



## Office of Children and Family Services

ANDREW M. CUOMO  
Governor

SHEILA J. POOLE  
Commissioner

March 30, 2021

Dear Chief Executive Officer,

Thank you for submitting Herkimer County's Supervision and Treatment Services for Juveniles Program (STSJP) plan for Program Year (PY) 2020-2021. Your entire STSJP plan, including any amounts listed for PY 2020-2021 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, 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](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.

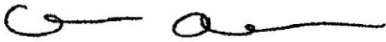
As a reminder, to access RTA reimbursement that a municipality may be eligible for, the expenditures must be specifically included in a locality's comprehensive RTA plan.

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, 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](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 Geneva Hilliard at (518) 486-1819 or Lynn Tubbs at (518) 473-9116.

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

Sincerely,



Nina Aledort, Ph.D., LMSW  
Deputy Commissioner  
Division of Youth Development and Partnerships for Success

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



## Office of Children and Family Services

ANDREW M. CUOMO  
Governor

SHEILA J. POOLE  
Commissioner

February 23, 2021

Dear Chief Executive Officer,

Thank you for submitting Herkimer 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.**

Herkimer 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.

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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.

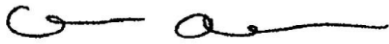
As a reminder, to access RTA reimbursement for which a municipality may be eligible, the expenditures must be specifically included in a locality's comprehensive RTA plan and approved by the NYS Division of Budget.

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](mailto:stsjp@ocfs.ny.gov) with the subject line "STSJP Claiming questions".

If you have any STSJP plan questions, please also email us at [stsip@ocfs.ny.gov](mailto:stsip@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.

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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: Herkimer County		
Lead agency for STSJP submission: Herkimer County Department of Social Services		
Contact Person's Name: Lisa Burdick	Title: Director	
Phone: (315) 867-1240	Ext:	Email: lisa.burdick@dfa.state.ny.us

### PLAN SUBMISSION INSTRUCTIONS

**STSJP plans are due to the Office of Children and Family Services (OCFS) by 10 / 20 / 2020**

- 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]."
- 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 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.)

- Describe the provisions for the proportionate cost to be borne by each county.
  - Describe how personnel will be compensated across and between counties in the cooperative:
  - 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: |
- Describe who will be responsible for collecting and submitting STSJP data for joint-funded programs:

#### B. Municipality Level Analysis

(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:

As part of our plan development, the team took the opportunity to review detention and placement data along with PINS and JD activity for the period of October 1, 2019 through March 30, 2020. The data was taken from OCFS produced JDAS profiles and very specific local data recorded by the Department of Social Services and Probation. During the process we also utilized the Herkimer County Juvenile Justice Profile furnished by DCJS. There were 6 Herkimer County youth remanded to non-secure detention during this time frame indicating an approximately 43% reduction in placements between 2019 and 2020. Placements were distributed through the communities as follows: Ilion (2), Herkimer (1), and Mohawk (3). These areas represent the Herkimer School District (1) and the Central Valley Academy School District (5) In addition, we looked at the school districts that initiated PINS referrals. PINS Referrals were distributed in the following manner: Central Valley Academy (2), Frankfort (2), Poland (6), Little Falls (3), Herkimer (5), Owen D. Young (1), Dolgeville (1), Mount Markham (1) and (2) youth who live within Herkimer County, but whose school districts are within another county. Additionally, there were 8 JD intakes for the period distributed as follows: Frankfort (2), Mount Markham (1), Herkimer (1), Little Falls (2), and all others (2). PINS youth were referred for the following behaviors: incorrigible/ungovernable (14), drugs/marijuana (1), truancy (3), official behavioral reports (4), and police involvement (1). JD youth were referred to Probation for the following behaviors: theft/petit larceny (1), sexual offense type (3), violence/assault (2), and criminal mischief/vandalism (2).

