March 29, 2022

Dear Chief Executive Officer,

Thank you for submitting Orange 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: Orange County	
Lead agency for STSJP submission: Orange County Department of Social Services	
Contact person's name: Anne Caldwell	Title: Senior Case Supervisor
Phone: (845) 291-2802 Ext:	Email: Anne.Caldwell@dfa.state.ny.us

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

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

1. (a) 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 (b) Discuss what factors may be contributing to these high numbers:

Orange County has a population of 384,940 and covers 811.7 miles. There are 42 municipalities in the county including 20 towns, 19 villages and 3 cities. The three cities are Newburgh, Middletown and Port Jervis. The population of these ciites are Newburgh - 28,177, Middletown - 28,189 and Port Jervis - 8558. A significant number of families living at or below the poverty line reside in the three cities. Census Bureau estimates in 2019 show the percentage of persons living in poverty as follows: Newburgh - 29.5%, Middletown - 16.6% and Port Jervis - 18.8%. The three cities have the highest number of JD petitons entering the juvenile justice system. Zipcodes 12550 (Newburgh) and 10940 (Middletown)have the largest representation within the juvenile justice system.   Factors that may contribute to higher representation of youth living in these zipcodes becoming involved in the juvenile justice system are unmet mental health needs, gang influence and poverty.

2. 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	11012	11	10	43	3	42
White	57790	59	1	4	2	29
Native American/Alaskan	267	0	0	0	■	■
Asian/Pacific Islander	2591	3	0	0	■	■
Hispanic	26340	27	12	52	2	29

Sex Assigned at Birth	2019 General Population <18 years		2020 Detention Admissions <18 years		2020 Placement Admissions <18 years	
	#	%	#	%	#	%
Male	50307	51	21	91	5	71
Female	47693	49	2	9	2	29

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.

Orange County's STSJP plan addresses the identified dispartity by providing "front loaded" services to all youth entering the juvenile justice system in our three cities. Census estimates show City of Newburgh's population is 75.2% black and/or Hispanic and City Middletown is 62.3% black and/or Hispanic. By providing all youth upon arrest in both Newburgh and Middletown with local voluntary Family Engagement Specialist services to assist them in meeting needs and navigating the juvenile justice system we continue to see better outcomes for our youth within these cities. Additionally, our Children's Cross System Team considers cultural barriers when conferencing cases and assigns services best suited to address each individual family and youth needs. All juvenile justice statistics disseminated by the Children's Cross System Team/Raise the Age Coordinator are reported with race and ethnicity included to inform county decision makers of disparity issues.

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:

Orange County continues to work collaboratively with all juvenile justice involved agencies. In response to changes in the PINS system, OC has implemented a Children's Cross System Team that meets regularly to conference cases and identify service gaps. Additionally, the Children's Cross System Coordinator (formerly JDAI Coordinator) updates members of the juvenile justice team (formally JDAI Collaborative) including law enforcement, Attorney for Children, courts, Probation, school districts, service providers on current trends in our system and elicits feedback and ideas including service needs.

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

Our STSJP direct service programs elicit feedback through exit survey (Family Keys) and parent/guardian/youth engagement (Family Engagement Specialist MHJJ Program) at multiple points.
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.

Program Directors and county monitors review the feedback received to tailor programs to best meet the needs of youth served. This information is utilized by the county collaborative when determining what programs are included in the plan.

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.

Orange County incorporates continuous community input through various means to inform the STSJP/STSJP RTA plan. Both 12550 (City of Newburgh) and 10940 (City of Middletown) have local community coalitions that are represented on juvenile related subcommittees that meet to strategize and discuss needs. The Youth Bureau Advisory Board has representatives from professional and community based organizations located in both zip codes that are involved in decision making. Service providers report youth/family/community feedback to the Children's Cross System Team and county monitors. This feedback along with input from the local representatives listed are utilized to ensure this plan meets the needs of youth residing in 12550 and 10940.

