



Office of Children and Family Services

KATHY HOCHUL
Governor

SUZANNE MILES-GUSTAVE, ESQ.
Acting Commissioner

March 12, 2024

Dear Chief Executive Officer,

Thank you for submitting Orleans County's Supervision and Treatment Services for Juveniles Program (STSJP) plan for Program Year (PY) 2023-2024. Your entire STSJP plan, including any amounts listed for PY 2023-2024 STSJP-RTA, has been **approved**.

The County is eligible to receive 62% State reimbursement for STSJP expenditures up to the capped STSJP allocation amount. Your municipality will continue to receive 49% State reimbursement for eligible detention services expenditures up to the capped allocation amount. If your municipality shifts a portion of its detention allocation into its STSJP plan, your municipality will receive 62% State reimbursement, up to the capped allocation, if such shifted funds are spent on STSJP eligible expenditures. A municipality may make a detention allocation shift at the time of the STSJP plan submission or up until June 30, 2024, unless otherwise approved by the Office of Children and Family Services.

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

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

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

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

All STSJP claims, inclusive of STSJP-RTA, must be submitted electronically via the Juvenile Detention Automated System (JDAS) for the service period of October 1, 2023, to September 30, 2024. Questions on all aspects of the claiming process should be directed to the STSJP mailbox at stsjp@ocfs.ny.gov with the subject line: "STSJP Claiming Questions".

If you have any STSJP plan questions, please also email us at stsjp@ocfs.ny.gov and write "STSJP Plan Questions" in the subject line or reach out to Lynn Tubbs at (518) 473-9116.

Thank you for your continued partnership as we reform the juvenile justice practices in New York State by safely engaging youth and their families through innovative programming to reduce out of home placement and detention of youth.

Sincerely,



Nina Aledort, PhD
Deputy Commissioner

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

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
SUPERVISION AND TREATMENT SERVICES
FOR JUVENILES PROGRAM (STSJP) - WITH ROLLOVER
ANNUAL PLAN FOR PROGRAM YEAR OCTOBER 1, 2023 – SEPTEMBER 30, 2024

| SUBMITTING MUNICIPALITY CONTACT INFORMATION | | |
|--|-----------------------------|---|
| Name of applicant county, counties, or jurisdiction: Orleans County | | |
| Lead agency for STSJP submission: Orleans County Child and Family Services | | |
| Contact person's name: Teresa Elam-Zwifka | Title: Director of Services | |
| Phone: (585) 589-2779 | Ext: | Email: teresa.elam-zwifka@orleanscountyny.gov |

| PLAN SUBMISSION INSTRUCTIONS |
|--|
| <p>STSJP plans are due to the Office of Children and Family Services (OCFS) by <u>08 / 04 / 2023</u></p> |
| <ol style="list-style-type: none"> Once you have opened this form on your computer, please use the "Save As" function to save a copy with the following file name: "STSJP 2023-2024 Annual Plan – [ex. Municipality Name]." Work from the copy saved in Step 1 as you record your municipality information. Save your work as you complete each section. Email the completed application to OCFS at stsjp@ocfs.ny.gov. Use the subject line "STSJP 2023-2024 Annual Plan – [Municipality Name]" to facilitate timely review of your plan. <p style="text-align: center;">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.</p> |
| <p>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.</p> |

| PART I – MUNICIPALITY LEVEL DETAILS |
|---|
| A. Municipality Level Analysis |
| <ol style="list-style-type: none"> <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> Youth from zip codes 14411 and 14103 continue to be the the greatest proportion of those entering the youth justice system. 14411 is the Orleans County seat and where there is the highest concentration of families living with complex socioeconomic issues.14103 is the other town in the county with a concentration of families experiencing complex socioeconomic issues. The other zip codes within the county are small, rural communities. Resources available at the following link can help you answer these questions: https://www.ocfs.ny.gov/programs/youth/stsjp/planning.php <ol style="list-style-type: none"> In the charts below, please provide the municipality's distributions by race, ethnicity, and sex assigned at birth for the general population of youth younger than 18, and for the detained and placed population of youth. For the placement admissions data, please add together county data from Tables 1b-Total OCFS Facility Admissions by Sex, Race/Ethnicity and Age, 6b-JD Foster Care Admissions by Sex, Race/Ethnicity and Age and 7b-PINS Post-Dispositional Foster Care Admissions by Sex, Race/Ethnicity and Age from Annual Out of Home Placement Admissions Data Packet |

| Race/Ethnicity | 2020 General Population <18 years | | 2022 Detention Admissions | | 2022 Placement Admissions | |
|-------------------------|-----------------------------------|----|---------------------------|-----|---------------------------|-----|
| | # | % | # | % | # | % |
| Black/African American | 414 | 6 | 0 | 0 | 0 | 0 |
| White | 6,354 | 85 | 1 | 100 | 2 | 100 |
| Native American/Alaskan | 26 | 0 | 0 | 0 | | |
| Asian/Pacific Islander | 74 | 1 | 0 | 0 | | |
| Hispanic | 620 | 8 | 0 | 0 | 0 | 0 |

| Sex Assigned at Birth | 2020 General Population <18 years | | 2022 Detention Admissions | | 2022 Placement Admissions | |
|-----------------------|-----------------------------------|----|---------------------------|-----|---------------------------|----|
| | # | % | # | % | # | % |
| Male | 3,799 | 51 | 1 | 100 | 1 | 50 |
| Female | 3,689 | 49 | 0 | 0 | 1 | 50 |

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

Disparity trends cannot be noted due to the small numbers of youth admitted to detention and placement.

