



## Office of Children and Family Services

KATHY HOCHUL  
Governor

SUZANNE MILES-GUSTAVE, ESQ.  
Acting Commissioner

November 9, 2023

Dear Chief Executive Officer,

Thank you for submitting Warren 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](mailto: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](mailto: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](mailto: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: Warren County   |                           |                                 |
| Lead agency for STSJP submission: Warren County Probation Department |                           |                                 |
| Contact person's name: Robert F. Iusi                                | Title: Probation Director |                                 |
| Phone: (518) 7616444   | Ext:                      | Email: lusir@warrencountyny.gov |

| PLAN SUBMISSION INSTRUCTIONS   |
|--|
| <p><b>STSJP plans are due to the Office of Children and Family Services (OCFS) by <u>08 / 04 / 2023</u></b></p>  |
| <ol style="list-style-type: none"> <li>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]."</li> <li>Work from the copy saved in Step 1 as you record your municipality information. Save your work as you complete each section.</li> <li>Email the completed application to OCFS at <a href="mailto:stsjp@ocfs.ny.gov">stsjp@ocfs.ny.gov</a>. Use the subject line "STSJP 2023-2024 Annual Plan – [Municipality Name]" to facilitate timely review of your plan.</li> </ol> <p style="text-align: center;">Please direct any STSJP plan questions to the STSJP mailbox at: <a href="mailto:stsjp@ocfs.ny.gov">stsjp@ocfs.ny.gov</a>, or you may contact Geneva Hilliard 518-486-1819 or Lynn Tubbs 518-473-9116.</p> |
| <p><b>NOTE: Cooperative Applications submitted jointly by two or more counties</b><br/>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 <b>Part I - Municipality Level Details, Section C. Cooperative Application.</b></p>  |

| PART I – MUNICIPALITY LEVEL DETAILS   |
|---|
| <b>A. Municipality Level Analysis</b>   |
| <ol style="list-style-type: none"> <li> <ol style="list-style-type: none"> <li>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</li> <li>Discuss what factors may be contributing to these high numbers:<br/>The highest number of Youthful Offenders, Adolescent Offenders, and Juvenile Delinquency charges come from the following zip codes (high to low) ( 12804-12801-12846-12845-12853,12885-12839-12878-12817). The highest number of PINS cases are in the 12801 and 12846 districts. Placement rates have increased due to the increase of offenses leading to issues of youth, victim, and public safety. Our data indicates that Family is the highest risk factor across all offender types and districts.</li> </ol> </li> <li>Resources available at the following link can help you answer these questions:<br/><a href="https://www.ocfs.ny.gov/programs/youth/stsjp/planning.php">https://www.ocfs.ny.gov/programs/youth/stsjp/planning.php</a> <ol style="list-style-type: none"> <li>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 <a href="#">Annual Out of Home Placement Admissions Data Packet</a></li> </ol> </li> </ol> |

| Race/Ethnicity          | 2020 General Population <18 years |    | 2022 Detention Admissions |    | 2022 Placement Admissions |    |
|-------------------------|-----------------------------------|----|---------------------------|----|---------------------------|----|
|                         | #                                 | %  | #                         | %  | #                         | %  |
| Black/African American  | 295                               | 3  | 1                         | 33 | 0                         | 0  |
| White                   | 10377                             | 91 | 1                         | 33 | 2                         | 66 |
| Native American/Alaskan | 25                                | 0  | 0                         | 0  |                           |    |
| Asian/Pacific Islander  | 168                               | 1  | 0                         | 0  |                           |    |
| Hispanic                | 567                               | 5  | 1                         | 33 | 0                         | 0  |

| Sex Assigned at Birth | 2020 General Population <18 years |    | 2022 Detention Admissions |     | 2022 Placement Admissions |     |
|-----------------------|-----------------------------------|----|---------------------------|-----|---------------------------|-----|
|                       | #                                 | %  | #                         | %   | #                         | %   |
| Male                  | 5920                              | 52 | 3                         | 100 | 3                         | 100 |
| Female                | 5512                              | 48 | 0                         | 0   | 0                         | 0   |

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

Although detention admissions represent 3 male youth (1 Black, 1 White, and 1 Hispanic), the White youth population make up 91% of our county's demographics. Black youth and Hispanic youth make up an additional 8%. It appears that a disparity exists. STSJP will address this disparity by requiring the listed programs to provide programming that evaluates and addresses the disparities.

**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:

Collaboration to determine at risk youth needs includes the YreConnects Community of Practice Team and Parent Ambassador Coalition, The PINS Diversion Task force, SPOA coordinated services, community boards and various community agencies. These cross system collaborations consist of Warren County school staff, Law enforcement, mental health, social services agencies, employment and training, community agencies, attorneys for the children, head start, and local providers and meets as needed in order to review available services that address risk and needs of at risk youth and their families. Probation collects information through the PINS Diversion Task Force, data collection through caseload, MAYSI, RAPID Indicator and YASI, as well as verbally from the youth and guardians during prevention, adjustment, diversion, and supervision. Service providers collect information through surveys and data.

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.)

County Wide Feedback was gathered from STSJP surveys that were distributed to local collaborative agencies, law enforcement, and the courts. The surveys indicated that the programs under our STSJP are all needed and utilized by the community. Feedback was also gathered from participants and their families regarding services and programs.

