June 25, 2021

Dear Chief Executive Officer,

Thank you for submitting Columbia County's Supervision and Treatment Services for Juveniles Program (STSJP) plan for Program Year (PY) 2020-2021. Your plan has been reviewed by the Office of Children and Family Services (OCFS), and we are pleased to inform you that your STSJP plan has been **approved.**

Please note that this approval does not extend to the amount listed for the STSJP-RTA programming. Upon NYS DOB approval, OCFS will send out a revised STSJP approval letter reflecting the STSJP-RTA programming amount approved by NYS DOB for 2020-2021 as applicable.

Columbia 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 non-Raise The Age 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, 2021, unless otherwise approved by the Office of Children and Family Services.

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

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

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

As a reminder, to access RTA reimbursement for which a municipality may be eligible, the expenditures must be specifically included in a locality's comprehensive RTA plan and approved by the NYS Division of Budget.

All STSJP claims must be submitted electronically via the Juvenile Detention Automated System (JDAS) for the service period of October 1, 2020 to September 30, 2021. Questions on all aspects of the claiming process should be directed to the STSJP mailbox at stsjp@ocfs.ny.gov with the subject line "STSJP Claiming questions".

If you have any STSJP plan questions, please also email us at stsjp@ocfs.ny.gov and write "STSJP Plan Questions" in the subject line or reach out to Geneva Hilliard at (518) 486-1819 or Lynn Tubbs at (518) 473-9116.

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

Sincerely,

Nina Aledort, PhD, LMSW
Deputy Commissioner

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

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
SUPERVISION AND TREATMENT SERVICES FOR JUVENILES PROGRAM (STSJP)
ANNUAL PLAN FOR PROGRAM YEAR OCTOBER 1, 2020 – SEPTEMBER 30, 2021

SUBMITTING MUNICIPALITY CONTACT INFORMATION		
Name of applicant county, counties, or jurisdiction: Columbia		
Lead agency for STSJP submission: Columbia County Department of Social Services		
Contact Person's Name: Jennifer Ganey		Title: Director of Children's Services
Phone: (518) 828-9411	Ext: 2123	Email: jennifer.ganey@dfa.state.ny.us

PLAN SUBMISSION INSTRUCTIONS
STSJP plans are due to the Office of Children and Family Services (OCFS) by 10 **/** 20 **/** 2020 1. Once you have opened this form on your computer, please use the "Save As" function to save a copy with the following file name: "STSJP 2020-2021 Annual Plan – [Municipality Name]." 2. Work from the copy saved in Step 1 as you record your municipality information. Save your work as you complete each section. 3. Email the completed application to OCFS at stsjp@ocfs.ny.gov. Use the subject line "STSJP 2020-2021 Annual Plan – [Municipality Name]" to facilitate timely review of your plan. **Please direct any STSJP plan questions to 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 A. Cooperative Application***.

PART I – MUNICIPALITY LEVEL DETAILS
A. Cooperative Application (Complete this section only if this is a joint application.)
1. Describe the provisions for the proportionate cost to be borne by each county.
2. Describe how personnel will be compensated across and between counties in the cooperative:

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

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

4. Describe who will be responsible for collecting and submitting STSJP data for joint-funded programs:

B. Municipality Level Analysis
1. (a) Identify communities or neighborhoods 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; then (b) Discuss what factors may be contributing to these high numbers:

A/B. The Family Support Program targets the historically underserved areas within the Hudson City School
Districts, as well as surrounding municipalities in Columbia County. According to the 2013-2017 American Community
Survey the families living in poverty in the City of Hudson is 19.2% as compared to 11.4% in Columbia County as a

whole, with those not born in the Unites States having an even higher poverty rate of 13.6%. The ethnic breakdown of the District includes 43% of students whom are white, 25% students whom are African American and 17% Asian. The number of youth in detenion from Columbia County are 3 African American males from the Hudson City School District, two from the City of Hudson and one from a smaller town outside of the city proper. Two of the youth are known to the Department and had been receiving services through the Department and STSJP funds for several years. The third youth is the first Raise the Age youth in the County and he is not a citizen of the United States, he was born in another country. The ethnic breakdown of the City of Hudson is 59% white, 25% African American, 7% Asian, 8% Hispanic and 5% identify as of multiple races.

There is no public transportation anywhere in the County and cthis reates barriers to service provision. Lack of affordable housing is a major challenge as well. In the County as a whole, 72% of the population live in rental units. 57% of them are classified as cost-burdened as they pay 30% or more of their income on rent. Recent numbers show that while access to afforable housing is on the rise, there remains a significant wait list for Section 8 housing and the lack of transportation makes it difficult to link families, jobs and services. The number of homeless students in the Hudson City School District is the highest in the County schools. Unemployment in the County is 7.3% which is lower than the rest of the State total but is increasing. Most jobs are in the service sector and can be classified as part-time.