For the most part, the majority of referrals initiate from population dense areas (Little Falls, Herkimer, and Central Valley Academy). However, we are seeing an increase in PINS referrals/intakes from more rural, sparsely populated school districts such as Owen D. Young, Mount Markham, Dolgeville, Poland, and Frankfort. Leadership and staff from both the PINS and JD program areas have a presence in most of the schools districts, including the child study team meetings, planning events held at the schools, as well as in county government. School Intervention Partnership (SIP) caseworkers are embedded in several districts (PTE), including the Alternative School (Pathways Academy), and have an active role working with the PINS/JD program. The integration of services into the school setting is intended to counteract the disconnect that is inherent in rural, sparsely populated areas. Poverty and substance use are pervasive social problems in rural areas, and particularly in Herkimer County.

According to the NY State Office of Temporary Disability and Assistance, 1 in 5 Herkimer County youth under the age of 18 lives in poverty. The American Community Survey estimates indicate 81% of single women with children live in poverty, and 17% of Herkimer County families are single-parent families. Children living at or below federal poverty level make up only a portion of the children who feel the constraints of economic insecurity. The United Ways' Asset Limited, Income Constrained, Employed (ALICE) scores report that 31% of Herkimer County families live above the poverty line yet are struggling to meet basic needs. Economically, Herkimer County unemployment rate is 4.9%, however real income growth has shown declines in the lower income quintiles. This means Herkimer County's lowest income families are not able to financially keep pace with the cost of living. Poverty has a significant impact on the trajectory of substance use, mental health, violence, and child maltreatment/neglect. These stressors are often expressed in children's behavior.

Psycho-social factors also influence children and youth behavior and potential involvement with the JJ system. The NYS Prevention Agenda reports that 19.3% of adults report frequent mental distress, 21.4% of adults report binge drinking in the last 30 days, ED visit rates for any opioid overdose are at 64 per 100,000, and the rate of opioid overdose death is 17.6 per 100,000. Herkimer County suicide mortality rates are also above NYS rates, with 12.4 per 100,000 completing suicide. The frequent distress, substance use, and mortality rates of adults have negative effects on children, creating environments with multiple Adverse Childhood Experiences and social-emotional insecurity. Additionally, 25.3 per 1,000 Herkimer County babies are born with Neonatal Abstinence Syndrome. While the long-term effects of NAS are not fully understood as yet, many health experts agree that a diagnosis of NAS is linked to behavior/cognitive problems, risk of future drug use, and impulsivity/hyperactivity in older children which leads to a greater risk of out of home placement and involvement with the JJ system.

1. (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:

Herkimer County is a small, mostly rural county. According to the United States Census July 2019 population estimate, the county has a population of approximately 61,319 individuals. Individuals under the age of 18 represent approximately 20.4% of the population. Approximately 50.4% of the total population is female, 1.5% is African American or Black, 2.3% are Hispanic or Latino, and 1.5% is multi-racial.

In the 2019-2020 plan year, the racial and ethnic distribution among youth placed in detention was as follow; Males (66.7%), Females (33.3%), White (66.7%), Hispanic/Latinx (16.6%), and multi-racial (16.6%). Youth with PINS Intakes were distributed as follows; Females (52.2%), Males (47.8%), White (91.3%), Black or African American (4.3%), Hispanic/Latino (4.3%). Youth with PINS/JD intakes are distributed as follows; female (37.5%), male (62.5%), and White (100%). Females, Black/African Americans, and Hispanic/Latino populations make up a disproportionate number of PINS/JD intakes while males are disproportionately represented in PINS/JD placements.

In 2018, Herkimer County developed a data monitoring procedure within the PINS/JD Unit to determine the percentage of minority youth being processed through each stage of juvenile services. Periodically, this data is analyzed to determine whether any racial disparities are being perpetuated by processes or barriers within our system. In the course of the analysis process for this application, we noted opportunities for improvement with our collection and recording of racial and ethnic identities. During the 2020-2021 year we will develop a more accurate, and streamlined recording process such that there we can more accurately record, report, and respond to racial, ethnic, and gender needs in a timely and respectful manner.