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.)  
 County wide feedback was gathered from STSJP surveys that were distributed to local collaborative agencies. The surveys indicated that the programs under our STSJP are all needed and utilized by the community.

**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**

|                |          |
|----------------|----------|
| <b>PROGRAM</b> | <b>1</b> |
|----------------|----------|

**A. Program 1 Contact Information**

Program 1 Name: Warren County Probation Prevention

Operating Agency: Warren County Probation

Program Mailing Address: 1340 State Route 9

Address Line 2:

|                   |                  |                 |
|-------------------|------------------|-----------------|
| City: Lake George | State: <b>NY</b> | ZIP Code: 12845 |
|-------------------|------------------|-----------------|

|                                      |                             |
|--------------------------------------|-----------------------------|
| Program Contact's Name: Amy A. Secor | Title: Probation Supervisor |
|--------------------------------------|-----------------------------|

|                      |      |                                  |
|----------------------|------|----------------------------------|
| Phone: (518) 7616243 | Ext: | Email: secora@warrencountyny.gov |
|----------------------|------|----------------------------------|

**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 checked="" 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:

2808,12810,12811,12814,12815,12817,12824,12843,12801,12804,12853,12843,12845,  
12846,12853,12844,12860,12801,12804,12862,12878, 12885,12886

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.)

The Probation Prevention and Pre- PINS is an initiative designed to identify and meet with chronically absent children or children who struggle with at risk incorrigible, ungovernable behaviors or appear to be habitually disobedient and beyond the control of a parent or person legally responsible for their care. This program serves youth and families in hopes of offering intervention in compliance with DCJS OPSA Rule Section 357.11 Pre-Diversion Case Designation Requirements and Criteria (1) the youth has demonstrated a pattern of ungovernable behavior that meets the definition of PINS; and (2) the potential complainant, youth and family are willingly engaged in an alternative resolution of the presenting problem and (3) there is no open PINS case. Probation officers through their motivational interviewing and program training will act as resources for schools, parents, students, staff, and community. It is a family focused program that provides immediate referrals and resource education to at risk youth and families. This also includes Restorative Justice interventions, probation and school co-facilitated one circle programs, cognitive behavioral interventions such as motivational interviewing and interactive journaling for at-risk youth. This will not apply to youth with an open case at probation. Together probation, potential petitioner, guardian, and child will review the family and youth’s strengths, needs, and barriers to promoting the youth’s attendance and positive behaviors within the school, home, and community. These services will be implemented using a strength-based, trauma informed approach, utilizing behavior modification steps, focused on reducing risks that lead to PINS diversion, PINS adjudication, or Juvenile Delinquency.

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            | 35           | 0        | 0         | 0        | 0        | 35        |
| STSJP-RTA        | 0            | 0        | 0         | 0        | 0        | 0         |
| <b>Total</b>     | <b>35</b>    | <b>0</b> | <b>0</b>  | <b>0</b> | <b>0</b> | <b>35</b> |

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

We anticipate either less or the same amount of youth being served. This is due to the school's and parents filing less PINS applications.

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            | 53           | 0  | 0         | 0   | 0   |
| STSJP-RTA        | 0            | 0  | 0         | 0   | 0   |

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

This is only meant as a brief intervention and the average length of stay should not be more than 30-90 days.

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

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

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

(b) How will they be met?

Prevention of filing of PINS applications and Prevention of JD arrests.

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

(b) Please describe any contributing barriers:

N/A

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?

N/A

**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            | 35           | 0  | 0         | 0   | 0   | 35    |
| STSJP-RTA        | 0            | 0  | 0         | 0   | 0   | 0     |
| Total            | 35           | 0  | 0         | 0   | 0   | 35    |

**PROGRAM 2**

**A. Program 2 Contact Information**

Program 2 Name: The WAIT House

Operating Agency: WAIT House

Program Mailing Address: PO Box 3252

Address Line 2:

City: Glens Falls

State: **NY**

Zip Code: 12801

Program Contact's Name: Jason McLaughlin

Title: Director

Phone: (518) 7984384

Ext.: ( )

Email: director@hycwaithouse.org

**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 checked="" type="checkbox"/> | <input type="checkbox"/> | Prevention (P)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Early Intervention (EI)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Alternative to Detention/Pre-Dispositional Placement (ATD/ATPDP) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Alternative to Placement (ATP)                                   |
| <input 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:

12808,12810,12811,12814,12815,12817,12824,12843,12801,12804,12853,12843,12845,12846,12853,12844,12860,12801,12804,12862,12878, 12885,12886

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.)

WAIT house allows at risk youth unable to reside in their home the opportunity to reside in safe housing within their community, with support and supervision of professionals while maintaining services, treatment, and education in the community and near family/natural supports. It offers a wide range of outreach services to all youth whom would not have access to services if the program did not exist. The Program is utilized by at risk youth populations for the purposes of respite and resources for youth. It is also utilized for youth receiving PINS Diversion services, Probation Adjustment Services and youth under formal probation supervision for the purposes of alternatives to placement. It may be utilized for juvenile delinquency populations as alternatives to detention.

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            | 0            | 0  | 0         | 0   | 0   | 0     |
| STSJP-RTA        | 0            | 0  | 0         | 0   | 0   | 0     |
| Total            | 0            | 0  | 0         | 0   | 0   | 0     |

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



We have no youth participating in respite services at this time and we cannot anticipate a decrease or increase for next year.