 In the past several years, the graduation rate for Hudson High School has improved to 81% above the NYS standard of 80 percent and the dropout rate has decreased, which can be attributed to programs such as this one. However, the number of JD and or PINS children who reside In the Hudson City School Districts is disproportionately high compared with the rest of the County as the only detention placeements are students from the Hudson City School District. This STSJP program targets the Hudson City School District specifically related to the JD and PINS numbers from that District. The Program is able to assist youth and families with access to services in the home and community, by making referrals, connecting to community providers, providing transportation, tutoring and focused services specific to the youth's needs.

2. (a) Compare the racial/ethnic distributions among your local system's detention and/or residential placements with the racial/ethnic distributions in your municipality's general population; then (b) Discuss any racial/ethnic disparities you identified and how this plan will address the disparities:

    A. Columbia County continues to have a local priority on reducing the over-representation of African American youth in the child welfare system, including detention and residential placement. The County has had Implicit Bias in the past and further trainings in this area are planned for 2021. We continue to participate in various community teams that focus on these targetted youth and all youth in the identified school district. There is an out-of-school network that meets regularly to plan for pro-social programming and works to identify disparities in the community. In recent years, the County has seen a significant reduction in admissions to detention and residential placements. However, the children being placed still represent a disproportionate number are African American children. The children currently placed residentially through the JD/PINS system as of October, 2020 are all African American and are from the Hudson City School District. Therefore, 100% of Columbia County's detention population is African-American. For Columbia County as a whole, the demographics include 89% white and 4% African American. The demographics for the School District are listed above and vary from the County as a whole. However, the youth in detention do not represent either the demographics of the County or District.

The Family Support Program provides Case Management/Family Support Services to the Hudson City Schools and surrounding areas, where the vast majority of African American children reside and attend. In addition, due to the lack of affordable housing many families are being forced to move outside of the City of Hudson. This creates a concern for having accessibility to services for those children that are moving out of their home districts. These services can help serve those populations.

B.The program helps address the disparity in a variety of ways. It targets the underserved populations in the Hudson area. It increases protective factors and reduces the risk of youth engaging in at risk behaviors. It helps share

information with the families about resources, services and supports. and helps explore the appropriateness of available services. The assessment process identifies strengths and needs and assists with unmet needs that may be a barrier to moving forward or participating in services. It serves as a bridge between families and service providers, supporting a productive and respectful partnership. There is regular consulting with families and providers to ensure that the family's perspectives are included in all planning and decision-making. It assists families with identifying and setting goals and short-term objectives. The program prepares families for meetings and will accompany them when needed. They can help the family and youth to rediscover and reconnect to natural supports, identify and get involved in leisure and recreational activities. The program providers groups to families to strengthen social skills, decrease isolation, and provide emotional support.

C. Local Collaboration

1. STSJP 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:

   There Is ongoing support for continuance of the Family Support Program through the use of STSJP funds. The shift from focusing on alternatives to detention and placement has allowed for more attention on primary prevention efforts. Columbia County's continued reduction In the number of detention admissions and residential placements has supported this shift. The Intensive Prevention Network Team with representation from DSS, Mental Health, Probation, Schools, Voluntary Agencies and not for profit agencies meet on a regular basis to discuss and address service gaps, collaboration and program development.

PART II – PROGRAM LEVEL DETAILS

PROGRAM	1

A. Program 1 Contact Information

Program 1 Name: Family Support		
Operating Agency: Mental Health Association of Columbia and Greene Counties		
Program Mailing Address: 713 Union Street		
Address Line 2:		
City: Hudson	State: **NY**	Zip Code: 12534
Program Contact's Name: Roxane Carpenter	Title: Division Director Children and Family Services	
Phone: (518) 828-4619	Ext: 202	Email: rcarpenter@mhacg.org

B. Program 1 Description and Target Population

1. This program meets the legal definition of a *Family Support Services (FSS) program (Social Services Law Section 458-m)* and will operate in this capacity for PY 2020-2021. ☒ Yes ☐ No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:

STSJP	STSJP-RTA	
☒	☒	Prevention (P)
☐	☐	Early Intervention (EI)
☐	☐	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
☐	☐	Alternative to Placement (ATP)
☐	☐	Reentry / Aftercare (R / A)
☐	☐	Indirect Services

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

12534 n addition all of Columbia County. 12017, 12029, 12037, 12050, 12060,12075, 12106, 12115, 12125, 12130, 12132, 12136, 12165, 12172, 12173, 12174, 12184, 12195, 12502, 12503, 12513, 12516 12517, 12521, 12523, 12526, 12529, 12530, 12534, 12541, 12544