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:

Orleans County DSS, Orleans County Probation, Genesee-Orleans Youth Bureau and the Juvenile Adjustment Services Committee(JASC) work collaboratively on all juvenile matters in Orleans County. The committee meets twice per month to discuss referrals and linkage to services, alternatives to detention and placement and service provision for the RTA population of young adults. Berkshire Farms Enhanced Stepping Stones (SS) programming has been in place since early 2020. The SS worker works collaboratively with the Probation office and JASC Committee. The SS worker receives referrals from the JASC Committee and the Probation Department in a joint effort to divert the youth from placement/detention. School districts, mental health, and drug and alcohol treatment providers are members of the JASC Committee.

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

- Yes. (If yes, please describe how the plan incorporates that feedback at the system level, e.g., funding and service continuum decisions.)
- No. (If no, please describe the barriers to implementation and the municipality's solutions to develop such feedback mechanism during PY 2023-2024.)

Stepping Stones is seeking an employee to provide services in Orleans County full time after the resignation of the previous worker. An exit survey will be developed when the new employee is hired.

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

- Yes. (If yes, please describe how the plan incorporates that feedback at the system level, e.g., funding and service continuum decisions.)
- No. (If no, please describe the barriers to implementation and the municipality's solutions to develop such feedback mechanism during PY 2023-2024.)

It is difficult to engage the community due to lack of transportation and community gathering places. Information will be gathered regularly from the participating agencies of the JASC regarding community needs and will be considered during plan development for the next program year.

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

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

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

3. Will a single fiscal officer be the custodian of the funds made available for STSJP?
 Yes. (If yes, please provide their contact details below.)
 No. (If no, skip to Q.4.)

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

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

PART II – PROGRAM LEVEL DETAILS

PROGRAM 1

A. Program 1 Contact Information

Program 1 Name: Enhanced Stepping Stones

Operating Agency: Berkshire Farms Center and Services for Youth

Program Mailing Address: 13640 Route 22

Address Line 2:

| | | |
|--------------|-----------|-----------------|
| City: Canaan | State: NY | ZIP Code: 12029 |
|--------------|-----------|-----------------|

Program Contact's Name: Lucas Jacobs

Title: VP of Statewide Prevention and Detention

| | | |
|-----------------------|----------|-----------------------------------|
| Phone: (518) 346-6201 | Ext: 221 | Email: ljacobs@berkshirefarms.org |
|-----------------------|----------|-----------------------------------|

B. Program 1 Description and Target Population

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

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

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

***Note:** If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program. Additionally, children under 12 years of age who do not meet the definition of either a PINS or a JD and

whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the FCA, may only be served through the Prevention and Early Intervention service domains.

3. Please list the ZIP codes this program will target:
14411, 14429, 14422, 14452, 14470, 14477, 14479, 14098, 14103, 14571

4. Describe the program, including how it is family focused. If you answered "Yes" to Q.1. Family Support Services program, be sure to demonstrate how your program meets each requirement of the legislation. Also, please explain how each of the service types selected in Q.2. will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them. (Please refer to the *STSJP Annual Plan Development Guide* for additional guidance.)

For Prevention Service type, at risk youth age 16-17 who have not yet touched the juvenile justice system will be referred to the Stepping Stones program. For ATD service type, RTA youth awaiting pendency of their case will be referred to the Stepping Stones Program. Referred youth will be assigned a family specialist who will provide: World of Work Curriculum (develops soft vocational skills so that the youth can find, obtain, and maintain employment; Independent Living Skills (the FS will assist the youth in IL skills including housing, health care, and nutrition); Power Source programming (to help youth develop emotional regulation skills to reduce recidivism); Youth Support (youth and family, providers and educators form support team for the youth to continue post discharge); and Case Management (linkage, transportation, housing, service coordination and crisis intervention services).

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

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

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

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

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

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

The program is capable to servicing a caseload of six youth at a time. The expectation is that the projected capacity is sufficient.

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

| Approved Funding | Program Type | | | | |
|------------------|--------------|----|-----------|-----|-----|
| | P | EI | ATD/ATPDP | ATP | R/A |
| STSJP | | | | | |
| STSJP-RTA | | | 120 | | |

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.

Youth receiving ATD/ATPDP services are engaged for shorter periods of time with positive outcomes. The youth remain in their communities and benefit from the support/services provided by Stepping Stones.