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

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

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

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?  
 The outcome that is on track is that Warren County has a respite provider in Warren County to offer respite services to youth on PINS or at risk of PINS and that DSS contracts with the WAIT House to provide this service.

8. (a) What outcomes are not on track to meet the goals set for PY 2022-2023?  
 (b) Please describe any contributing barriers:  
 The outcome that is not on track for this service is that zero youth are using the service. The county is required to offer respite services and DSS has chosen WAIT house as the designated agency to provide the service and DSS utilizes the STSJP plan to pay for this required service.

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?  
 The WAIT House, DSS, and Probation will make efforts to attempt to encourage youth to use respite services at the WAIT house when this is identified as a need.

**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            | 1            | 1        | 1         | 1        | 0        | 4        |
| STSJP-RTA        | 0            | 0        | 0         | 0        | 0        | 0        |
| <b>Total</b>     | <b>1</b>     | <b>1</b> | <b>1</b>  | <b>1</b> | <b>0</b> | <b>4</b> |

**PROGRAM 3**

**A. Program 3 Contact Information**

Program 3 Name: Big Brothers Big Sisters of the Southern Adirondacks

Operating Agency: Big Brothers Big Sisters of the Southern Adirondacks

Program Mailing Address: 1 Lawrence Street

Address Line 2:

|                                   |                 |                          |
|-----------------------------------|-----------------|--------------------------|
| City: Glens Falls                 | State: NY       | ZIP Code: 12801          |
| Program Contact's Name: Bill Moom | Title: Director |                          |
| Phone: (518) 798-1010             | Ext:            | Email: bill@bbbssadk.org |

**B. Program 3 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 checked="" type="checkbox"/> | <input type="checkbox"/> | Prevention (P)   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Early Intervention (EI)  |
| <input type="checkbox"/>            | <input type="checkbox"/> | Alternative to Detention/Pre-Dispositional Placement (ATD/ATPDP) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Alternative to Placement (ATP)                                   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Reentry/Aftercare (R/A)  |
| <input type="checkbox"/>            | <input type="checkbox"/> | Indirect Services  |

**\*Note:** If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program. 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:  
 12808,12810,12811,12814,12815,12817,12824,12843,12801,12804,12853,12843,12845,  
 12846,12853,12844,12860,12801,12804,12862,12878, 12885,12886

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.)

Mentoring programs are proven to prevent entry into the Juvenile Justice and PINS systems. Students who meet with a mentor regularly are 52% less likely to skip school than their peers. Youth who meet with mentors regularly are 43% less likely to start illegal drug use. Establishing a mentor for at risk youth is evidenced based to reduce the risks that lead to placement and therefore has become part of programing as alternatives to placement. Probation and BBBS of the Southern Adirondacks have been collaborating with the NYS mentoring program for Probation facilitated mentoring program. The NYS mentoring program only has the ability to fingerprint volunteer mentors and does a one time brief mentor training. By collaborating together, BBBS is able to offset the cost of fingerprinting by using the NYS mentoring program services. This program serves at risk youth, Pre PINS youth, PINS youth, and JD youth. It will not be considered a joint RTA/ STSJP program due to modifications for higher risk populations. This will also include any re entry youth. There is also a year long commitment to enroll in the program.

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

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

1. What, if any, funding did this program receive in PY 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            | 11           | 8  | 0         | 3   | 0   | 22    |
| STSJP-RTA        | 0            | 0  | 0         | 0   | 0   | 0     |
| Total            | 11           | 8  | 0         | 3   | 0   | 22    |

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

We anticipate this program to serve around the same amount of youth next year.

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            | 527.18       | 491.4 | 0         | 0   | 0   |
| STSJP-RTA        | 0            | 0     | 0         | 0   | 0   |

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

The program is meant to last for the duration of the youths childhood until their 18th birthday.

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            | 11           | 5  | 0         | 3   | 1   | 20    |
| STSJP-RTA        | 0            | 0  | 0         | 0   | 0   | 0     |
| Total            | 11           | 5  | 0         | 3   | 1   | 20    |

