



## Office of Children and Family Services

KATHY HOCHUL  
Governor

SUZANNE MILES-GUSTAVE, ESQ.  
Acting Commissioner

July 31, 2023

Dear Chief Executive Officer,

Thank you for submitting Yates 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: Yates County		
Lead agency for STSJP submission: Department of Social Services		
Contact person's name: Amy Miller	Title: Commissioner	
Phone: (315) 536-5142	Ext: NA	Email: amy.miller@dfa.state.ny.us

### PLAN SUBMISSION INSTRUCTIONS

**STSJP plans are due to the Office of Children and Family Services (OCFS) by 08 / 04 / 2023**

- Once you have opened this form on your computer, please use the "Save As" function to save a copy with the following file name: "STSJP 2023-2024 Annual Plan – [ex. Municipality Name]."
- Work from the copy saved in Step 1 as you record your municipality information. Save your work as you complete each section.
- Email the completed application to OCFS at [stsjp@ocfs.ny.gov](mailto:stsjp@ocfs.ny.gov). Use the subject line "STSJP 2023-2024 Annual Plan – [Municipality Name]" to facilitate timely review of your plan.

**Please direct any STSJP plan questions to the STSJP mailbox at: [stsjp@ocfs.ny.gov](mailto:stsjp@ocfs.ny.gov), or you may contact Geneva Hilliard 518-486-1819 or Lynn Tubbs 518-473-9116.**

**NOTE: Cooperative Applications submitted jointly by two or more counties**

Two or more eligible local jurisdictions (counties) may join together to establish, operate, and maintain STSJP programs, and may enter into agreements in connection therewith. Counties submitting such applications must provide additional information under **Part I - Municipality Level Details, Section C. Cooperative Application.**

### PART I – MUNICIPALITY LEVEL DETAILS

#### A. Municipality Level Analysis

- Identify the communities or neighborhoods (ZIP codes) from which the highest number of Youthful Offenders (YO), Adolescent Offenders (AO), Juvenile Offenders (JO), Juvenile Delinquents (JD), and Persons in Need of Supervision (PINS) enter the youth justice system, are remanded to detention, and/or are residentially placed; and
  - Discuss what factors may be contributing to these high numbers:  
  
There are 10 zip codes in Yates County. The two most densely populated areas include Penn Yan (14527) and Dundee (14837). In the calendar year 2022 Yates County had 9 Juvenile Delinquents, 0 Youthful Offenders, 0 Adolescent Offenders, 0 Juvenile Offenders, and 0 Persons in Need of Supervision. There were 8 additional youth on Juvenile Probation. 2 of these youth were in residential placement. Of these youth, 2 were from the two most populated areas. With the relatively small number of youth and our rural population, it seems that the primary factor contributing to these zip codes is likely population density. Other underlying factors are a lack of transportation, lack of services and poverty.
- Resources available at the following link can help you answer these questions:  
<https://www.ocfs.ny.gov/programs/youth/stsjp/planning.php>
  - In the charts below, please provide the municipality's distributions by race, ethnicity, and sex assigned at birth for the general population of youth younger than 18, and for the detained and placed population of youth. For the placement admissions data, please add together county data from Tables 1b-Total OCFS Facility Admissions by Sex, Race/Ethnicity and Age, 6b-JD Foster Care Admissions by Sex, Race/Ethnicity and Age and 7b-PINS Post-Dispositional Foster Care Admissions by Sex, Race/Ethnicity and Age from [Annual Out of Home Placement Admissions Data Packet](#)

Race/Ethnicity	2020 General Population <18 years		2022 Detention Admissions		2022 Placement Admissions	
	#	%	#	%	#	%
Black/African American	95	2	0	0	1	50
White	5182	94	3	100	1	50
Native American/Alaskan	13	0	0	0		
Asian/Pacific Islander	34	1	0	0		
Hispanic	186	3	0	0	0	0

Sex Assigned at Birth	2020 General Population <18 years		2022 Detention Admissions		2022 Placement Admissions	
	#	%	#	%	#	%
Male	2791	51	3	100	2	100
Female	2719	49	0	0	0	0

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

Although one black youth was placed in 2022, typically in Yates County we predominantly see white youth who are placed or detained due to our population makeup. For this reason, we do not see a disparity at this time in the county. Our STSJP plan will continue to strive for equity and balance in the youth we serve.

**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:

In developing the current plan we gathered input from the Department of Social Services, Probation, the Yates County System of Care (Insyght), Yates County Community Services and the Youth Bureau.

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.)

We had no youth participate in the 2023-24 program year.

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.)

There are family and youth members of the Youth Bureau and represented in our System of Care group. Those groups were updated regarding the plan and feedback was given.