6. Will this program's outcomes meet the PY 2022-2023 projected goals by 9/30/2023?
 Yes. (If yes, skip to section D.) Partially No
7. (a) What outcomes are on track to meet the goals set for PY 2022-2023?
 (b) How will they be met?
8. (a) What outcomes are not on track to meet the goals set for PY 2022-2023?
 (b) Please describe any contributing barriers:
9. What changes have been made to overcome the barriers identified in Q.8. so that the program can achieve its desired goals for PY 2023-2024?

D. Program 1 Service Projections for PY 2023-2024

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

| Approved Funding | Program Type | | | | | Total |
|------------------|--------------|----|-----------|-----|-----|-------|
| | P | EI | ATD/ATPDP | ATP | R/A | |
| STSJP | | | | | | |
| STSJP-RTA | 6 | | 6 | | | 12 |
| Total | 6 | | 6 | | | 12 |

PROGRAM 2

A. Program 2 Contact Information

Program 2 Name: _____

Operating Agency: _____

Program Mailing Address: _____

Address Line 2: _____

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

Program Contact's Name: _____ Title: _____

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

B. Program 2 Description and Target Population

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

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

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

***Note:** If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program. Additionally, children under 12 years of age who do not meet the definition of either a PINS or a JD and

whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the FCA, may only be served through the Prevention and Early Intervention service domains.

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

4. Describe the program, including how it is family focused. If you answered "Yes" to Q.1. Family Support Services program, be sure to demonstrate how your program meets each requirement of the legislation. Also, please explain how each of the service types selected in Q.2. will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them. (Please refer to the *STSJP Annual Plan Development Guide* for additional guidance.)

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

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

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

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

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

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

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

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

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

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

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

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

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

(b) How will they be met?

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

(b) Please describe any contributing barriers:

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

Program 2 Service Projections for PY 2023-2024

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

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

| PROGRAM | 3 | | | | | | | | | | | | | | | | | | | | | |
|--|----------------------------|--|-----------|--|--------------------------|--------------------------|----------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|-------------------|
| A. Program 3 Contact Information | | | | | | | | | | | | | | | | | | | | | | |
| Program 3 Name: | | | | | | | | | | | | | | | | | | | | | | |
| Operating Agency: | | | | | | | | | | | | | | | | | | | | | | |
| Program Mailing Address: | | | | | | | | | | | | | | | | | | | | | | |
| Address Line 2: | | | | | | | | | | | | | | | | | | | | | | |
| City: | State: NY ZIP Code: | | | | | | | | | | | | | | | | | | | | | |
| Program Contact's Name: | Title: | | | | | | | | | | | | | | | | | | | | | |
| Phone: () | Ext: Email: | | | | | | | | | | | | | | | | | | | | | |
| B. Program 3 Description and Target Population | | | | | | | | | | | | | | | | | | | | | | |
| <p>1. A Family Support Services (FSS) program may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS; or children under 12 years of age who do not meet the definition of a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the Family Court Act (FCA). This program meets the legal definition of an FSS program (Social Services Law Section 458-m) and will operate in this capacity for PY 2023-2024.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | | | | | | | | | | | | | | | | | | | | | |
| <p>2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2023-2024:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">STSJP</th> <th style="width: 10%;">STSJP-RTA</th> <th style="width: 80%;"></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Prevention (P)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Early Intervention (EI)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Alternative to Detention/Pre-Dispositional Placement (ATD/ATPDP)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Alternative to Placement (ATP)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Reentry/Aftercare (R/A)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Indirect Services</td> </tr> </tbody> </table> <p>*Note: If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program. Additionally, children under 12 years of age who do not meet the definition of either a PINS or a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the FCA, may only be served through the Prevention and Early Intervention service domains.</p> | | STSJP | STSJP-RTA | | <input type="checkbox"/> | <input type="checkbox"/> | Prevention (P) | <input type="checkbox"/> | <input type="checkbox"/> | Early Intervention (EI) | <input type="checkbox"/> | <input type="checkbox"/> | Alternative to Detention/Pre-Dispositional Placement (ATD/ATPDP) | <input type="checkbox"/> | <input type="checkbox"/> | Alternative to Placement (ATP) | <input type="checkbox"/> | <input type="checkbox"/> | Reentry/Aftercare (R/A) | <input type="checkbox"/> | <input type="checkbox"/> | Indirect Services |
| STSJP | STSJP-RTA | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Prevention (P) | | | | | | | | | | | | | | | | | | | | |
| <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 | | | | | | | | | | | | | | | | | | | | |
| 3. Please list the ZIP codes this program will target: | | | | | | | | | | | | | | | | | | | | | | |
| 4. Describe the program, including how it is family focused. If you answered "Yes" to Q.1. Family Support Services program, be sure to demonstrate how your program meets each requirement of the legislation. Also, please explain how each of the service types selected in Q.2. will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them. (Please refer to the <i>STSJP Annual Plan Development Guide</i> for additional guidance.) | | | | | | | | | | | | | | | | | | | | | | |
| 5. Is the program capable of being replicated across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | |
| C. Program 3 Performance History (Refer to your municipality's STSJP data files.) | | | | | | | | | | | | | | | | | | | | | | |
| <p>1. What, if any, funding did this program receive in PY 2022-2023? If the program was approved in PY 2022-2023 but was not implemented or is anticipated to serve no youth, please choose None.</p> <p><input type="checkbox"/> None (If none, skip to section D.) <input type="checkbox"/> STSJP <input type="checkbox"/> STSJP-RTA</p> | | | | | | | | | | | | | | | | | | | | | | |

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

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

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

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

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

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

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

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

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

(b) How will they be met?