| <b>PROGRAM</b>  | <b>4</b>  |  |           |  |                                     |                          |                |                                     |                          |                         |                          |                          |  |                                     |                          |                                |                          |                          |                         |                          |                          |                   |
|---|---|--|-----------|--|-------------------------------------|--------------------------|----------------|-------------------------------------|--------------------------|-------------------------|--------------------------|--------------------------|--|-------------------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|-------------------|
| <b>A. Program 4 Contact Information</b>   |   |  |           |  |                                     |                          |                |                                     |                          |                         |                          |                          |  |                                     |                          |                                |                          |                          |                         |                          |                          |                   |
| Program 4 Name: Warren County Youth Bureau  |   |  |           |  |                                     |                          |                |                                     |                          |                         |                          |                          |  |                                     |                          |                                |                          |                          |                         |                          |                          |                   |
| Operating Agency: Washington County Youth Bureau  |   |  |           |  |                                     |                          |                |                                     |                          |                         |                          |                          |  |                                     |                          |                                |                          |                          |                         |                          |                          |                   |
| Program Mailing Address: 383 Broadway   |   |  |           |  |                                     |                          |                |                                     |                          |                         |                          |                          |  |                                     |                          |                                |                          |                          |                         |                          |                          |                   |
| Address Line 2:   |   |  |           |  |                                     |                          |                |                                     |                          |                         |                          |                          |  |                                     |                          |                                |                          |                          |                         |                          |                          |                   |
| City: Fort Edward   | State: <b>NY</b> Zip Code: 12828                          |  |           |  |                                     |                          |                |                                     |                          |                         |                          |                          |  |                                     |                          |                                |                          |                          |                         |                          |                          |                   |
| Program Contact's Name: Sue Mowrey  | Title: Director   |  |           |  |                                     |                          |                |                                     |                          |                         |                          |                          |  |                                     |                          |                                |                          |                          |                         |                          |                          |                   |
| Phone: (518) 746-2330   | Ext.: (    )      Email: <smowrey@washingtoncountyny.gov> |  |           |  |                                     |                          |                |                                     |                          |                         |                          |                          |  |                                     |                          |                                |                          |                          |                         |                          |                          |                   |
| <b>B. Program 4 Description and Target Population</b>   |   |  |           |  |                                     |                          |                |                                     |                          |                         |                          |                          |  |                                     |                          |                                |                          |                          |                         |                          |                          |                   |
| <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 checked="" type="checkbox"/> No</p>  |   |  |           |  |                                     |                          |                |                                     |                          |                         |                          |                          |  |                                     |                          |                                |                          |                          |                         |                          |                          |                   |
| <p>2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 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 checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Prevention (P)</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Early Intervention (EI)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Alternative to Detention/Pre-Dispositional Placement (ATD/ATPDP)</td> </tr> <tr> <td style="text-align: center;"><input checked="" 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><b>*Note:</b> 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 checked="" type="checkbox"/> | <input type="checkbox"/> | Prevention (P) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Early Intervention (EI) | <input type="checkbox"/> | <input type="checkbox"/> | Alternative to Detention/Pre-Dispositional Placement (ATD/ATPDP) | <input checked="" 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 checked="" type="checkbox"/>   | <input type="checkbox"/>                                  | Prevention (P)   |           |  |                                     |                          |                |                                     |                          |                         |                          |                          |  |                                     |                          |                                |                          |                          |                         |                          |                          |                   |
| <input checked="" type="checkbox"/>   | <input type="checkbox"/>                                  | Early Intervention (EI)  |           |  |                                     |                          |                |                                     |                          |                         |                          |                          |  |                                     |                          |                                |                          |                          |                         |                          |                          |                   |
| <input type="checkbox"/>  | <input type="checkbox"/>                                  | Alternative to Detention/Pre-Dispositional Placement (ATD/ATPDP) |           |  |                                     |                          |                |                                     |                          |                         |                          |                          |  |                                     |                          |                                |                          |                          |                         |                          |                          |                   |
| <input checked="" 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>12808,12810,12811,12814,12815,12817,12824,12843,12801,12804,12853,12843,12845,12846,12853,12844,12860,12801,12804,12862,12878, 12885,12886</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>This program will provide services to all Warren County youth including youth on PINS diversion and JD adjustment services, as well as adjudicated youth. Youth Bureau will provide First Aid and CPR training, lifeguard certification class, safe sitter programing (giving teens certification in care giver skills), vapind education courses for the purpose of risk reduction.</p>   |   |  |           |  |                                     |                          |                |                                     |                          |                         |                          |                          |  |                                     |                          |                                |                          |                          |                         |                          |                          |                   |
| <p>5. Is the program capable of being replicated across multiple locations?    <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>   |   |  |           |  |                                     |                          |                |                                     |                          |                         |                          |                          |  |                                     |                          |                                |                          |                          |                         |                          |                          |                   |
| <b>C. Program 4 Performance History (Refer to your municipality's STSJP data files.)</b>  |   |  |           |  |                                     |                          |                |                                     |                          |                         |                          |                          |  |                                     |                          |                                |                          |                          |                         |                          |                          |                   |

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            | 27           | 0  | 0         | 0   | 0   | 27    |
| STSJP-RTA        | 0            | 0  | 0         | 0   | 0   | 0     |
| Total            | 27           | 0  | 0         | 0   | 0   | 27    |

3. Based on the program’s record of youth served, do you anticipate this program serving more or less than its projected capacity on 9/30/2023? Please explain:  
 We anticipate that there will be less youth served as there is an ever decreasing amount of pre pins requests.

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            | 53           | 1  | 0         | 0   | 0   |
| STSJP-RTA        | 0            | 0  | 0         | 0   | 0   |

5. How does the average length of service compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length of stay for youth who were in detention and residential placements during the same time period.  
 This is meant to be a brief intervention in order to provide community information and program resources that may lead to risk reduction.

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            | 25           | 1  | 0         | 1   | 0   | 27    |
| STSJP-RTA        | 0            | 0  | 0         | 1   | 0   | 0     |
| Total            | 25           | 1  | 0         | 1   | 0   | 27    |



**PROGRAM 5**

**A. Program 5 Contact Information**

Program 5 Name: Differential Response for Children Under 12

Operating Agency: Warren County Youth Bureau

Program Mailing Address: 383 Broadway

Address Line 2:

|                                    |                  |                                       |
|------------------------------------|------------------|---------------------------------------|
| City: Fort Edward                  | State: <b>NY</b> | Zip Code: 12828                       |
| Program Contact's Name: Sue Mowrey |                  | Title: Director                       |
| Phone: (518) 746-2330              | Ext.: ( )        | Email: smowrey@washingtoncountyny.gov |

**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 checked="" 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:  
All of Warren County

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.)