Additionally, all new employees are trained in cultural competency to gain a better understanding of the psychological processes that impact decision-making around PINS/JD youth. Supervisors and staff from the PINS and JD units meet weekly to identify appropriate, culturally relevant, and gender responsive services at entry to limit a youth's deeper penetration into the system.

**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:

The STSJP plan was written collaboratively by DSS, Probation, PINS/JD diversion, Youth Bureau, Integrated County Planning, and Integrated Community Alternatives Network (ICAN). Throughout each year these key stakeholders along with school officials, law enforcement representatives, mental health, and other community service providers engage frequently within a long standing planning structure. Herkimer County’s Integrated County Planning Coordinator has and will continue to play a lead role in this and many other collaborative efforts.

The goal is to provide immediate intensive intervention to at risk youth while maintaining a safe community. Each stakeholder has an equal voice in their area of expertise and as a result, contributions are welcomed and expected. In addition to the immediate group of managers who are tasked with plan development, there are also several larger planning groups who often become the source of much overlooked information as the plan develops. For example, our Youth Violence Prevention Committee focuses on all relevant current topics involving youth of all ages. This group has representation from the Schools Superintendent’s cabinet, local police and sheriff’s office, District Attorney, Probation, Herkimer College, and County Administration. The PINS Assessment and Review Team meets regularly to brainstorm individual cases, identify trends, and determine trajectories through the JJ system. Our plan is often discussed at the Mohawk Valley Regional Youth Justice meetings offering opportunity for multiple county inputs as well. The STSJP programming is presented to the Herkimer County Committee on Human Resources and subsequently to the full Legislature and has received unanimous support since its inception.

**PART II – PROGRAM LEVEL DETAILS**

**PROGRAM 1**

**A. Program 1 Contact Information**

Program 1 Name: Kids Herkimer (ICAN) Early Intervention Diversion		
Operating Agency: ICAN		
Program Mailing Address: 310 Main St		
Address Line 2:		
City: Utica	State: NY	Zip Code: 13501
Program Contact's Name: Steve Yaworksi		Title: Director
Phone: (315) 867-1332	Ext:	Email: syaworski@ican.family

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

3. Please list the zip codes this program will target:  
13357, 13350, 13329, 13365, 13361, 13491, 13431, 13340, 13407

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.

The Kids Herkimer Early Intervention Diversion Program (KHEID) provides a comprehensive array of intensive community-based services to address the individual needs of Non-RTA and RTA youth involved in the juvenile justice (JJ) system. This program has demonstrated successful diversion of youth in the JJ system and has prevented out-of-home placements in previous years. KHEID works in collaboration with DSS and Probation to identify youth with the highest risk of further JJ involvement. Through multiple weekly contacts, assessments, and the utilization of diverse individual and family supportive services, the program addresses youth and family needs, maintains safety within the community, promotes educational attainment, and prevents further entry into the JJ system.

Due to the successes with the KHEID program for Non-RTA PINS/JD, we are expanding the program to include RTA youth at the Early Intervention stage. Additionally, Service Provision for Individual Needs (SPIN) services are offered through the KHEID to youth who meet the criteria for Raise the Age, are engaging with the KHEID program, and whose needs exceed the scope of the KHEID program.

The KHEID Program offers family-centered services with flexible and responsive service hours as needed to encourage and support active family engagement. The KHEID is gender responsive and offers strengths-based support programs to



offer respectful and impactful services to youth and families. The programs increase trust and engagement in services and lead to positive outcomes for youth and families.