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

(b) Please describe any contributing barriers:

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

D. Program 3 Service Projections for PY 2023-2024

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

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

| PROGRAM | 4 | | | | | | | | | | | | | | | | | | | | | |
|---|--------------------------|--|-----------|--|--------------------------|--------------------------|----------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|-------------------|
| A. Program 4 Contact Information | | | | | | | | | | | | | | | | | | | | | | |
| Program 4 Name: | | | | | | | | | | | | | | | | | | | | | | |
| Operating Agency: | | | | | | | | | | | | | | | | | | | | | | |
| Program Mailing Address: | | | | | | | | | | | | | | | | | | | | | | |
| Address Line 2: | | | | | | | | | | | | | | | | | | | | | | |
| City: | State: NY | | | | | | | | | | | | | | | | | | | | | |
| Zip Code: | | | | | | | | | | | | | | | | | | | | | | |
| Program Contact's Name: | | | | | | | | | | | | | | | | | | | | | | |
| Title: | | | | | | | | | | | | | | | | | | | | | | |
| Phone: () | Ext.: () | | | | | | | | | | | | | | | | | | | | | |
| Email: | | | | | | | | | | | | | | | | | | | | | | |
| B. Program 4 Description and Target Population | | | | | | | | | | | | | | | | | | | | | | |
| <p>1. A Family Support Services (FSS) program may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS; or children under 12 years of age who do not meet the definition of a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the Family Court Act (FCA). This program meets the legal definition of an FSS program (Social Services Law Section 458-m) and will operate in this capacity for PY 2023-2024.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | | | | | | | | | | | | | | | | | | | | | |
| <p>2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2023-2024:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9d9e9;"> <th style="width: 10%;">STSJP</th> <th style="width: 10%;">STSJP-RTA</th> <th style="width: 80%;"></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Prevention (P)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Early Intervention (EI)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Alternative to Detention/Pre-Dispositional Placement (ATD/ATPDP)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Alternative to Placement (ATP)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Reentry/Aftercare (R/A)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Indirect Services</td> </tr> </tbody> </table> <p>*Note: If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program. Additionally, children under 12 years of age who do not meet the definition of either a PINS or a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the FCA, may only be served through the Prevention and Early Intervention service domains.</p> | | STSJP | STSJP-RTA | | <input type="checkbox"/> | <input type="checkbox"/> | Prevention (P) | <input type="checkbox"/> | <input type="checkbox"/> | Early Intervention (EI) | <input type="checkbox"/> | <input type="checkbox"/> | Alternative to Detention/Pre-Dispositional Placement (ATD/ATPDP) | <input type="checkbox"/> | <input type="checkbox"/> | Alternative to Placement (ATP) | <input type="checkbox"/> | <input type="checkbox"/> | Reentry/Aftercare (R/A) | <input type="checkbox"/> | <input type="checkbox"/> | Indirect Services |
| STSJP | STSJP-RTA | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Prevention (P) | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Early Intervention (EI) | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Alternative to Detention/Pre-Dispositional Placement (ATD/ATPDP) | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Alternative to Placement (ATP) | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Reentry/Aftercare (R/A) | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Indirect Services | | | | | | | | | | | | | | | | | | | | |
| <p>3. Please list the ZIP codes this program will target:</p> | | | | | | | | | | | | | | | | | | | | | | |
| <p>4. Describe the program, including how it is family focused. If you answered "Yes" to Q.1. Family Support Services program, be sure to demonstrate how your program meets each requirement of the legislation. Also, please explain how each of the service types selected in Q.2. will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them. (Please refer to the <i>STSJP Annual Plan Development Guide</i> for additional guidance.)</p> | | | | | | | | | | | | | | | | | | | | | | |
| <p>5. Is the program capable of being replicated across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | | | | | | | | | | | | | | | | | | | | | |
| C. Program 4 Performance History (Refer to your municipality's STSJP data files.) | | | | | | | | | | | | | | | | | | | | | | |
| <p>1. What, if any, funding did this program receive in PY 2022-2023? If the program was approved in PY 2022-2023 but was not implemented or is anticipated to serve no youth, please choose None.</p> <p><input type="checkbox"/> None (If none, skip to section D.) <input type="checkbox"/> STSJP <input type="checkbox"/> STSJP-RTA</p> | | | | | | | | | | | | | | | | | | | | | | |

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

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

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

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

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

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

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

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

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

(b) How will they be met?