4.	Describe the program, including how it is family focused. If you answered "yes" to Q1 (FSS), be sure to demonstrate how your program meets the definition. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them.
	Mental Health Association of Columbia and Greene Counties have several Strength based programs that provide service for children and families. These service are provided through the MHA's Children and Families Division. The services under this program comply with FCA-458-m and were designed to provide the services to children and families with a goal of preventing the adjudication of the child in PINS and prevent out of home placement as well as preventing a petition from being filed under Article 7 of the Family Court Act. The program offers comprehensive services to the children and their families that include a family assessment and screening through our Certified Family Peer Advocate (FPA), Crisis management through our Mobile Crisis program and Family support specialist. All families will be offered to participate in Strengthening Families an evidence based skill building and education program for youth 11-17 and their families. The case manager will provide referrals to the youth and family for mental and behavioral health services utilizing Health Homes, respite services, mentor serves, and school based educational advocacy and other services through REACH and the Child Advocacy Center (CAC). In addition to the program offering families an array of supportive services it also may include transportation; tutoring; and availability of flex funding to address barriers the family may be facing. All services are based on six areas: Empower families to make informed decisions through information, sources, services and supports. Support families based on the strengths and needs and assist with needs that may be barriers. Facilitate meetings between families and service providers and school. Assist in gathering, organizing and preparing documents needed for services. Support a productive and respectful partnership assisting families to express their strengths, needs and goals. Support and assist during stages of transition. Promote engagement and supports as families' needs and services change. Supports families in caring for and strengthening their children's mental, physical health and well-being. Assist family practice strategies to support child's positive behavior. Provide emotional support to reduce isolation, stigma, blame and hopelessness. Link and provide workshops on parenting that are matched to families' individual needs. Provide Outreach and Information : to make informed decisions regarding the nature of supports for themselves and their child through: sharing information about resources, services and supports and exploring what might be appropriate for their child and family; exploring the needs and preferences of the family and locating relevant resources. Help families understand eligibility rules; helping families understand the assessment process and identifying their child's strengths, needs and diagnosis. Develop resource directories to identify relevant formal services and informal resources for families. Conduct general and individual outreach in the community to raise awareness, reduce stigma, and engage families in services. Assist with unmet needs. Engagement, Bridging and Transition: Support based on the strengths and needs of the youth and family, connect them with appropriate services and supports. Assist families with needs that may be a barrier to moving forward. Accompany the family when visiting programs. Facilitate meetings between families and service providers. Assist the family to gather, organize and prepare documents needed for specific services. Address any concrete or subjective barriers that may prevent full participation in services. Serve as a bridge between families and service providers, supporting a productive and respectful partnership by assisting the families to express their strengths, needs and goals. Support and assist families during stages of transition which may be unfamiliar (e.g.: placements, in crisis, and between service systems etc.). Promote continuity of engagement and supports as families' needs and services change. Self-Advocacy, Self-Efficacy and Empowerment. Advocate on behalf of and in collaboration with families to promote shared decision-making. Regularly consult with families and providers to ensure that the family's

perspectives are included in all planning and decision-making. Coach and model shared decision-making and skills that support collaboration and model strength-based interactions by accentuating the positive. Support the families in discovering their strength and concerns. Assist families to identify and set goals and short-term objectives. Prepare families for meetings and accompany them when needed. Empower families to express their fears, expectations and anxieties to promote positive effective communication. Assist families to frame questions to ask providers. Provide opportunities for families to connect to and support one another. Support and encourage family participation in community, regional, state, national activities to develop their leadership skills and expand their circles of support.

Community Connections and Natural Supports: Enhance the quality of life by integration and supports for families in their own communities. Help the family to rediscover and reconnect to natural supports already present in their lives. Utilize the families' knowledge of their community in developing new supportive relationships. Help the family identify and get involved in leisure and recreational activities in their community. In partnership with community leaders, encourage families who express an interest to get more involved in faith or cultural organizations. Arrange support and training as needed to facilitate participation in community activities. Conduct groups with families to strengthen social skills, decrease isolation, and provide emotional support. Connect youth with at least one positive role model. Encourage and facilitate community engagement.

Parent Skill Development & Support the efforts of families in caring for and strengthening their children's mental, and physical health, development and well-being of their children. Helps the family learn and practice strategies to support their child's positive behavior. Assist the family to implement strategies recommended by clinicians (e.g. medication management, behavior support, crisis plan) and talk to clinicians about their comfort with these plans. Provide emotional support for the family on their parenting journey to reduce isolation, feelings of stigma, blame and hopelessness. Link to and provide workshops and courses on parenting that are matched to families' individual needs.