C. COOPERATIVE APPLICATION *(COMPLETE THIS SECTION ONLY IF THIS IS A JOINT APPLICATION.)*

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

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

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

Officer's Name:		Title:
Phone: ( )	Ext:	Email:

4. Provide the name and email address of the person who will be responsible for collecting and submitting STSJP data for joint-funded programs, as well as the names and email addresses of the fiscal officers responsible for joint-funded programs:

PART II – PROGRAM LEVEL DETAILS

PROGRAM   1

A.   PROGRAM 1 CONTACT INFORMATION

Program 1 Name: Family Engagement Specialist (MHJJ)

Operating Agency: RSS

Program Mailing Address: 30 Matthews St.

Address Line 2:

City: Goshen	State: **NY**	ZIP Code: 10924
Program Contact's Name: Rebekah Feliciano	Title: Program Director	
Phone: (845) 707-9114	Ext:	Email: rfeliciano@rehab.org

B.   PROGRAM 1 DESCRIPTION AND TARGET POPULATION

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

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

STSJP	STSJP-RTA	
☐	☐	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 Orange County with additional services offered in 12550, 10940 and 12771

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 FES MHJJ program is offered to JD/JO/AO youth arrested in Orange County. Contact is made by the program within days of arrest. The program provides a comprehensive assessment to identify needs and work with the youth/family to meet those needs and navigate the juvenile justice system. 24/7 crisis counseling is available to participating youth. The clinicians assigned to this program are embedded within the Probation Department located in our three cities and assist in providing "Strengthening Families" to high risk youth.

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								
			ATD/ATPDP						
	P	EI	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total
STSJP	0	25	0	0	0	0	0	0	25
STSJP-RTA	0	28	■	■	0	0	0	0	28
Total	0	53	0	0	0	0	0	0	53

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:

Due to a sharp decrease in arrests, this program will serve less than projected.

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							
			ATD/ATPDP					
	P	EI	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A
STSJP	0.00	134.13	0.00	0.00	0.00	0.00	0.00	0.00
STSJP-RTA	0.00	174.63	■	■	0.00	0.00	0.00	0.00

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

Due to COVID precautions extending court time, this program has an increased LOS as the program continues throughout the pendancy of the case.   This program is utilized for JD youth and AO/JO youth receiving Voluntary Assessment and Case Planning Services through Probation.

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

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

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

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

D. PROGRAM 1 SERVICE PROJECTIONS FOR PY 2021-2022

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

| Approved Funding | P | EI | Program Type | | | | ATP | R/A | Total |
| | | | ATD/ATPDP | | | | | | |
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	65	0	0	0	0	0	0	65
STSJP-RTA	0	75	■	■	0	0	0	0	75
Total	0	140	0	0	0	0	0	0	140

PROGRAM 2

A. PROGRAM 2 CONTACT INFORMATION

Program 2 Name: Family Keys	
Operating Agency: Southwest Key Programs	
Program Mailing Address: 1997 Route 17M	
Address Line 2:	

City: Goshen	State: **NY**	ZIP Code: 10924
Program Contact's Name: Monica Recinos	Title: Program Director	
Phone: (845) 294-6917	Ext:	Email: mrecinos@swkey.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	
☐	☐	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 Orange County

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.)

All youth referred for PINS behaviors and their families are assessed and provided with immediate intervention, including: information and referral, crisis management, safety planning and short term case management with the goal of successful PINS diversion.

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

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

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

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

Approved Funding	Program Type								
			ATD/ATPDP						
	P	EI	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total
STSJP	0	41	0	0	0	0	0	0	41
STSJP-RTA	0	0	■	■	0	0	0	0	0
Total	0	41	0	0	0	0	0	0	41

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:
   Family Keys is under the programs budgeted capacity due to the pandemic. It is anticipated that this program will increase the number of youth served as schools reopen.

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							
			ATD/ATPDP					
	P	EI	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A
STSJP	0.00	137.32	0.00	0.00	0.00	0.00	0.00	0.00
STSJP-RTA	0.00	0.00	■	■	0.00	0.00	0.00	0.00

5. How does the average length of service (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 is consistent with prior years and expectations.