**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:

NA

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

NA	
3. Will a single fiscal officer be the custodian of the funds made available for STSJP? <input type="checkbox"/> Yes. (If yes, please provide their contact details below.) <input type="checkbox"/> No. (If no, skip to Q.4.)	
Officer's Name:	Title:
Phone: (    )	Ext:
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: NA	

**PART II – PROGRAM LEVEL DETAILS**

<b>PROGRAM</b>	<b>1</b>	
<b>A. Program 1 Contact Information</b>		
Program 1 Name: Counseling/Assessments		
Operating Agency: Yates County Department of Social Services		
Program Mailing Address: Yates County Department of Social Services		
Address Line 2: 417 Liberty Street		
City: Penn Yan	State: <b>NY</b> ZIP Code: 14527	
Program Contact's Name: Amy Miller	Title: Commissioner	
Phone: (315) 563-5142	Ext: NA      Email: amy.miller@dfa.state.ny.us	
<b>B. Program 1 Description and Target Population</b>		
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2023-2024:		
STSJP	STSJP-RTA	
<input 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
<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>		
3. Please list the ZIP codes this program will target: 14527, 14837		

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 Department of Social Services contracts with various providers for psychological assessments and counseling. After Probation completes the initial appointment with a youth at intake, if it is determined that the youth would benefit from a psychological assessment or counseling services, a referral will be made to the department. The Department will work with Probation to ensure that youth and families who are involved with Probation receive assessments and the treatment that is recommended by the treatment provider. These services will serve youth at the diversion/adjustment stage to prevent further progression into the system, at the ATD/ATPDP stage to prevent detention or pre-dispositional placement and also at the post-adjudication stage to reduce placements.

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

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

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

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

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

Approved Funding	Program Type					Total
	P	EI	ATD/ATPDP	ATP	R/A	
STSJP	0	0	0	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 anticipate serving more youth in the upcoming year. Personnel changes at the county level kept us from being able to properly implement the program.

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.

NA

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?

NA

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

(b) Please describe any contributing barriers:

This program was not able to be appropriately implemented in 2022-2023 program year.

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?

Personnel changes have taken place and this plan has been made in collaboration with Probation.

**D. Program 1 Service Projections for PY 2023-2024**

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

Approved Funding	Program Type					Total
	P	EI	ATD/ATPDP	ATP	R/A	
STSJP	0	5	5	5	0	15
STSJP-RTA	0	0	0	0	0	0
Total	0	5	5	5	0	15

**PROGRAM 2**

**A. Program 2 Contact Information**

Program 2 Name:

Operating Agency:

Program Mailing Address:

Address Line 2:

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

Program Contact's Name: Title:

Phone: ( ) Ext.: ( ) Email:

**B. Program 2 Description and Target Population**

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

Yes  No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(b) How will they be met?

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

(b) Please describe any contributing barriers:

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

**Program 2 Service Projections for PY 2023-2024**



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

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

<b>PROGRAM</b>	<b>3</b>
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**A. Program 3 Contact Information**

Program 3 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. 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 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 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						
STSJP-RTA						
Total						

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

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

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

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

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

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

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

(b) How will they be met?

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

(b) Please describe any contributing barriers:

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

**D. Program 3 Service Projections for PY 2023-2024**

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

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

<b>PROGRAM</b>	<b>4</b>																					
<b>A. Program 4 Contact Information</b>																						
Program 4 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 4 Description and Target Population</b>																						
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<p>2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2023-2024:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr 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
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<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 4 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 4 Service Projections for PY 2023-2024**

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

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

**PROGRAM 5**

**A. Program 5 Contact Information**

Program 5 Name: \_\_\_\_\_

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

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

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

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

**B. Program 5 Description and Target Population**

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

Yes     No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**D. Program 5 Service Projections for PY 2023-2024**

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

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

**PROGRAM 6**

**A. Program 6 Contact Information**

Program 6 Name: \_\_\_\_\_

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

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

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

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

**B. Program 6 Description and Target Population**

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

Yes     No

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

**D. Program 6 Service Projections for PY 2023-2024**

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

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

**PROGRAM 7**

**A. Program 7 Contact Information**

Program 7 Name: \_\_\_\_\_

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

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

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

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

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

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

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

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

Yes  No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(b) How will they be met?

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

(b) Please describe any contributing barriers:

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

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

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

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

**PROGRAM 8**

**A. Program 8 Contact Information**

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

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

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

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

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

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

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

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

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: <b>NY</b>	Zip Code:
Program Contact's Name:	Title:	
Phone: ( )	Ext.: ( )	Email:

**Program 11 Description and Target Population**

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

Yes  No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Program 11 Service Projections for PY 2023-2024**

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

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

**PROGRAM 12**

**A. Program 12 Contact Information**

Program 12 Name:

Operating Agency:

Program Mailing Address:

Address Line 2:

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

Program Contact's Name: Title:

Phone: ( ) Ext.: ( ) Email:

**Program 12 Description and Target Population**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Program 12 Service Projections for PY 2023-2024**

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

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

**PART III – Goals for PY 2023-2024**

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

**Prevention**

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

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

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

**Early Intervention**

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

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

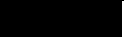
(Programs  1  2  3  4  5  6  7  8  9  10  11  12  N/A)