Services are provided during hours convenient to the family and until the family members achieve their established goals and are linked to appropriate services to maintain their health and safety. During home visits, the caseworker provides counseling, budget and nutrition information, parent education and modeling and mentoring is also provided. Youth will have access to a certified Youth Peer Advocate (YPA).

Additional description: Additional funds will be used for 240 hours of one on one time and support for youth. 240 hours of additional family support focusing on the Summer since support needed for those families is greater when school is not in session. Additional funds will be used for backpacks and school supplies. Many youth participated in remote learning last year and will need supplies and support this year in returning to the classroom. Funds will also be used to allow families to participate in the Strengthening Families parenting support program. Additional funds will be used as flex funds to allow the youth to participate in activities such as therapeutic horseback riding, outings to state parks, other outings and supplies for activities and service projects.

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 funding did this program receive in PY 2019-2020?
   ☐ 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 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	P	EI	Program Type ATD/ATPDP (PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total
STSJP	40	0	0	0	0	0	0	0	40
STSJP-RTA	0	0			0	0	0	0	0
Total	40	0	0	0	0	0	0	0	40

3. Based on the program's record of youth served (Q2), do you anticipate this program being over or under its budgeted capacity on 9/30/2020? Please explain:

    Was to serve 30

4. Please use the table to record the **average lengths of service (days)** for youth who exited the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	P	EI	Program Type ATD/ATPDP (PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A
STSJP	546.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STSJP-RTA	0.00	0			0.00	0.00	0.00	0.00

5. How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths of stay for youth who were in detention and residential placements during the same time period.

    There was only one youth in detention/placement during this time period. The length of stay for that youth in the detention/placement was very short at the time of that reporting, though the youth had been involved in the program for a period of time. The length of stay for all program youth has helped them be successful and keep the youth in their community. The length of stay is consistent with the other programming and that the youth stay in the program through successful completion.

6. Will this program's outcomes meet the PY 2019-2020 projected goals by 9/30/2020?
    ☒ Yes *(If yes, skip to section D.)*   ☐ Partially   ☐ No

7. (a) What outcomes are on track to meet the goals set for PY 2019-2020? (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.

9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2020-2021?

D. Program 1 Service Projections for PY 2020-2021

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2020-2021. Enter zero (0) if not applicable.

Approved Funding	P	EI	Program Type ATD/ATPDP (PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total
STSJP	30	0	0	0	0	0	0	0	30
STSJP-RTA	10	0			0	0	0	0	10
Total	40	0	0	0	0	0	0	0	40

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. This program meets the legal definition of a *Family Support Services (FSS) program (Social Services Law Section 458-m)* and will operate in this capacity for PY 2020-2021. ☐ Yes ☐ No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:

STSJP	STSJP-RTA	
☐	☐	Prevention (P)
☐	☐	Early Intervention (EI)
☐	☐	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
☐	☐	Alternative to Placement (ATP)
☐	☐	Reentry / Aftercare (R / A)
☐	☐	Indirect Services

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

4. Describe the program, including how it is family focused. If you answered "yes" to Q1 (FSS), be sure to demonstrate how your program meets the definition. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them.

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 funding did this program receive in PY 2019-2020?
☐ 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 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

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

3. Based on the program's record of youth served (Q2), do you anticipate this program being over or under its budgeted capacity on 9/30/2020? Please explain:

4. Please use the table to record the **average lengths of service (days)** for youth who exited the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

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

5. How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths 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 2019-2020 projected goals by 9/30/2020?
   ☐ Yes *(If yes, skip to section D.)*   ☐ Partially   ☐ No

7. (a) What outcomes are on track to meet the goals set for PY 2019-2020? (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.

9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2020-2021?

D. Program 2 Service Projections for PY 2020-2021

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2020-2021. Enter zero (0) if not applicable.

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

PROGRAM	3

A. Program 3 Contact Information

Program 3 Name:	
Operating Agency:	
Program Mailing Address:	
Address Line 2:	

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

Program Contact's Name:	Title:	
Phone: ( ) Ext:	Email:	

B. Program 3 Description and Target Population

1. This program meets the legal definition of a *Family Support Services (FSS) program (Social Services Law Section 458-m)* and will operate in this capacity for PY 2020-2021. ☐ Yes ☐ No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:

STSJP	STSJP-RTA	
☐	☐	Prevention (P)
☐	☐	Early Intervention (EI)
☐	☐	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
☐	☐	Alternative to Placement (ATP)
☐	☐	Reentry / Aftercare (R / A)
☐	☐	Indirect Services

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

4. Describe the program, including how it is family focused. If you answered "yes" to Q1 (FSS), be sure to demonstrate how your program meets the definition. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them.