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

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

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

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

D. PROGRAM 2 SERVICE PROJECTIONS FOR PY 2021-2022

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

Approved Funding	P	EI	ATD/ATPDP (PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total
STSJP	0	120	0	0	0	0	0	0	120
STSJP-RTA	0	0	■	■	0	0	0	0	0
Total	0	120	0	0	0	0	0	0	120

PROGRAM 3

A. PROGRAM 3 CONTACT INFORMATION

Program 3 Name: Orange County Children's Cross Systems Team Coordinator/ Raise the Age Coordinator	

Operating Agency: Southwest Key Programs

Program Mailing Address: 1997 Route 17M

Address Line 2:

City: Goshen	State: **NY**	ZIP Code: 10924
Program Contact's Name: Steven Pack	Title: OC Children's Cross Systems Team Coordinator/ RTA	
Phone: (845) 825-2833	Ext:	Email: spack@swkey.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	
☐	☐	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 Orange County

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 OC Children's Cross System Team Coordinator (formally JDAI Coordinator) / RTA Coordinator has two separate functions.

The OC Chilidren's Cross System Team Coordinator is tasked with the following:
- Leading a team of Probation, Mental Health and Social Service representatives addressing PINS situations
- Coordinating case conferences on youth exhibiting PINS like behavior with a goal of assigning effective and appropriate community based services to address the needs of the youth/family
- Completing all Detention Risk Assessment Instruments (DRAI) for youth petitioned to Family Court
- Conducting training for schools, law enforcement and county agencies on juvenile justice legislative changes
- Representing Orange County on various state and local juvenile justice collaboratives
- Collecting, analyzing and disseminating multiple data sets to inform county decision makers
- Completing funding applications
- Monitor and make recommendations on racial and ethnic disparities within the local juvenile justice system
- Monitor and make recommendations on the unnecessary use of detention

The OC Raise the Age Coordinator is tasked with the following:
- RTA Fiscal Plan preparation
- RTA data collection, review and dissemination
- RTA Detention Risk Assessment Instrument preparation
- Informs and makes recommendations on policy/procedure development
- On call for RTA questions regarding new arrests, detention, funding, etc.
- Representing Orange County at OCFS RTA Learning Collaborative

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								
	P	EI	ATD/ATPDP				ATP	R/A	Total
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	0	0	0	0	0	0	0	0
STSJP-RTA	0	0	■	■	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0

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

N/A Indirect Service Provider

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

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

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.

N/A Indirect Service Provider

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								
	P	EI	ATD/ATPDP				ATP	R/A	Total
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	0	0	0	0	0	0	0	0
STSJP-RTA	0	0	■	■	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0

PROGRAM　4

A. PROGRAM 4 CONTACT INFORMATION

Program 4 Name: Astor Family Services and Support

Operating Agency: Astor Children's Services			
Program Mailing Address: 390 Crystal Run Road, Suite 101			
Address Line 2:			
City: Middletown		State: **NY**	ZIP Code: 10940
Program Contact's Name: Zoryn Lazarus-Theodore		Title: Supervising Social Worker	
Phone: (845) 673-4260	Ext:	Email: zltheodore@astorservices.org	

B. PROGRAM 4 DESCRIPTION AND TARGET POPULATION

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

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

STSJP	STSJP-RTA	
☐	☐	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 Orange County

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.)

This program targets RTA youth with mental health service needs and are at risk of deeper penetration into the juvenile justice system and/or out of home placement. Intensive case management, psychiatrist and clinical mental health services are provided. Parent education and support is also provided for each family. Astor operates in conjunction with adjustment or court intervention as a means to eliminate further penetration into the juvenile justice system.

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

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

1. What, 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								
	P	EI	ATD/ATPDP				ATP	R/A	Total
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	0	0	0	0	0	0	0	0
STSJP-RTA	0	1	■	■	0	0	0	0	1
Total	0	1	0	0	0	0	0	0	1

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:

This program is under budgeted capacity due to less RTA arrests than projected.

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 | | | | | | | |
| | | | ATD/ATPDP | | | | | |
	P	EI	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A
STSJP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STSJP-RTA	0.00	462.00	███	███	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.

The average length of stay is consistent with expectations. This program will run beyond adjustment or court proceedings if necessary.

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 4 SERVICE PROJECTIONS FOR PY 2021-2022

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

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

PROGRAM 5

A. PROGRAM 5 CONTACT INFORMATION

Program 5 Name: Intensive Clinical Case Management (ICCM)

Operating Agency: Rehabilitation Support Services

Program Mailing Address: 30 Matthews St.