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

(b) Please describe any contributing barriers:

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

D. Program 4 Service Projections for PY 2023-2024

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

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

PROGRAM 5

A. Program 5 Contact Information

Program 5 Name: _____

Operating Agency: _____

Program Mailing Address: _____

Address Line 2: _____

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

B. Program 5 Description and Target Population

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

Yes No

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

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

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

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

4. Describe the program, including how it is family focused. If you answered "Yes" to Q.1. Family Support Services program, be sure to demonstrate how your program meets each requirement of the legislation. Also, please explain how each of the service types selected in Q.2. will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them. (Please refer to the *STSJP Annual Plan Development Guide* for additional guidance.)

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

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

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

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

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

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

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

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

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

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

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

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

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

(b) How will they be met?

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

(b) Please describe any contributing barriers:

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

D. Program 5 Service Projections for PY 2023-2024

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

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

PROGRAM 6

A. Program 6 Contact Information

Program 6 Name: _____

Operating Agency: _____

Program Mailing Address: _____

Address Line 2: _____

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

B. Program 6 Description and Target Population

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

Yes No

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

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

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

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

4. Describe the program, including how it is family focused. If you answered "Yes" to Q.1. Family Support Services program, be sure to demonstrate how your program meets each requirement of the legislation. Also, please explain how each of the service types selected in Q.2. will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them. (Please refer to the *STSJP Annual Plan Development Guide* for additional guidance.)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

D. Program 6 Service Projections for PY 2023-2024

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

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

PROGRAM 7

A. Program 7 Contact Information

Program 7 Name: _____

Operating Agency: _____

Program Mailing Address: _____

Address Line 2: _____

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

Program Contact's Name: _____ Title: _____

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

B. Program 7 Description and Target Population

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

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

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

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

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

4. Describe the program, including how it is family focused. If you answered "Yes" to Q.1. Family Support Services program, be sure to demonstrate how your program meets each requirement of the legislation. Also, please explain how each of the service types selected in Q.2. will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them. (Please refer to the *STSJP Annual Plan Development Guide* for additional guidance.)

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

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

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

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

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

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

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

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

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

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

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

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

(b) How will they be met?

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

(b) Please describe any contributing barriers:

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

D. Program 7 Service Projections for PY 2023-2024

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

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

| PROGRAM | 8 | | | | | | | | | | | | | | | | | | | | | |
|---|--------------------------|--|-----------|--|--------------------------|--------------------------|----------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|-------------------|
| A. Program 8 Contact Information | | | | | | | | | | | | | | | | | | | | | | |
| Program 8 Name: | | | | | | | | | | | | | | | | | | | | | | |
| Operating Agency: | | | | | | | | | | | | | | | | | | | | | | |
| Program Mailing Address: | | | | | | | | | | | | | | | | | | | | | | |
| Address Line 2: | | | | | | | | | | | | | | | | | | | | | | |
| City: | State: NY | | | | | | | | | | | | | | | | | | | | | |
| Zip Code: | | | | | | | | | | | | | | | | | | | | | | |
| Program Contact's Name: | Title: | | | | | | | | | | | | | | | | | | | | | |
| Phone: () | Ext.: () | | | | | | | | | | | | | | | | | | | | | |
| Email: | | | | | | | | | | | | | | | | | | | | | | |
| B. Program 8 Description and Target Population | | | | | | | | | | | | | | | | | | | | | | |
| <p>1. A Family Support Services (FSS) program may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS; or children under 12 years of age who do not meet the definition of a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the Family Court Act (FCA). This program meets the legal definition of an FSS program (Social Services Law Section 458-m) and will operate in this capacity for PY 2023-2024.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | | | | | | | | | | | | | | | | | | | | | |
| <p>2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2023-2024:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9d9e9;"> <th style="width: 10%;">STSJP</th> <th style="width: 10%;">STSJP-RTA</th> <th style="width: 80%;"></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Prevention (P)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Early Intervention (EI)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Alternative to Detention/Pre-Dispositional Placement (ATD/ATPDP)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Alternative to Placement (ATP)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Reentry/Aftercare (R/A)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Indirect Services</td> </tr> </tbody> </table> <p>*Note: If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program. Additionally, children under 12 years of age who do not meet the definition of either a PINS or a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the FCA, may only be served through the Prevention and Early Intervention service domains.</p> | | STSJP | STSJP-RTA | | <input type="checkbox"/> | <input type="checkbox"/> | Prevention (P) | <input type="checkbox"/> | <input type="checkbox"/> | Early Intervention (EI) | <input type="checkbox"/> | <input type="checkbox"/> | Alternative to Detention/Pre-Dispositional Placement (ATD/ATPDP) | <input type="checkbox"/> | <input type="checkbox"/> | Alternative to Placement (ATP) | <input type="checkbox"/> | <input type="checkbox"/> | Reentry/Aftercare (R/A) | <input type="checkbox"/> | <input type="checkbox"/> | Indirect Services |
| STSJP | STSJP-RTA | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Prevention (P) | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Early Intervention (EI) | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Alternative to Detention/Pre-Dispositional Placement (ATD/ATPDP) | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Alternative to Placement (ATP) | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Reentry/Aftercare (R/A) | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Indirect Services | | | | | | | | | | | | | | | | | | | | |
| <p>3. Please list the ZIP codes this program will target:</p> | | | | | | | | | | | | | | | | | | | | | | |
| <p>4. Describe the program, including how it is family focused. If you answered "Yes" to Q.1. Family Support Services program, be sure to demonstrate how your program meets each requirement of the legislation. Also, please explain how each of the service types selected in Q.2. will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them. (Please refer to the <i>STSJP Annual Plan Development Guide</i> for additional guidance.)</p> | | | | | | | | | | | | | | | | | | | | | | |
| <p>5. Is the program capable of being replicated across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | | | | | | | | | | | | | | | | | | | | | |
| C. Program 8 Performance History (Refer to your municipality's STSJP data files.) | | | | | | | | | | | | | | | | | | | | | | |
| <p>1. What, if any, funding did this program receive in PY 2022-2023? If the program was approved in PY 2022-2023 but was not implemented or is anticipated to serve no youth, please choose None.</p> <p><input type="checkbox"/> None (If none, skip to section D.) <input type="checkbox"/> STSJP <input type="checkbox"/> STSJP-RTA</p> | | | | | | | | | | | | | | | | | | | | | | |