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	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	14	0	0	0	0	0	0	14
STSJP-RTA	0	0	0	0	0	0	0	0	0
Total	0	14	0	0	0	0	0	0	14

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:

This program was on schedule to be slightly over its budgeted capacity on 9/30/20. The average number of referrals per month had been 2-3 during Q1 and Q2 of plan year 2019-2020. We had predicted to have 12-18 new referrals at the close of Q4 of the budgeted year at the observed referral rate in the first half of the plan year. Our current plan year budgeted capacity goal is 25 youth. However, by 9/30/20, the close of the plan year, we provided services to only 18 youth in total. This falls short of our annual goal by 7 youth.

The primary variable that affected our referral numbers is COVID-19. School Districts are the primary PINS referral source, and, by extension, KHEID referral source. Typically, the HCDSS PINS Unit has been our main direct referral source. However, with the youth not being in school during COVID-19 and social distancing, it is likely true that our monthly referral rates slowed down and the PINS Unit received fewer PINS related referrals that required support services such as those provided by the KHEID. Additional referral sources, beyond the school districts, are receiving fewer referrals to their own programs and are thus creating fewer linkages to the KHEID program.

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	0	98	0	0	0	0	0	0
STSJP-RTA	0	0	0	0	0	0	0	0

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.

We expected the average length of stay to increase during Q3 and Q4 as compared to the first half of PY 2019-2020. At the close of Q2 the average length of stay was 98.4 days. As predicted, our average length of stay increased. We believe that the root cause of this is the COVID-19 pandemic. COVID-19 has burdened families with increased stress, decreased community networking, increased challenges to school/academic success and decreased behavioral/mental health service delivery dynamics that directly affect our youth served by the KHEID Coordinator and Program.

Due to social distancing restrictions and schools not operating "in-person", youth and their families are in need of our services for longer terms. This is suspected to have occurred because youth and families have been disconnected from those social and academic resources and service linkages typically made available in the school setting. We observed the average length of services at the close of plan year 2019-2020 to be 136 days of service. This is an increase of 11 service days as compared to plan year 2018-2019 which resulted in an average of 125 days of service.

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?

**1. The Kids Herkimer Early Intervention Diversion Program will divert admission into detention by 10% (as compared to the previous plan year).** The EID program is on track to help Herkimer County divert admissions into detention for the year by 57%. In 2018 there were 14 detention admissions and during the 2019-2020 plan year, Herkimer County admitted only 6 youth into detention. The KHEID program Coordinator will continue to meet with all stakeholder referral sources to make the program services available.

**2. The Kids Herkimer Early Intervention Diversion Program will reduce the use of detention care days by 20% (as compared to the previous plan year).** The program will help reduce use of detention care days by 28% by the end of the plan year. According to the OCFS Division of Juvenile Justice and Opportunities for Youth Days of Care/Clients Served Report, in 2018 the number of detention care days was 357 and during the 2019-2020 plan year, there were only 127 detention days used which is a 56.7% reduction of service care days. By providing diversion services to youth that are on their way to Family Court due to PINS or JD behaviors, the KHEID Coordinator is able to realign the youths' engagement with services and invest in their individual change before the need to appear in court develops thus reducing the number of detention care days.

**3. 90% of children in the Kids Herkimer Early Intervention Diversion Program will be diverted from entering detention and will return to any and all court appearances.** The KHEID program has successfully diverted 17 of the 18 youth from detention that were enrolled in the program during this plan year. One youth was ordered to detention resulting in a 94% detention diversion success rate. Of the remaining 17, 3 youth were placed in residential placement due to intense mental and behavioral health symptom presentation. These youth needed a diagnostic evaluation or mental health assessment to help Herkimer County to identify the best intervention to address their needs. 100% of all youth enrolled in the KHEID program attended their scheduled court appearances while enrolled.