Address Line 2:

City: Goshen	State: **NY**	ZIP Code: 10924
Program Contact's Name: Shirley Johnson	Title: Program Director	
Phone: (845) 615-9020	Ext:	Email: sjohnson@rehab.org

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	
☐	☐	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 Orange County

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.)
	Intensive Clinical Case Management services are provided to youth ages 16 and 17 who are arrested and in need of mental health assessment and services. Clinical services, information and referral, family support and other individualized services are provided to prevent further involvement in the juvenile justice system. Smaller caseloads enable for a high level of service that are focused on family preservation.

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.

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

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:
	This program is under budgeted capacity due to less RTA arrests than projected.

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	P	EI	ATD/ATPDP (PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A
STSJP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STSJP-RTA	0.00	271.00	■	■	0	0.00	0.00	0

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.

   Average length of stay is consistent with expectations

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	P	EI	ATD/ATPDP (PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total
STSJP	0	0	0	0	0	0	0	0	0
STSJP-RTA	0	10	■	■	0	0	0	0	10
Total	0	10	0	0	0	0	0	0	10

PROGRAM 6

A. PROGRAM 6 CONTACT INFORMATION

Program 6 Name: YAP Residential Services

Operating Agency: Youth Advocate Program

Program Mailing Address: 280 Broadway

Address Line 2:

City: Newburgh	State: **NY**	ZIP Code: 12550
Program Contact's Name: Rhonda Green	Title: Regional Director	
Phone: (845) 565-5035	Ext:	Email: rgreen@yapinc.org

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	
☐	☐	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 Orange County

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

YAP provides preventative, educational and vocational services to juvenile justice RTA youth ages 16/17. YAP utilizes Strengthening Families, Seeking Safety, Peaceful Alternatives to Tough Situations, Aggression Replacement Training, Thinking for Change, Seven Challenges, Girls Circle and Wise Guys within their program. An advocate is assigned to each youth providing the guidance of a credible messenger to help meet the needs of the client and family. These strategies are utilized in an effort to prevent youth from further penetration into the juvenile justice system.

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.

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

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

This program is under budgeted capacity due to less RTA arrests than projected.

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

Approved Funding	Program Type							
	P	EI	ATD/ATPDP				ATP	R/A
			(PINS)	(JO/JD)	(JD-RTA)	(AO)		
STSJP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STSJP-RTA	0.00	320.00	■■■■■■	■■■■■■	0.00	0.00	0.00	0

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.

   Average length of stay is consistent with expectations.This program will run beyond adjustment or court proceedings if necessary.

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								
	P	EI	ATD/ATPDP				ATP	R/A	Total
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	0	0	0	0	0	0	0	0
STSJP-RTA	0	25	■■■■	■■■■	0	0	0	0	25
Total	0	25	0	0	0	0	0	0	25

PROGRAM 7

A. PROGRAM 7 CONTACT INFORMATION

Program 7 Name: NAFI Parenting with Love and Limits Program	
Operating Agency: North American Family Institute	
Program Mailing Address: 30 Mulberry Street	
Address Line 2:	

City: Middletown	State: **NY**	ZIP Code: 10940
Program Contact's Name: Shatema Smith	Title: Director	
Phone: (845) 652-7273 Ext:	Email: shatemasmith@nafi.com	

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	
☐	☐	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 Orange County

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.)

NAFI PLL is an evidenced-based family education, skill building and therapeutic intervention model which has demonstrated effectiveness in significantly reducing aggressive behaviors, depression, ADD, externalizing problems and substance abuse while also reducing recidivism and improving family communication. The program targets specific risk and protective factors related to delinquency and other emotional and behavioral problems. PLL utilizes assessment, group sessions and individual coaching sessions throughout the program. PLL will work with appropriate RTA youth to meet the needs of the child/family and prevent further penetration into the juvenile justice system.

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.

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

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

We anticipate this program being below budgeted capacity due to a less RTA arrests.

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

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

5. How does the average length of service (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.

    NA. The one youth receiving this service is still active.