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 funding did this program receive in PY 2019-2020?
☐ 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 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

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

3. Based on the program's record of youth served (Q2), do you anticipate this program being over or under its budgeted capacity on 9/30/2020? Please explain:

4. Please use the table to record the **average lengths of service (days)** for youth who exited the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

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

5. How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths 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 2019-2020 projected goals by 9/30/2020?
☐ Yes (*If yes, skip to section D.*)   ☐ Partially   ☐ No

7. (a) What outcomes are on track to meet the goals set for PY 2019-2020? (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.

9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2020-2021?

D. Program 3 Service Projections for PY 2020-2021

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2020-2021. Enter zero (0) if not applicable.

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

PROGRAM 4

A. Program 4 Contact Information

Program 4 Name:			
Operating Agency:			
Program Mailing Address:			
Address Line 2:			
City:		State: **NY**	Zip Code:
Program Contact's Name:		Title:	
Phone: ( )	Ext:	Email:	

B. Program 4 Description and Target Population

1. This program meets the legal definition of a *Family Support Services (FSS) program (Social Services Law Section 458-m)* and will operate in this capacity for PY 2020-2021. ☐ Yes ☐ No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:

STSJP	STSJP-RTA	
☐	☐	Prevention (P)
☐	☐	Early Intervention (EI)
☐	☐	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
☐	☐	Alternative to Placement (ATP)
☐	☐	Reentry / Aftercare (R / A)
☐	☐	Indirect Services

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

4. Describe the program, including how it is family focused. If you answered "yes" to Q1 (FSS), be sure to demonstrate how your program meets the definition. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them.

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

C. Program 4 Performance History (*Refer to your municipality's STSJP data files.*)

1. What funding did this program receive in PY 2019-2020?
   ☐ 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 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

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

3. Based on the program's record of youth served (Q2), do you anticipate this program being over or under its budgeted capacity on 9/30/2020? Please explain:

4. Please use the table to record the **average lengths of service (days)** for youth who exited the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

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

5. How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths 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 2019-2020 projected goals by 9/30/2020?
   ☐ Yes (*If yes, skip to section D.*)   ☐ Partially   ☐ No

7. (a) What outcomes are on track to meet the goals set for PY 2019-2020? (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.

9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2020-2021?

D. Program 4 Service Projections for PY 2020-2021

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2020-2021. Enter zero (0) if not applicable.

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

PROGRAM 5

A. Program 5 Contact Information

Program 5 Name:	
Operating Agency:	
Program Mailing Address:	
Address Line 2:	

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

B. Program 5 Description and Target Population

1. This program meets the legal definition of a *Family Support Services (FSS) program (Social Services Law Section 458-m)* and will operate in this capacity for PY 2020-2021. ☐ Yes   ☐ No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:

STSJP	STSJP-RTA	
☐	☐	Prevention (P)
☐	☐	Early Intervention (EI)
☐	☐	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
☐	☐	Alternative to Placement (ATP)
☐	☐	Reentry / Aftercare (R / A)
☐	☐	Indirect Services

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

4. Describe the program, including how it is family focused. If you answered "yes" to Q1 (FSS), be sure to demonstrate how your program meets the definition. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them.

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 funding did this program receive in PY 2019-2020?
☐ 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 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

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

3. Based on the program's record of youth served (Q2), do you anticipate this program being over or under its budgeted capacity on 9/30/2020? Please explain:

4. Please use the table to record the **average lengths of service (days)** for youth who exited the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

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

5. How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths 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 2019-2020 projected goals by 9/30/2020?
   ☐ Yes *(If yes, skip to section D.)*   ☐ Partially   ☐ No

7. (a) What outcomes are on track to meet the goals set for PY 2019-2020? (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.

9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2020-2021?

D. Program 5 Service Projections for PY 2020-2021

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2020-2021. Enter zero (0) if not applicable.

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

PROGRAM   6

A. Program 6 Contact Information

Program 6 Name:

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

B. Program 6 Description and Target Population

1. This program meets the legal definition of a ***Family Support Services (FSS) program (Social Services Law Section 458-m)*** and will operate in this capacity for PY 2020-2021. ☐ Yes   ☐ No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:

STSJP	STSJP-RTA	
☐	☐	Prevention (P)
☐	☐	Early Intervention (EI)
☐	☐	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
☐	☐	Alternative to Placement (ATP)
☐	☐	Reentry / Aftercare (R / A)
☐	☐	Indirect Services

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

4. Describe the program, including how it is family focused. If you answered "yes" to Q1 (FSS), be sure to demonstrate how your program meets the definition. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them.