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

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

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

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

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

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

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

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

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

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

D. Program 8 Service Projections for PY 2023-2024

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

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

PROGRAM 9

A. Program 9 Contact Information

Program 9 Name: _____

Operating Agency: _____

Program Mailing Address: _____

Address Line 2: _____

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

Program Contact's Name: _____ Title: _____

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

Program 9 Description and Target Population

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

Yes No

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

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

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

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

4. Describe the program, including how it is family focused. If you answered "Yes" to Q.1. Family Support Services program, be sure to demonstrate how your program meets each requirement of the legislation. Also, please explain how each of the service types selected in Q.2. will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them. (Please refer to the *STSJP Annual Plan Development Guide* for additional guidance.)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Program 9 Service Projections for PY 2023-2024

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

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

| PROGRAM | 10 | | | | | | | | | | | | | | | | | | | | | |
|--|----------------------------|--|-----------|--|--------------------------|--------------------------|----------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|-------------------|
| A. Program 10 Contact Information | | | | | | | | | | | | | | | | | | | | | | |
| Program 10 Name: | | | | | | | | | | | | | | | | | | | | | | |
| Operating Agency: | | | | | | | | | | | | | | | | | | | | | | |
| Program Mailing Address: | | | | | | | | | | | | | | | | | | | | | | |
| Address Line 2: | | | | | | | | | | | | | | | | | | | | | | |
| City: | State: NY Zip Code: | | | | | | | | | | | | | | | | | | | | | |
| Program Contact's Name: | Title: | | | | | | | | | | | | | | | | | | | | | |
| Phone: () | Ext.: () Email: | | | | | | | | | | | | | | | | | | | | | |
| Program 10 Description and Target Population | | | | | | | | | | | | | | | | | | | | | | |
| <p>1. A Family Support Services (FSS) program may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS; or children under 12 years of age who do not meet the definition of a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the Family Court Act (FCA). This program meets the legal definition of an FSS program (Social Services Law Section 458-m) and will operate in this capacity for PY 2023-2024.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | | | | | | | | | | | | | | | | | | | | | |
| <p>2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2023-2024:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">STSJP</th> <th style="width: 10%;">STSJP-RTA</th> <th style="width: 80%;"></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Prevention (P)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Early Intervention (EI)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Alternative to Detention/Pre-Dispositional Placement (ATD/ATPDP)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Alternative to Placement (ATP)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Reentry/Aftercare (R/A)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Indirect Services</td> </tr> </tbody> </table> <p>*Note: If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program. Additionally, children under 12 years of age who do not meet the definition of either a PINS or a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the FCA, may only be served through the Prevention and Early Intervention service domains.</p> | | STSJP | STSJP-RTA | | <input type="checkbox"/> | <input type="checkbox"/> | Prevention (P) | <input type="checkbox"/> | <input type="checkbox"/> | Early Intervention (EI) | <input type="checkbox"/> | <input type="checkbox"/> | Alternative to Detention/Pre-Dispositional Placement (ATD/ATPDP) | <input type="checkbox"/> | <input type="checkbox"/> | Alternative to Placement (ATP) | <input type="checkbox"/> | <input type="checkbox"/> | Reentry/Aftercare (R/A) | <input type="checkbox"/> | <input type="checkbox"/> | Indirect Services |
| STSJP | STSJP-RTA | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Prevention (P) | | | | | | | | | | | | | | | | | | | | |
| <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 | | | | | | | | | | | | | | | | | | | | |
| 3. Please list the ZIP codes this program will target: | | | | | | | | | | | | | | | | | | | | | | |
| 4. Describe the program, including how it is family focused. If you answered "Yes" to Q.1. Family Support Services program, be sure to demonstrate how your program meets each requirement of the legislation. Also, please explain how each of the service types selected in Q.2. will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them. (Please refer to the <i>STSJP Annual Plan Development Guide</i> for additional guidance.) | | | | | | | | | | | | | | | | | | | | | | |
| 5. Is the program capable of being replicated across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | |
| Program 10 Performance History (Refer to your municipality's STSJP data files.) | | | | | | | | | | | | | | | | | | | | | | |
| <p>1. What, if any, funding did this program receive in PY 2022-2023? If the program was approved in PY 2022-2023 but was not implemented or is anticipated to serve no youth, please choose None.</p> <p><input type="checkbox"/> None (If none, skip to section D.) <input type="checkbox"/> STSJP <input type="checkbox"/> STSJP-RTA</p> | | | | | | | | | | | | | | | | | | | | | | |