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								
	P	EI	ATD/ATPDP				ATP	R/A	Total
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	0	0	0	0	0	0	0	0
STSJP-RTA	0	2	■	■	0	0	0	0	2
Total	0	2	0	0	0	0	0	0	2

PROGRAM 8

A. PROGRAM 8 CONTACT INFORMATION

Program 8 Name: NAFI Orange County Family Wrap Around Program		
Operating Agency: North American Family Institute		
Program Mailing Address: 30 Mulberry Street		
Address Line 2:		
City: Middletown	State: **NY**	ZIP Code: 10940
Program Contact's Name: Tyler Jansen	Title: Director	
Phone: (914) 343-4317	Ext:	Email: tylerjansen@nafi.com

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	
☐	☐	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 Orange County

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.)

   NAFI Orange County Family Wrap Around utilizes a family preservation model and includes a strong clinical component for family and individual treatment. The program is designed to ensure that birth parents and relative caregivers of RTA youth have the skills and supports needed to maintain their children in their homes and in their communities while addressing each child's need for safety and well being. Each RTA family is assigned a team of staff members working together for the family's success with a goal of preventing further penetration into the juvenile justice system for RTA youth.

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.

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

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

PROGRAM 9

A. PROGRAM 9 CONTACT INFORMATION

Program 9 Name: Safe Harbor Trafficking Prevention Program	
Operating Agency: Fearless! Hudson Valley, Inc.	
Program Mailing Address: PO Box 649	
Address Line 2:	

City: Newburgh	State: **NY**	ZIP Code: 12551
Program Contact's Name: Pam O'Dea	Title: Collaborative Program Director	
Phone: (845) 562-5364	Ext: 126	Email: podea@fearlesshv.org

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	
☒	☐	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 Orange County

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 Safe Harbor Trafficking Prevention Program staff provide supportive and comprehensive services to youth in Orange County who are identified as being trafficked or vulnerable to trafficking. Fearless! Anti- Trafficking staff lead the Orange County Safe Harbor program with a primary focus of 'Eliminating Exploitation, Empowering Our Youth'. Vulnerable and trafficked youth are at high risk for runaway behavior and subsequently PINS runaway petitions. Safe Harbor works with this high risk population by providing safety plans, access to services and overall support to trafficked youth and families to decrease instances of runaway behavior and Family Court intervention.

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.

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

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

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

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

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

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

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

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

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

D. PROGRAM 9 SERVICE PROJECTIONS FOR PY 2021-2022

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

Approved Funding	Program Type								
	P	EI	ATD/ATPDP				ATP	R/A	Total
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	75								75
STSJP-RTA			██████████						
Total	75								75

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	
☐	☐	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:

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.

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

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

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

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

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

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

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

D. PROGRAM 10 SERVICE PROJECTIONS FOR PY 2021-2022

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

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

PROGRAM 11

A. PROGRAM 11 CONTACT INFORMATION

Program 11 Name:	
Operating Agency:	
Program Mailing Address:	
Address Line 2:	

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

B. PROGRAM 11 DESCRIPTION AND TARGET POPULATION

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

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

STSJP	STSJP-RTA	
☐	☐	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:

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								
			ATD/ATPDP						
	P	EI	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total
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							
			ATD/ATPDP					
	P	EI	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A
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.

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

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 | | | | | | | | |
| | P | EI | ATD/ATPDP | | | | ATP | R/A | Total |
			(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 | | | | | | | | |
| | P | EI | ATD/ATPDP | | | | ATP | R/A | Total |
			(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
90	%		%	of youth will have no PINS referrals during service engagement
75	%		%	of youth will have no truancies during service engagement
75	%		%	of youth will have no school suspensions during service engagement
90	%		%	of youth will have no arrests or probation intakes during service engagement
90	%		%	of youth will be able to identify at least one accessible, positive adult connection
90	%		%	of youth will be engaged in at least one positive community activity
75	%		%	of youth will comply with program rules
75	%		%	of youth will attend at least 90% of programming

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

EARLY INTERVENTION
(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 PINS referrals during service engagement
75	%	75	%	of youth will have no truancies during service engagement
75	%	75	%	of youth will have no school suspensions during service engagement
90	%	90	%	of youth will have no arrests or probation intakes during service engagement
90	%	90	%	of youth will have their cases successfully adjusted/diverted during service engagement
90	%	90	%	of youth will be able to identify at least one accessible, positive adult connection
80	%	80	%	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:

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
	%		%	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 violations of probation filed during service engagement
	%		%	of youth will have no new 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 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
	%		%	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**							
		STSJP						**STSJP-RTA**
	Program Name and Service Types	**Detention Allocation Shifted**	**Approved Rollover**	**PY21-22 STSJP Allocation**	**Total Expenses (100%)**	**Local Share (38%)**	**State Share (62%)**	**State Share (100%)**
1	Family Engagement Specialist (MHJJ)	$52,591.68	$12,297.26	$27,500.98	$149,016.00	$56,626.08	$92,389.92	$146,094.00
	Prevention							
	Early Intervention	$52,591.68	$12,297.26	$27,500.98	$149,016.00	$56,626.08	$92,389.92	$146,094.00
	ATD/ATPDP							
	ATP							
	Reentry/Aftercare							
	Indirect							
2	Family Keys	$153,694.56	$35,937.65	$80,369.17	$435,486.09	$165,484.71	$270,001.38	
	Prevention							
	Early Intervention	$153,694.56	$35,937.65	$80,369.17	$435,486.09	$165,484.71	$270,001.38	
	ATD/ATPDP							
	ATP							
	Reentry/Aftercare							
	Indirect							
3	Orange County Children's Cross Systems Team Coordinator/Raise the Age Coordinator	$37,229.72	$8,705.24	$19,467.96	$105,488.59	$40,085.67	$65,402.92	$51,932.00
	Prevention							
	Early Intervention							
	ATD/ATPDP							
	ATP							
	Reentry/Aftercare							
	Indirect	$37,229.72	$8,705.24	$19,467.96	$105,488.59	$40,085.67	$65,402.92	$51,932.00
4	Astor Family Services and Support							$75,000.00
	Prevention							
	Early Intervention							$75,000.00
	ATD/ATPDP							
	ATP							
	Reentry/Aftercare							
	Indirect							
5	Intensive Clinical Case Management							$25,000.00
	Prevention	$0.00						

Program Name and Service Types							
Early Intervention							$25,000.00
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							

		STSJP					STSJP-RTA
Program Name and Service Types	**Detention Allocation Shifted**	**Approved Rollover**	**PY21-22 STSJP Allocation**	**Total Expenses (100%)**	**Local Share (38%)**	**State Share (62%)**	**State Share (100%)**
6 YAP Residential Services							**$212,500.00**
Prevention							
Early Intervention							$212,500.00
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							
7 NAFI Parenting with Love and Limits Program							**$31,381.00**
Prevention							
Early Intervention							$31,381.00
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							
8 NAFI Orange County Family Wrap Around Program							**$41,729.00**
Prevention							
Early Intervention							$41,729.00
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							
9 Safe Harbor Trafficking Prevention Program	$13,086.04	$3,059.85	$6,842.89	$37,078.67	$14,089.89	$22,988.78	
Prevention	$13,086.04	$3,059.85	$6,842.89	$37,078.67	$14,089.89	$22,988.78	
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:**	$256,602.00	$60,000.00	$134,181.00	$727,069.35	$276,286.35	$450,783.00	**$583,636.00**

B. STSJP REIMBURSEMENT SUMMARY	
STSJP Allocation Amount	$134,181.00
Locally Approved Amount of PY 2021-2022 STSJP Allocation	$134,181.00
Approved Detention Allocation Shifted	$256,602.00
Approved Rollover Amount	$60,000.00
Total Approved for State Reimbursement	$450,783.00

C. STSJP-RTA REIMBURSEMENT SUMMARY	
STSJP-RTA Approved Plan Amount	$583,636.00
Total Approved for State Reimbursement	**$583,636.00**

PART V – PLAN APPROVAL

A. Municipality Level Approval – Chief Executive / Administrative Official		
As STSJP Lead for Orange County, I certify that the Chief Executive/Administrative Official, [Name and Title] Steven Neuhaus, County Executive, has reviewed and approved the 2021-2022 STSJP Plan.		
User ID: 33a896	Print Name: Anne Caldwell	Date: 9/16/2021
B. State Level Approval – OCFS Program Reviewer		
As OCFS STSJP reviewer, I certify that I approve of this STSJP plan for Orange County for 2021-2022.		
User ID: JM9737	Print Name: Karen Sessions	Date: 3/23/2022