This program will be utilized as an indirect service type and will only serve youth under the age of 12 whose behavior, but for their age, would otherwise bring them under the jurisdiction of Article 3 of the FCA. This program utilizes appropriate assessments and services for youth, to help reduce future interaction with the juvenile justice and child welfare systems. The program adheres to the system of care core values of being youth guided and family driven, and programming/service referrals are guided by the assessment process that includes the use of the Child and Adolescent Needs and Strengths (CANS) tool. This tool is used to determine what, if any, services are needed and what services are available that would target the family and youth needs. The program strives to identify the least restrictive programs and services that also factor in responsivity factors of both the youth and family.

Youth referrals are screened for appropriateness, and in most cases, they are initiated by police agencies. Referrals are received via our 24/7 on call number, email and/or by phone. Once the referral is received and eligibility is

established, we attempt to contact the parent/guardian by phone to set up a Differential Response intake appointment. The intake process includes the collection of demographic information and the completion of the CANS assessment, which includes information from both the youth and family. Case planning also focuses on linking the family to local services and the intentional building of protective factors, which is a core principle of positive youth development. Youth participate in the program for a period not to exceed 90 days or until the youth turns 12, whichever is sooner, and case planning incorporates this timeline.

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            |              |    |           |     |     |       |

| <b>PROGRAM</b>  | <b>6</b>                 |  |           |  |                          |                          |                |                          |                          |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
|---|--------------------------|--|-----------|--|--------------------------|--------------------------|----------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|-------------------|
| <b>A. Program 6 Contact Information</b>   |                          |  |           |  |                          |                          |                |                          |                          |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| Program 6 Name:   |                          |  |           |  |                          |                          |                |                          |                          |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| Operating Agency:   |                          |  |           |  |                          |                          |                |                          |                          |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| Program Mailing Address:  |                          |  |           |  |                          |                          |                |                          |                          |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| Address Line 2:   |                          |  |           |  |                          |                          |                |                          |                          |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| City:   | State: <b>NY</b>         |  |           |  |                          |                          |                |                          |                          |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| Zip Code:   |                          |  |           |  |                          |                          |                |                          |                          |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| Program Contact's Name:   | Title:                   |  |           |  |                          |                          |                |                          |                          |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| Phone: (    )   | Ext.: (    )             |  |           |  |                          |                          |                |                          |                          |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| Email:  |                          |  |           |  |                          |                          |                |                          |                          |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <b>B. Program 6 Description and Target Population</b>   |                          |  |           |  |                          |                          |                |                          |                          |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <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><b>*Note:</b> 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>  |                          |  |           |  |                          |                          |                |                          |                          |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <b>C. Program 6 Performance History (Refer to your municipality's STSJP data files.)</b>  |                          |  |           |  |                          |                          |                |                          |                          |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <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 6 Service Projections for PY 2023-2024**

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

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

**PROGRAM 7**

**A. Program 7 Contact Information**

Program 7 Name:

Operating Agency:

Program Mailing Address:

Address Line 2:

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

Program Contact's Name: Title:

Phone: ( ) Ext.: ( ) Email:

**B. Program 7 Description and Target Population**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**D. Program 7 Service Projections for PY 2023-2024**

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

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



**PROGRAM 8**

**A. Program 8 Contact Information**

Program 8 Name: \_\_\_\_\_

Operating Agency: \_\_\_\_\_

Program Mailing Address: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: **NY** Zip Code: \_\_\_\_\_

Program Contact's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Ext.: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**B. Program 8 Description and Target Population**

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

Yes  No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**D. Program 8 Service Projections for PY 2023-2024**

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

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

**PROGRAM 9**

**A. Program 9 Contact Information**

Program 9 Name: \_\_\_\_\_

Operating Agency: \_\_\_\_\_

Program Mailing Address: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: **NY** Zip Code: \_\_\_\_\_

Program Contact's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Ext.: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**Program 9 Description and Target Population**

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

Yes  No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(b) How will they be met?

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

(b) Please describe any contributing barriers:

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

**Program 9 Service Projections for PY 2023-2024**

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

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

**PROGRAM 10**

**A. Program 10 Contact Information**

Program 10 Name:

Operating Agency:

Program Mailing Address:

Address Line 2:

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

Program Contact's Name: Title:

Phone: ( ) Ext.: ( ) Email:

**Program 10 Description and Target Population**

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 10 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 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   |
|-------|-----------|--|
| 70 %  | 0 %       | of youth will have no PINS referrals during service engagement                       |
| 70 %  | 0 %       | of youth will have no truanancies during service engagement                          |
| 70 %  | 0 %       | of youth will have no school suspensions during service engagement                   |
| 70 %  | 0 %       | of youth will have no arrests or probation intakes during service engagement         |
| 100 % | 0 %       | of youth will be able to identify at least one accessible, positive adult connection |
| 90 %  | 0 %       | of youth will be engaged in at least one positive community activity                 |
| 80 %  | 0 %       | of youth will comply with program rules  |
| 70 %  | 0 %       | of youth will attend at least 90% of programming                                     |