8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.
1. **90% of all children enrolled in the KHEDI Program in 2019-2020 will not have any police contact resulting in formal charges.** For the 2019-2020 year plan, 89% of all youth enrolled did not have police contact resulting in formal charges. Of the 18 youth enrolled in the KHEID Program, only 2 had police involvement that resulted in formal charges. One of the 18 youth served violated probation orders and was ultimately placed in a residential facility. Two of the youth presented with behaviors that were pervasive and persistent. Despite service provision from multiple agencies, these youth were not fully engaged in any service, and ultimately required residential placement. The KHEID Coordinator is examining gaps in service delivery and incorporating individualized, flexible, and collaborative methods to increase engagement and avoid further entry into the JJ system for both current and future youth enrolled in the KHEID program. At 89%, we were very close to meeting the program goal for the plan year.
  2. **Youth with truancy issues that are enrolled in the KHEID Program will experience a 25% increase in days of school attended, as measured by school and program reports.** During the 2019-2020 plan year there were 4 youth that presented truancy issues. Of those 4 youth, 3 improved their attendance by 80%. However, 1 of the youth refused to attend school and was ultimately placed on PINS services and adjudicated as a PINS. They were placed in a residential placement facility for the purpose of an inpatient diagnostic evaluation. This youth presented very severe anxiety symptoms and would not engage in an outpatient evaluation, they also did not respond to any service providers that attempted to help them realign behaviors and school attendance. The KHEID program will focus on developing and implementing strategies to increase early detection of mental health and cognitive barriers to treatment that have the potential to elevate the risk of placement. Earlier recognition of these barriers will inform treatment plans and prevent further entry into the JJ system.
  3. **90% of youth will experience an increase in protective factors in the home to support youth and family enrolled in KHEID Casework Services, to be measured by referral or participation in mental health services, family therapy, or other support community support service related to the youth's needs.** In plan year 2019-2020 all 18 youth enrolled had protective factors and services provided to them from Herkimer County or community-based providers. 8 of those youth did not need additional services above and beyond the KHEID services such as behavior management, mentoring, Rise and Shine, family counseling, parent skills services, etc. However, 10 of them needed additional referrals made to services outside of the KHEID service provision menu. These 10 youth either showed a higher level of need or did not have the appropriate referred services at the time the KHEID Coordinator held the case. These linkages were created by the Coordinator. Only 3 of the 18 youth (16.7%) enrolled in the program were placed because of their behaviors and/or mental health issues. This suggests that 15 youth (83.3%) responded well to the level of preventive factors present in the home post enrollment.
  4. **For those enrolled in KHEID Casework Services, 90% of all youth will experience no Child Protective Service calls and involvement.** In plan year 2019-2020, there were 4 families (22%) that had a new CPS call during the duration they were enrolled in the KHEID program. This resulted in our program falling short of its goal by 12%. The KHEID Program will take a closer look at addressing parent related neglect and abuse issues that are potentially present in the home. The coordinator will be taking a more active role in assessing the parent needs as well as the referred youth. This focus will require the KHEID Coordinator to refer and link the families to parenting services as soon as they discover the potential for child welfare issues. Although conversations do currently take place, the coordinator will take a much more active role in collaborating with county and community providers and caseworkers assigned to the case.

9.

There are several areas of improvement that have become a focus for the KHEID program to make attempts to achieve.

1. The number of referrals to the program fell short of the annual goal. We believe this is due to COVID19 referral disruptions rather than a shortage of need for KHEID services. The Kids Herkimer Program Director, Manager and

KHEID Coordinator will continue to share the services information to the Herkimer County Department of Social Services partners. It is imperative that our referral sources know the service is readily available and able to serve the youth and families that can benefit from this level of intervention and support.