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

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

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

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

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

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

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

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

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

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

Program 10 Service Projections for PY 2023-2024

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

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

PROGRAM 11

A. Program 11 Contact Information

Program 11 Name:

Operating Agency:

Program Mailing Address:

Address Line 2:

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

Program Contact's Name: Title:

Phone: () Ext.: () Email:

Program 11 Description and Target Population

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

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

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

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

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

4. Describe the program, including how it is family focused. If you answered "Yes" to Q.1. Family Support Services program, be sure to demonstrate how your program meets each requirement of the legislation. Also, please explain how each of the service types selected in Q.2. will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them. (Please refer to the *STSJP Annual Plan Development Guide* for additional guidance.)

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

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

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

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

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

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

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

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

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

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

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

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

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

Program 11 Service Projections for PY 2023-2024

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

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

PROGRAM 12

A. Program 12 Contact Information

Program 12 Name:

Operating Agency:

Program Mailing Address:

Address Line 2:

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

Program Contact's Name: Title:

Phone: () Ext.: () Email:

Program 12 Description and Target Population

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

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

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

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

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

4. Describe the program, including how it is family focused. If you answered "Yes" to Q.1. Family Support Services program, be sure to demonstrate how your program meets each requirement of the legislation. Also, please explain how each of the service types selected in Q.2. will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them. (Please refer to the *STSJP Annual Plan Development Guide* for additional guidance.)

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

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

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

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

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

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

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

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

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

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

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

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

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

Program 12 Service Projections for PY 2023-2024

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

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

PART III – Goals for PY 2023-2024

Please set the municipality’s goals for its programs to achieve in PY 2023-2024. State-required outcomes have been included with space for you to identify which programs in **Part II-Program Level Details** will serve youth within each service domain. Goals are focused by service type and should reflect the percentage of youth expected to achieve the outcome described. **Note:** Outcomes are only recorded for youth once they have left the program; this may represent a subset of all the youth served during the period. Goals should reflect high, yet realistic, expectations for the programs.

Prevention

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

| STSJP | STSJP RTA | Outcomes |
|-------|-----------|--|
| % | 85 % | of youth will have no PINS referrals during service engagement |
| % | 85 % | of youth will have no trancies during service engagement |
| % | 85 % | of youth will have no school suspensions during service engagement |
| % | 85 % | of youth will have no arrests or probation intakes during service engagement |
| % | 85 % | of youth will be able to identify at least one accessible, positive adult connection |
| % | 85 % | of youth will be engaged in at least one positive community activity |
| % | 85 % | of youth will comply with program rules |
| % | 85 % | 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 |
|-------|-----------|---|
| % | % | of youth will have no PINS referrals during service engagement |
| % | % | of youth will have no trancies during service engagement |
| % | % | of youth will have no school suspensions during service engagement |
| % | % | of youth will have no arrests or probation intakes during service engagement |
| % | % | of youth will have their cases successfully adjusted/diverted 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 Detention/Pre-Dispositional Placement

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

| STSJP | STSJP RTA | Outcomes |
|-------|-----------|--|
| % | 85 % | of youth will have no missed court appearances during service engagement |
| % | 85 % | of youth will have no warrants issued during service engagement |
| % | 85 % | of youth will have no arrests or probation intakes during service engagement |
| % | 85 % | of youth will have no detention or jail admissions during service engagement |
| % | % | of PINS will have no pre-dispositional placements during service engagement |
| % | 85 % | of youth will be able to identify at least one accessible, positive adult connection |
| % | 85 % | of youth will be engaged in at least one positive community activity |
| % | 85 % | of youth will comply with program rules |
| % | 85 % | 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% of programming |