If goal is set below 70% for any outcome please explain: 0

**Early Intervention**

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

| STSJP | STSJP RTA | Outcomes  |
|-------|-----------|---|
| 70 %  | 0 %       | of youth will have no PINS referrals during service engagement                          |
| 70 %  | 0 %       | of youth will have no truanancies during service engagement                             |
| 70 %  | 0 %       | of youth will have no school suspensions during service engagement                      |
| 70 %  | 0 %       | of youth will have no arrests or probation intakes during service engagement            |
| 70 %  | 0 %       | of youth will have their cases successfully adjusted/diverted during service engagement |
| 100 % | 0 %       | of youth will be able to identify at least one accessible, positive adult connection    |
| 90 %  | 0 %       | of youth will be engaged in at least one positive community activity                    |
| 80 %  | 0 %       | of youth will comply with program rules   |
| 80 %  | 0 %       | of youth will attend at least 90% of programming  |


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

**Alternative to Detention/Pre-Dispositional Placement**

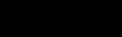
(Programs  1  2  3  4  5  6  7  8  9  10  11  12  N/A)

| STSJP | STSJP RTA | Outcomes   |
|-------|-----------|--|
| 70 %  | 0 %       | of youth will have no missed court appearances during service engagement             |
| 70 %  | 0 %       | of youth will have no warrants issued during service engagement                      |
| 70 %  | 0 %       | of youth will have no arrests or probation intakes during service engagement         |
| 70 %  | 0 %       | of youth will have no detention or jail admissions during service engagement         |
| 70 %  | 0 %       | of PINS will have no pre-dispositional placements during service engagement          |
| 100 % | 0 %       | of youth will be able to identify at least one accessible, positive adult connection |
| 90 %  | 0 %       | of youth will be engaged in at least one positive community activity                 |
| 70 %  | 0 %       | of youth will comply with program rules  |
| 70 %  | 0 %       | of youth will attend at least 90% of programming                                     |

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

| <b>Alternative to Placement</b>   |   |  |
|---|---|--|
| (Programs <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> N/A) |   |  |
| STSJP   | STSJP RTA   | Outcomes   |
| 70 %  | 0 %   | of youth will have no warrants issued during service engagement                      |
| 70 %  | 0 %   | of youth will have no arrests or probation intakes during service engagement         |
| 80 %  | 0 %   | of youth will have no detention or jail admissions during service engagement         |
| 90 %  |  % | of PINS will have no pre-dispositional placements during service engagement          |
| 70 %  | 0 %   | of youth will have no violations of probation filed during service engagement        |
| 70 %  | 0 %   | of youth will have no new placements during service engagement                       |
| 100 %   | 0 %   | of youth will be able to identify at least one accessible, positive adult connection |
| 90 %  | 0 %   | of youth will be engaged in at least one positive community activity                 |
| 80 %  | 0 %   | of youth will comply with program rules  |
| 70 %  | 0 %   | of youth will attend at least 90% of programming                                     |

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

| <b>Reentry/Aftercare</b>  |  |  |
|---|--|--|
| (Programs <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> N/A) |  |  |
| STSJP   | STSJP RTA  | Outcomes   |
| 90 %  | 0 %  | of youth will have no warrants issued during service engagement                      |
| 80 %  | 0 %  | of youth will have no arrests or probation intakes during service engagement         |
| 90 %  | 0 %  | of youth will have no detention or jail admissions during service engagement         |
| 70 %  |  % | of PINS will have no pre-dispositional placements during service engagement          |
| 70 %  | 0 %  | of youth will have no new placements during service engagement                       |
| 90 %  | 0 %  | of youth will have no returns to their previous placements during service engagement |
| 100 %   | 0 %  | of youth will be able to identify at least one accessible, positive adult connection |
| 90 %  | 0 %  | of youth will be engaged in at least one positive community activity                 |
| 80 %  | 0 %  | of youth will comply with program rules  |
| 90 %  | 0 %  | of youth will attend at least 90% of programming                                     |

