00	
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	PY21-22 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	PY21-22 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:	\$0.00	\$0.00	\$74,434.00	\$120,054.84	\$45,620.84	\$74,434.00	\$61,980.00

B. STSJP REIMBURSEMENT SUMMARY	
STSJP Allocation Amount	\$74,434.00
Locally Approved Amount of PY 2021-2022 STSJP Allocation	\$74,434.00
Approved Detention Allocation Shifted	\$0.00
Approved Rollover Amount	\$0.00
Total Approved for State Reimbursement	\$74,434
C. STSJP-RTA REIMBURSEMENT SUMMARY	
STSJP-RTA Approved Plan Amount	\$61,980.00
Total Approved for State Reimbursement	\$61,980.00

PART V – PLAN APPROVAL		
A. Municipality Level Approval – Chief Executive / Administrative Official		
As STSJP Lead for Niagara County, I certify that the Chief Executive/Administrative Official, [Name and Title] Meghan Lutz, Commissioner of Social Services, has reviewed and approved the 2021-2022 STSJP Plan.		
User ID: 29c077	Print Name: Benjamin Bunker	Date: 10/28/2021
B. State Level Approval – OCFS Program Reviewer		
As OCFS STSJP reviewer, I certify that I approve of this STSJP plan for Niagara County for 2021-2022.		
User ID: JM9737	Print Name: Karen Sessions	Date: 1/11/2022