STSJP	STSJP RTA	Outcomes
90 %	%	of youth will have no missed court appearances during service engagement
90 %	%	of youth will have no warrants issued during service engagement
90 %	%	of youth will have no arrests or probation intakes during service engagement
90 %	%	of youth will have no detention or jail admissions during service engagement
90 %	%	of PINS will have no pre-dispositional placements during service engagement
90 %	%	of youth will be able to identify at least one accessible, positive adult connection
90 %	%	of youth will be engaged in at least one positive community activity
90 %	%	of youth will comply with program rules
90 %	%	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 checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input 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 %	%	of youth will have no warrants issued during service engagement
90 %	%	of youth will have no arrests or probation intakes during service engagement
90 %	%	of youth will have no detention or jail admissions during service engagement
90 %	 %	of PINS will have no pre-dispositional placements during service engagement
90 %	%	of youth will have no violations of probation filed during service engagement
90 %	%	of youth will have no new placements during service engagement
90 %	%	of youth will be able to identify at least one accessible, positive adult connection
90 %	%	of youth will be engaged in at least one positive community activity
90 %	%	of youth will comply with program rules
90 %	%	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 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
%	%	of youth will have no warrants issued during service engagement
%	%	of youth will have no arrests or probation intakes during service engagement
%	%	of youth will have no detention or jail admissions during service engagement
%	 %	of PINS will have no pre-dispositional placements during service engagement
%	%	of youth will have no new placements during service engagement
%	%	of youth will have no returns to their previous placements during service engagement
%	%	of youth will be able to identify at least one accessible, positive adult connection
%	%	of youth will be engaged in at least one positive community activity
%	%	of youth will comply with program rules
%	%	of youth will attend at least 90% of programming

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

<b>PART IV – FUNDING</b>							
<b>A. Anticipated Program Expenses and Funding Distribution</b>							
<b>Program Name and Service Types</b>	<b>STSJP</b>						<b>STSJP-RTA</b>
	<b>Detention Allocation Shifted</b>	<b>Approved Rollover</b>	<b>PY23-24 STSJP Allocation</b>	<b>Total Expenses (100%)</b>	<b>Local Share (38%)</b>	<b>State Share (62%)</b>	<b>State Share (100%)</b>
<b>1</b> Counseling/Assessments		\$41,155.00	\$41,154.96	\$132,758.00	\$50,448.04	\$82,309.96	
Prevention							
Early Intervention		\$13,718.33	\$13,718.32	\$44,252.67	\$16,816.01	\$27,436.65	
ATD/ATPDP		\$13,718.33	\$13,718.32	\$44,252.66	\$16,816.01	\$27,436.65	
ATP		\$13,718.34	\$13,718.32	\$44,252.67	\$16,816.02	\$27,436.66	
Reentry/Aftercare							
Indirect							
<b>2</b>							
Prevention							
Early Intervention							
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							
<b>3</b>							
Prevention							
Early Intervention							
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							
<b>4</b>							
Prevention							
Early Intervention							
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							
<b>5</b>							
Prevention							
Early Intervention							
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							



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

Program Name and Service Types	STSJP						STSJP-RTA
	Detention Allocation Shifted	Approved Rollover	PY23-24 STSJP Allocation	Total Expenses (100%)	Local Share (38%)	State Share (62%)	State Share (100%)
<b>11</b>							
Prevention							
Early Intervention							
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							
<b>12</b>							
Prevention							
Early Intervention							
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							
<b>► Sum of Program Totals:</b>	<b>\$0.00</b>	<b>\$41,155.00</b>	<b>\$41,154.96</b>	<b>\$132,758.00</b>	<b>\$50,448.04</b>	<b>\$82,309.96</b>	<b>\$0.00</b>

<b>B. STSJP Reimbursement Summary</b>	
STSJP Allocation Amount	\$41,155.00
Locally Approved Amount of PY 2023-2024 STSJP Allocation	\$41,154.96
Approved Detention Allocation Shifted	\$0.00
Approved Rollover Amount	\$41,155.00
<b>Total Approved for State Reimbursement</b>	<b>\$82,309.96</b>
<b>C. STSJP-RTA Reimbursement Summary</b>	
STSJP-RTA Approved Plan Amount	\$0.00
<b>Total Approved for State Reimbursement</b>	<b>\$0.00</b>

<b>PART V – PLAN APPROVAL</b>		
<b>A. Municipality Level Approval – Chief Executive/Administrative Official</b>		
As STSJP Lead for Yates County, I certify that the Chief Executive/Administrative Official, [Name and Title] Amy D. Miller, has reviewed and approved the 2023-2024 STSJP Plan.		
User ID: 57a236	Print Name: Amy D. Miller	Date: 7/27/2023
<b>B. State Level Approval – OCFS Program Reviewer</b>		
As OCFS STSJP reviewer, I certify that I approve of this STSJP plan for Choose an item. for 2023-2024.		
User ID: IT4541	Print Name: Keegan Burke	Date: 7/28/2023