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 funding did this program receive in PY 2019-2020?
☐ 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 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

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

3. Based on the program's record of youth served (Q2), do you anticipate this program being over or under its budgeted capacity on 9/30/2020? Please explain:

4. Please use the table to record the **average lengths of service (days)** for youth who exited the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

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

5. How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths 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 2019-2020 projected goals by 9/30/2020?
☐ Yes *(If yes, skip to section D.)* ☐ Partially ☐ No

7. (a) What outcomes are on track to meet the goals set for PY 2019-2020? (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.

9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2020-2021?

D. Program 6 Service Projections for PY 2020-2021

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2020-2021. Enter zero (0) if not applicable.

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

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. This program meets the legal definition of a *Family Support Services (FSS) program (Social Services Law Section 458-m)* and will operate in this capacity for PY 2020-2021. ☐ Yes ☐ No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:

STSJP	STSJP-RTA	
☐	☐	Prevention (P)
☐	☐	Early Intervention (EI)
☐	☐	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
☐	☐	Alternative to Placement (ATP)
☐	☐	Reentry / Aftercare (R / A)
☐	☐	Indirect Services

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

4. Describe the program, including how it is family focused. If you answered "yes" to Q1 (FSS), be sure to demonstrate how your program meets the definition. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them.

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 funding did this program receive in PY 2019-2020?
☐ 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 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

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

3. Based on the program's record of youth served (Q2), do you anticipate this program being over or under its budgeted capacity on 9/30/2020? Please explain:

4. Please use the table to record the **average lengths of service (days)** for youth who exited the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

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

5. How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths 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 2019-2020 projected goals by 9/30/2020?
☐ Yes (*If yes, skip to section D.*)   ☐ Partially   ☐ No

7. (a) What outcomes are on track to meet the goals set for PY 2019-2020? (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.

9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2020-2021?

D. Program 7 Service Projections for PY 2020-2021

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2020-2021. Enter zero (0) if not applicable.

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

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. This program meets the legal definition of a *Family Support Services (FSS) program (Social Services Law Section 458-m)* and will operate in this capacity for PY 2020-2021. ☐ Yes ☐ No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:

STSJP	STSJP-RTA	
☐	☐	Prevention (P)
☐	☐	Early Intervention (EI)
☐	☐	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
☐	☐	Alternative to Placement (ATP)
☐	☐	Reentry / Aftercare (R / A)
☐	☐	Indirect Services

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

4. Describe the program, including how it is family focused. If you answered "yes" to Q1 (FSS), be sure to demonstrate how your program meets the definition. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them.

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 funding did this program receive in PY 2019-2020?
   ☐ 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 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

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

3. Based on the program's record of youth served (Q2), do you anticipate this program being over or under its budgeted capacity on 9/30/2020? Please explain:

4. Please use the table to record the **average lengths of service (days)** for youth who exited the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

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

5. How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths 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 2019-2020 projected goals by 9/30/2020?
   ☐ Yes (*If yes, skip to section D.*)   ☐ Partially   ☐ No

7. (a) What outcomes are on track to meet the goals set for PY 2019-2020? (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.

9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2020-2021?

D. Program 8 Service Projections for PY 2020-2021

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2020-2021. Enter zero (0) if not applicable.

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

PROGRAM	9

A. Program 9 Contact Information

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

B. Program 9 Description and Target Population

1. This program meets the legal definition of a *Family Support Services (FSS) program (Social Services Law Section 458-m)* and will operate in this capacity for PY 2020-2021. ☐ Yes ☐ No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:

STSJP	STSJP-RTA	
☐	☐	Prevention (P)
☐	☐	Early Intervention (EI)
☐	☐	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
☐	☐	Alternative to Placement (ATP)
☐	☐	Reentry / Aftercare (R / A)
☐	☐	Indirect Services

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

4. Describe the program, including how it is family focused. If you answered "yes" to Q1 (FSS), be sure to demonstrate how your program meets the definition. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them.

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

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

1. What funding did this program receive in PY 2019-2020?
☐ 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 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

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

3. Based on the program's record of youth served (Q2), do you anticipate this program being over or under its budgeted capacity on 9/30/2020? Please explain:

4. Please use the table to record the **average lengths of service (days)** for youth who exited the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

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

5. How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths 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 2019-2020 projected goals by 9/30/2020?
   ☐ Yes *(If yes, skip to section D.)*   ☐ Partially   ☐ No

7. (a) What outcomes are on track to meet the goals set for PY 2019-2020? (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.

9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2020-2021?

D. Program 9 Service Projections for PY 2020-2021

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2020-2021. Enter zero (0) if not applicable.