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

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

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

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

| PART IV – FUNDING | | | | | | | |
|---|-------------------------------------|--------------------------|---------------------------------|------------------------------|--------------------------|--------------------------|---------------------------|
| A. Anticipated Program Expenses and Funding Distribution | | | | | | | |
| Program Name and Service Types | STSJP | | | | | | STSJP-RTA |
| | Detention Allocation Shifted | Approved Rollover | PY23-24 STSJP Allocation | Total Expenses (100%) | Local Share (38%) | State Share (62%) | State Share (100%) |
| 1 Berkshire Farms Stepping Stones | | | | | | | \$150,000.00 |
| Prevention | | | | | | | \$75,000.00 |
| Early Intervention | | | | | | | |
| ATD/ATPDP | | | | | | | \$75,000.00 |
| ATP | | | | | | | |
| Reentry/Aftercare | | | | | | | |
| Indirect | | | | | | | |
| 2 | | | | | | | |
| Prevention | | | | | | | |
| Early Intervention | | | | | | | |
| ATD/ATPDP | | | | | | | |
| ATP | | | | | | | |
| Reentry/Aftercare | | | | | | | |
| Indirect | | | | | | | |
| 3 | | | | | | | |
| Prevention | | | | | | | |
| Early Intervention | | | | | | | |
| ATD/ATPDP | | | | | | | |
| ATP | | | | | | | |
| Reentry/Aftercare | | | | | | | |
| Indirect | | | | | | | |
| 4 | | | | | | | |
| Prevention | | | | | | | |
| Early Intervention | | | | | | | |
| ATD/ATPDP | | | | | | | |
| ATP | | | | | | | |
| Reentry/Aftercare | | | | | | | |
| Indirect | | | | | | | |
| 5 | | | | | | | |
| Prevention | | | | | | | |
| Early Intervention | | | | | | | |
| ATD/ATPDP | | | | | | | |
| ATP | | | | | | | |
| Reentry/Aftercare | | | | | | | |
| Indirect | | | | | | | |

| Program Name and Service Types | STSJP | | | | | | STSJP-RTA |
|--------------------------------|------------------------------|-------------------|--------------------------|-----------------------|-------------------|-------------------|--------------------|
| | Detention Allocation Shifted | Approved Rollover | PY23-24 STSJP Allocation | Total Expenses (100%) | Local Share (38%) | State Share (62%) | State Share (100%) |
| 6 | | | | | | | |
| Prevention | | | | | | | |
| Early Intervention | | | | | | | |
| ATD/ATPDP | | | | | | | |
| ATP | | | | | | | |
| Reentry/Aftercare | | | | | | | |
| Indirect | | | | | | | |
| 7 | | | | | | | |
| Prevention | | | | | | | |
| Early Intervention | | | | | | | |
| ATD/ATPDP | | | | | | | |
| ATP | | | | | | | |
| Reentry/Aftercare | | | | | | | |
| Indirect | | | | | | | |
| 8 | | | | | | | |
| Prevention | | | | | | | |
| Early Intervention | | | | | | | |
| ATD/ATPDP | | | | | | | |
| ATP | | | | | | | |
| Reentry/Aftercare | | | | | | | |
| Indirect | | | | | | | |
| 9 | | | | | | | |
| Prevention | | | | | | | |
| Early Intervention | | | | | | | |
| ATD/ATPDP | | | | | | | |
| ATP | | | | | | | |
| Reentry/Aftercare | | | | | | | |
| Indirect | | | | | | | |
| 10 | | | | | | | |
| Prevention | | | | | | | |
| Early Intervention | | | | | | | |
| ATD/ATPDP | | | | | | | |
| ATP | | | | | | | |
| Reentry/Aftercare | | | | | | | |
| Indirect | | | | | | | |

| Program Name and Service Types | STSJP | | | | | | STSJP-RTA |
|---------------------------------|------------------------------|-------------------|--------------------------|-----------------------|-------------------|-------------------|---------------------|
| | Detention Allocation Shifted | Approved Rollover | PY23-24 STSJP Allocation | Total Expenses (100%) | Local Share (38%) | State Share (62%) | State Share (100%) |
| 11 | | | | | | | |
| Prevention | | | | | | | |
| Early Intervention | | | | | | | |
| ATD/ATPDP | | | | | | | |
| ATP | | | | | | | |
| Reentry/Aftercare | | | | | | | |
| Indirect | | | | | | | |
| 12 | | | | | | | |
| Prevention | | | | | | | |
| Early Intervention | | | | | | | |
| ATD/ATPDP | | | | | | | |
| ATP | | | | | | | |
| Reentry/Aftercare | | | | | | | |
| Indirect | | | | | | | |
| ► Sum of Program Totals: | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$150,000.00 |

| B. STSJP Reimbursement Summary | |
|--|---------------------|
| STSJP Allocation Amount | \$40,000.00 |
| Locally Approved Amount of PY 2023-2024 STSJP Allocation | \$0.00 |
| Approved Detention Allocation Shifted | \$0.00 |
| Approved Rollover Amount | \$0.00 |
| Total Approved for State Reimbursement | \$0.00 |
| C. STSJP-RTA Reimbursement Summary | |
| STSJP-RTA Approved Plan Amount | \$150,000.00 |
| Total Approved for State Reimbursement | \$150,000.00 |

| PART V – PLAN APPROVAL | | |
|---|--------------------------------|-----------------|
| A. Municipality Level Approval – Chief Executive/Administrative Official | | |
| As STSJP Lead for Orleans County, I certify that the Chief Executive/Administrative Official, [Name and Title] John C. Welch, Chief Administrative Officer, has reviewed and approved the 2023-2024 STSJP Plan. | | |
| User ID: 34a589 | Print Name: Teresa Elam-Zwifka | Date: 8/3/2023 |
| B. State Level Approval – OCFS Program Reviewer | | |
| As OCFS STSJP reviewer, I certify that I approve of this STSJP plan for Choose an item. for 2023-2024. | | |
| User ID: GG1130 | Print Name: Patti Anderson | Date: 8/16/2023 |