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

| <b>PART IV – FUNDING</b>  |                              |                   |                          |                       |                   |                   |                    |
|---|------------------------------|-------------------|--------------------------|-----------------------|-------------------|-------------------|--------------------|
| <b>A. Anticipated Program Expenses and Funding Distribution</b> |                              |                   |                          |                       |                   |                   |                    |
| 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%) |
| <b>1</b> Warren County Probation Prevention                     | \$0.00                       | \$0.00            | \$40,476.00              | \$65,283.87           | \$24,807.87       | \$40,476.00       | \$0.00             |
| Prevention  | \$0.00                       | \$0.00            | \$40,476.00              | \$65,283.87           | \$24,807.87       | \$40,476.00       | \$0.00             |
| Early Intervention  | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00            | \$0.00            | \$0.00             |
| ATD/ATPDP   | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00            | \$0.00            | \$0.00             |
| ATP   | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00            | \$0.00            | \$0.00             |
| Reentry/Aftercare   | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00            | \$0.00            | \$0.00             |
| Indirect  | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00            | \$0.00            | \$0.00             |
| <b>2</b> WAIT House Respite Services                            | \$6,200.00                   | \$0.00            | \$0.00                   | \$10,000.00           | \$3,800.00        | \$6,200.00        | \$0.00             |
| Prevention  | \$1,550.00                   | \$0.00            | \$0.00                   | \$2,500.00            | \$950.00          | \$1,550.00        | \$0.00             |
| Early Intervention  | \$1,550.00                   | \$0.00            | \$0.00                   | \$2,500.00            | \$950.00          | \$1,550.00        | \$0.00             |
| ATD/ATPDP   | \$1,550.00                   | \$0.00            | \$0.00                   | \$2,500.00            | \$950.00          | \$1,550.00        | \$0.00             |
| ATP   | \$1,550.00                   | \$0.00            | \$0.00                   | \$2,500.00            | \$950.00          | \$1,550.00        | \$0.00             |
| Reentry/Aftercare   | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00            | \$0.00            | \$0.00             |
| Indirect  | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00            | \$0.00            | \$0.00             |
| <b>3</b> Big Brothers Big Sisters                               | \$2,992.00                   | \$0.00            | \$8,478.00               | \$18,500.00           | \$7,030.00        | \$11,470.00       | \$0.00             |
| Prevention  | \$748.00                     | \$0.00            | \$2,119.50               | \$4,625.00            | \$1,757.50        | \$2,867.50        | \$0.00             |
| Early Intervention  | \$748.00                     | \$0.00            | \$2,119.50               | \$4,625.00            | \$1,757.50        | \$2,867.50        | \$0.00             |
| ATD/ATPDP   | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00            | \$0.00            | \$0.00             |
| ATP   | \$748.00                     | \$0.00            | \$2,119.50               | \$4,625.00            | \$1,757.50        | \$2,867.50        | \$0.00             |
| Reentry/Aftercare   | \$748.00                     | \$0.00            | \$2,119.50               | \$4,625.00            | \$1,757.50        | \$2,867.50        | \$0.00             |
| Indirect  | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00            | \$0.00            | \$0.00             |
| <b>4</b> Warren County Youth Bureau                             | \$48,825.00                  | \$0.00            | \$0.00                   | \$78,750.00           | \$29,925.00       | \$48,825.00       | \$0.00             |
| Prevention  | \$16,275.00                  | \$0.00            | \$0.00                   | \$26,250.00           | \$9,975.00        | \$16,275.00       | \$0.00             |
| Early Intervention  | \$16,275.00                  | \$0.00            | \$0.00                   | \$26,250.00           | \$9,975.00        | \$16,275.00       | \$0.00             |
| ATD/ATPDP   | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00            | \$0.00            | \$0.00             |
| ATP   | \$16,275.00                  | \$0.00            | \$0.00                   | \$26,250.00           | \$9,975.00        | \$16,275.00       | \$0.00             |
| Reentry/Aftercare   | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00            | \$0.00            | \$0.00             |
| Indirect  | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00            | \$0.00            | \$0.00             |
| <b>5</b> Differential Response for Children Under 12            | \$3,100.00                   | \$0.00            | \$0.00                   | \$5,000.00            | \$1,900.00        | \$3,100.00        | \$0.00             |
| Prevention  | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00            | \$0.00            | \$0.00             |
| Early Intervention  | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00            | \$0.00            | \$0.00             |
| ATD/ATPDP   | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00            | \$0.00            | \$0.00             |

|                   |            |        |        |            |            |            |        |
|-------------------|------------|--------|--------|------------|------------|------------|--------|
| ATP               | \$0.00     | \$0.00 | \$0.00 | \$0.00     | \$0.00     | \$0.00     | \$0.00 |
| Reentry/Aftercare | \$0.00     | \$0.00 | \$0.00 | \$0.00     | \$0.00     | \$0.00     | \$0.00 |
| Indirect          | \$3,100.00 | \$0.00 | \$0.00 | \$5,000.00 | \$1,900.00 | \$3,100.00 | \$0.00 |