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

PROGRAM 10

A. Program 10 Contact Information

Program 10 Name:	
Operating Agency:	
Program Mailing Address:	
Address Line 2:	

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

Program Contact's Name:	Title:

Phone: ( )	Ext:	Email:

B. Program 10 Description and Target Population

1. This program meets the legal definition of a *Family Support Services (FSS) program (Social Services Law Section 458-m)* and will operate in this capacity for PY 2020-2021. ☐ Yes   ☐ No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:

STSJP	STSJP-RTA	
☐	☐	Prevention (P)
☐	☐	Early Intervention (EI)
☐	☐	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
☐	☐	Alternative to Placement (ATP)
☐	☐	Reentry / Aftercare (R / A)
☐	☐	Indirect Services

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

4. Describe the program, including how it is family focused. If you answered "yes" to Q1 (FSS), be sure to demonstrate how your program meets the definition. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them.

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

C. Program 10 Performance History (*Refer to your municipality's STSJP data files.*)

1. What funding did this program receive in PY 2019-2020?
☐ 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 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

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

3. Based on the program's record of youth served (Q2), do you anticipate this program being over or under its budgeted capacity on 9/30/2020? Please explain:

4. Please use the table to record the **average lengths of service (days)** for youth who exited the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

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

5. How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths 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 2019-2020 projected goals by 9/30/2020?
☐ Yes (*If yes, skip to section D.*) ☐ Partially ☐ No

7. (a) What outcomes are on track to meet the goals set for PY 2019-2020? (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.

9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2020-2021?

D. Program 10 Service Projections for PY 2020-2021

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2020-2021. Enter zero (0) if not applicable.

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

PROGRAM 11

A. Program 11 Contact Information

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

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

B. Program 11 Description and Target Population

1. This program meets the legal definition of a *Family Support Services (FSS) program (Social Services Law Section 458-m)* and will operate in this capacity for PY 2020-2021. ☐ Yes   ☐ No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:

STSJP	STSJP-RTA	
☐	☐	Prevention (P)
☐	☐	Early Intervention (EI)
☐	☐	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
☐	☐	Alternative to Placement (ATP)
☐	☐	Reentry / Aftercare (R / A)
☐	☐	Indirect Services

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

4. Describe the program, including how it is family focused. If you answered "yes" to Q1 (FSS), be sure to demonstrate how your program meets the definition. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them.

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

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

1. What funding did this program receive in PY 2019-2020?
☐ 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 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

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

3. Based on the program's record of youth served (Q2), do you anticipate this program being over or under its budgeted capacity on 9/30/2020? Please explain:

4. Please use the table to record the **average lengths of service (days)** for youth who exited the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

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

5. How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths 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 2019-2020 projected goals by 9/30/2020?
☐ Yes *(If yes, skip to section D.)*   ☐ Partially   ☐ No

7. (a) What outcomes are on track to meet the goals set for PY 2019-2020? (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.

9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2020-2021?

D. Program 11 Service Projections for PY 2020-2021

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2020-2021. Enter zero (0) if not applicable.

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

PROGRAM	12

A. Program 12 Contact Information

Program 12 Name:	
Operating Agency:	
Program Mailing Address:	
Address Line 2:	

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

Program Contact's Name:	Title:

Phone: ( )	Ext:	Email:

B. Program 12 Description and Target Population

1. This program meets the legal definition of a *Family Support Services (FSS) program (Social Services Law Section 458-m)* and will operate in this capacity for PY 2020-2021. ☐ Yes ☐ No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:

STSJP	STSJP-RTA	
☐	☐	Prevention (P)
☐	☐	Early Intervention (EI)
☐	☐	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
☐	☐	Alternative to Placement (ATP)
☐	☐	Reentry / Aftercare (R / A)
☐	☐	Indirect Services

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

4. Describe the program, including how it is family focused. If you answered "yes" to Q1 (FSS), be sure to demonstrate how your program meets the definition. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them.

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

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

1. What funding did this program receive in PY 2019-2020?
   ☐ 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 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

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

3. Based on the program's record of youth served (Q2), do you anticipate this program being over or under its budgeted capacity on 9/30/2020? Please explain:

4. Please use the table to record the **average lengths of service (days)** for youth who exited the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

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

5. How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths 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 2019-2020 projected goals by 9/30/2020?
   ☐ Yes *(If yes, skip to section D.)*   ☐ Partially   ☐ No

7. (a) What outcomes are on track to meet the goals set for PY 2019-2020? (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.

9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2020-2021?

D. Program 12 Service Projections for PY 2020-2021

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2020-2021. Enter zero (0) if not applicable.

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

PART III – Goals for PY 2020-2021

Please set the municipality's goals for its programs to achieve in PY 2020-2021. State-required outcomes have been included with space for you to add any locally collected outcomes. 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.