| 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%) |
| <b>6 0</b>                     | <b>\$0.00</b>                | <b>\$0.00</b>     | <b>\$0.00</b>            | <b>\$0.00</b>         | <b>\$0.00</b>     | <b>\$0.00</b>     | <b>\$0.00</b>      |
| Prevention                     | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00            | \$0.00            | \$0.00             |
| Early Intervention             | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00            | \$0.00            | \$0.00             |
| ATD/ATPDP                      | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00            | \$0.00            | \$0.00             |
| ATP                            | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00            | \$0.00            | \$0.00             |
| Reentry/Aftercare              | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00            | \$0.00            | \$0.00             |
| Indirect                       | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00            | \$0.00            | \$0.00             |
| <b>7 0</b>                     | <b>\$0.00</b>                | <b>\$0.00</b>     | <b>\$0.00</b>            | <b>\$0.00</b>         | <b>\$0.00</b>     | <b>\$0.00</b>     | <b>\$0.00</b>      |
| Prevention                     | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00            | \$0.00            | \$0.00             |
| Early Intervention             | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00            | \$0.00            | \$0.00             |
| ATD/ATPDP                      | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00            | \$0.00            | \$0.00             |
| ATP                            | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00            | \$0.00            | \$0.00             |
| Reentry/Aftercare              | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00            | \$0.00            | \$0.00             |
| Indirect                       | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00            | \$0.00            | \$0.00             |
| <b>8 0</b>                     | <b>\$0.00</b>                | <b>\$0.00</b>     | <b>\$0.00</b>            | <b>\$0.00</b>         | <b>\$0.00</b>     | <b>\$0.00</b>     | <b>\$0.00</b>      |
| Prevention                     | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00            | \$0.00            | \$0.00             |
| Early Intervention             | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00            | \$0.00            | \$0.00             |
| ATD/ATPDP                      | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00            | \$0.00            | \$0.00             |
| ATP                            | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00            | \$0.00            | \$0.00             |
| Reentry/Aftercare              | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00            | \$0.00            | \$0.00             |
| Indirect                       | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00            | \$0.00            | \$0.00             |
| <b>9 0</b>                     | <b>\$0.00</b>                | <b>\$0.00</b>     | <b>\$0.00</b>            | <b>\$0.00</b>         | <b>\$0.00</b>     | <b>\$0.00</b>     | <b>\$0.00</b>      |
| Prevention                     | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00            | \$0.00            | \$0.00             |
| Early Intervention             | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00            | \$0.00            | \$0.00             |
| ATD/ATPDP                      | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00            | \$0.00            | \$0.00             |
| ATP                            | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00            | \$0.00            | \$0.00             |
| Reentry/Aftercare              | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00            | \$0.00            | \$0.00             |
| Indirect                       | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00            | \$0.00            | \$0.00             |
| <b>10 0</b>                    | <b>\$0.00</b>                | <b>\$0.00</b>     | <b>\$0.00</b>            | <b>\$0.00</b>         | <b>\$0.00</b>     | <b>\$0.00</b>     | <b>\$0.00</b>      |
| Prevention                     | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00            | \$0.00            | \$0.00             |
| Early Intervention             | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00            | \$0.00            | \$0.00             |
| ATD/ATPDP                      | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00            | \$0.00            | \$0.00             |
| ATP                            | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00            | \$0.00            | \$0.00             |
| Reentry/Aftercare              | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00            | \$0.00            | \$0.00             |



|          |        |        |        |        |        |        |        |
|----------|--------|--------|--------|--------|--------|--------|--------|
| Indirect | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
|----------|--------|--------|--------|--------|--------|--------|--------|

| 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%) |
| <b>11 0</b>                     | <b>\$0.00</b>                | <b>\$0.00</b>     | <b>\$0.00</b>            | <b>\$0.00</b>         | <b>\$0.00</b>      | <b>\$0.00</b>       | <b>\$0.00</b>      |
| Prevention                      | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00             | \$0.00              | \$0.00             |
| Early Intervention              | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00             | \$0.00              | \$0.00             |
| ATD/ATPDP                       | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00             | \$0.00              | \$0.00             |
| ATP                             | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00             | \$0.00              | \$0.00             |
| Reentry/Aftercare               | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00             | \$0.00              | \$0.00             |
| Indirect                        | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00             | \$0.00              | \$0.00             |
| <b>12 0</b>                     | <b>\$0.00</b>                | <b>\$0.00</b>     | <b>\$0.00</b>            | <b>\$0.00</b>         | <b>\$0.00</b>      | <b>\$0.00</b>       | <b>\$0.00</b>      |
| Prevention                      | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00             | \$0.00              | \$0.00             |
| Early Intervention              | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00             | \$0.00              | \$0.00             |
| ATD/ATPDP                       | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00             | \$0.00              | \$0.00             |
| ATP                             | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00             | \$0.00              | \$0.00             |
| Reentry/Aftercare               | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00             | \$0.00              | \$0.00             |
| Indirect                        | \$0.00                       | \$0.00            | \$0.00                   | \$0.00                | \$0.00             | \$0.00              | \$0.00             |
| <b>► Sum of Program Totals:</b> | <b>\$61,117.00</b>           | <b>\$0.00</b>     | <b>\$48,954.00</b>       | <b>\$177,533.87</b>   | <b>\$67,462.87</b> | <b>\$110,071.00</b> | <b>0</b>           |

| B. STSJP Reimbursement Summary                           |                     |
|--|---------------------|
| STSJP Allocation Amount                                  | \$48,954.00         |
| Locally Approved Amount of PY 2023-2024 STSJP Allocation | \$48,954.00         |
| Approved Detention Allocation Shifted                    | \$61,117.00         |
| Approved Rollover Amount                                 | \$0.00              |
| <b>Total Approved for State Reimbursement</b>            | <b>\$110,071.00</b> |
|  |                     |
| C. STSJP-RTA Reimbursement Summary                       |                     |
| STSJP-RTA Approved Plan Amount                           | \$0.00              |
| <b>Total Approved for State Reimbursement</b>            | <b>\$0.00</b>       |

| PART V – PLAN APPROVAL  |                            |                 |
|---|----------------------------|-----------------|
| A. Municipality Level Approval – Chief Executive/Administrative Official  |                            |                 |
| As STSJP Lead for Warren County, I certify that the Chief Executive/Administrative Official, [Name and Title] Robert F. Iusi Director , has reviewed and approved the 2023-2024 STSJP Plan. |                            |                 |
| User ID:<br>iusir@warrencountyny.gov  | Print Name: Robert F. Iusi | Date: 11/8/2023 |
| B. State Level Approval – OCFS Program Reviewer   |                            |                 |
| As OCFS STSJP reviewer, I certify that I approve of this STSJP plan for Choose an item. for 2023-2024.  |                            |                 |
| User ID: it4541   | Print Name: KeeganBurke    | Date: 11/9/2023 |