Prevention

STSJP		STSJP RTA		Outcomes
90	%	85	%	of youth will have no PINS referrals during service engagement
90	%	80	%	of youth will have no truancies during service engagement
90	%	85	%	of youth will have no school suspensions during service engagement
95	%	90	%	of youth will have no arrests or probation intakes during service engagement
100	%	100	%	of youth will be able to identify at least one accessible, positive adult connection **(new)**
100	%	95	%	of youth will be engaged in at least one positive community activity * **(new)**
90	%	90	%	of youth will comply with program rules
90	%	90	%	of youth will attend at least 90 percent of programming

Other, locally collected outcomes:				

Early Intervention				
STSJP		**STSJP RTA**		**Outcomes**
	%		%	of youth will have no PINS referrals during service engagement
	%		%	of youth will have no truancies during service engagement
	%		%	of youth will have no school suspensions during service engagement
	%		%	of youth will have no arrests or probation intakes during service engagement
	%		%	of youth will have their cases successfully adjusted/diverted during service engagement
	%		%	of youth will be able to identify at least one accessible, positive adult connection * **(new)**
	%		%	of youth will be engaged in at least one positive community activity * **(new)**
	%		%	of youth will comply with program rules
	%		%	of youth will attend at least 90 percent of programming
Other, locally collected outcomes:				

Alternative to Detention / Pre-Dispositional Placement				
STSJP		**STSJP RTA**		**Outcomes**
	%		%	of youth will have no missed court appearances during service engagement
	%		%	of youth will have no warrants issued during service engagement
	%		%	of youth will have no arrests or probation intakes during service engagement
	%		%	of youth will have no detention or jail admissions during service engagement
	%		%	of PINS will have no pre-dispositional placements during service engagement
	%		%	of youth will be able to identify at least one accessible, positive adult connection * **(new)**
	%		%	of youth will be engaged in at least one positive community activity * **(new)**
	%		%	of youth will comply with program rules
	%		%	of youth will attend at least 90 percent of programming
Other, locally collected outcomes:				

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

Reentry / Aftercare				

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 * **(new)**
	%		%	of youth will be engaged in at least one positive community activity * **(new)**
	%		%	of youth will comply with program rules
	%		%	of youth will attend at least 90 percent of programming
Other, locally collected outcomes:				

PART IV – FUNDING

A. Anticipated Program Expenses and Funding Distribution

Program Name & Service Types	STSJP					STSJP-RTA
	Detention Allocation Shifted	PY20-21 STSJP Allocation	Total Expenses (100%)	Local Share (38%)	State Share (62%)	State Share (100%)
1 Mental Health Association of Columbia and Greene County Family Support Program	**$53,138.60**	**$49,273.00**	**$165,180.00**	$62,768.40	$102,411.60	**$50,521.00**
Prevention	$53,138.60	$49,273.00	$165,180.00	$62,768.40	$102,411.60	$50,521.00
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						
2						
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						
3						
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						
4						
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						
5						
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						

| Program Name & Service Types | STSJP | | | | | STSJP-RTA |
	Detention Allocation Shifted	PY20-21 STSJP Allocation	Total Expenses (100%)	Local Share (38%)	State Share (62%)	State Share (100%)
6						
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						
7						
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						
8						
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						
9						
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						
10						
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						

Program Name & Service Types	STSJP					STSJP-RTA
	Detention Allocation Shifted	PY20-21 STSJP Allocation	Total Expenses (100%)	Local Share (38%)	State Share (62%)	State Share (100%)
11						
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						
12						
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						
Sum of Program Totals:	**$53,138.60**	**$49,273.00**	**$165,180.00**	**$62,768.40**	**$102,411.60**	**$50,521.00**

B. STSJP Reimbursement Summary

STSJP Allocation Amount	$49,273.00
Locally Approved Amount of PY 2020-2021 STSJP Allocation	$49273.00
Approved Detention Allocation Shifted	$53,138.60
Total Approved for State Reimbursement	**$102,411.60**

C. STSJP-RTA Reimbursement Summary

STSJP-RTA Approved Plan Amount	$50,521.00
Total Approved for State Reimbursement	**$50,521.00**

PART V – PLAN APPROVAL

A. Municipality Level Approval – Chief Executive / Administrative Official

As STSJP Lead for Columbia County, I certify that the Chief Executive/Administrative Official, [Name and Title] Matthew Murrell, has reviewed and approved the 2020-2021 STSJP Plan.

User ID: 10a543	Print Name: Jennifer Ganey, Director or Services	Date: 6/18/2021

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 2020-2021.

User ID: IT1619	Print Name: Geneva Hilliard	Date: 6/25/2021