2 During the 2019-2020 plan year there had been a number of formal charges resulting from police contact, several Child Protective Service reports and findings, placement due to truancy and a need to increase wraparound and support services for the entire family. The KHEID Coordinator will take part in biweekly case reviews and monthly case updates to assess the needs of each case with supervisors and county administrators. This layer of support is an increase of clinical casework supervision as compared to the past. The goal of this oversight approach is to gain the input from available teams that will guide the treatment planning and intervention needs of each case. This will also provide insight to help identify if there are any service gaps within the continuum of care and array of available service provision. When a gap of services is identified, that gap will be addressed and resolved as needed. Three prominent service gaps (or goals) that we are seeing are: 1) empowering enrichment activities for youth to stay away from police contact, 2) parent/caretaker engagement and 3) interventions that address chronic truancy. These have been very difficult areas of concern that have presented barriers to meeting program goals and will be a focus through the 2020-2021 plan year. The KHEID will make every attempt to develop, provide and connect the youth and families to the services and activities necessary to help address these issues.

**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	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	25	0	0	0	0	0	0	25
STSJP-RTA	0	10			0	0	0	0	10
Total	0	35	0	0	0	0	0	0	35

**PROGRAM 2**

**A. Program 2 Contact Information**

Program 2 Name: \_\_\_\_\_

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ 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:

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

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

4. Describe the program, including how it is family focused. If you answered “yes” to 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 STSSJP data files.)

1. What funding did this program receive in PY 2019-2020?

- None (If none, skip to section D.)  STSSJP  STSSJP-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							Total	
	P	EI	ATD/ATPDP				ATP		R/A
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSSJP	0	0	0	0	0	0	0	0	
STSSJP-RTA	0	0	0	0	0	0	0	0	
Total	0	0	0	0	0	0	0	0	

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	0	0	0	0	0	0	0	0
STSJP-RTA	0	0			0	0	0	0

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	0	0	0	0	0	0	0	0	0
STSJP-RTA	0	4			0	0	0	1	5

Total	0	4	0	0	0	0	0	1	5
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**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**

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

STJSJP	STJSJP-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
- Please list the zip codes this program will target:
- 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.
- 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.*)       STSJ       STSJ-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								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJ									
STSJ-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)		
STSJ								
STSJ-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	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
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	
<input type="checkbox"/>	<input type="checkbox"/>	Prevention (P)
<input type="checkbox"/>	<input type="checkbox"/>	Early Intervention (EI)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Placement (ATP)
<input type="checkbox"/>	<input type="checkbox"/>	Reentry / Aftercare (R / A)
<input type="checkbox"/>	<input type="checkbox"/>	Indirect Services

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

4. Describe the program, including how it is family focused. If you answered “yes” to 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.

Approved Funding	Program Type							Total	
	P	EI	ATD/ATPDP				ATP		R/A
			(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 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	Program Type								
	P	EI	ATD/ATPDP				ATP	R/A	Total
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
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	
<input type="checkbox"/>	<input type="checkbox"/>	Prevention (P)
<input type="checkbox"/>	<input type="checkbox"/>	Early Intervention (EI)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Placement (ATP)
<input type="checkbox"/>	<input type="checkbox"/>	Reentry / Aftercare (R / A)
<input type="checkbox"/>	<input type="checkbox"/>	Indirect Services

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

4. Describe the program, including how it is family focused. If you answered "yes" to 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								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(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								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(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	
<input type="checkbox"/>	<input type="checkbox"/>	Prevention (P)
<input type="checkbox"/>	<input type="checkbox"/>	Early Intervention (EI)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Placement (ATP)
<input type="checkbox"/>	<input type="checkbox"/>	Reentry / Aftercare (R / A)
<input type="checkbox"/>	<input type="checkbox"/>	Indirect Services

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

4. Describe the program, including how it is family focused. If you answered "yes" to 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								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(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 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.

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
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	
<input type="checkbox"/>	<input type="checkbox"/>	Prevention (P)
<input type="checkbox"/>	<input type="checkbox"/>	Early Intervention (EI)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Placement (ATP)
<input type="checkbox"/>	<input type="checkbox"/>	Reentry / Aftercare (R / A)
<input type="checkbox"/>	<input type="checkbox"/>	Indirect Services

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

4. Describe the program, including how it is family focused. If you answered “yes” to 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.

Approved Funding	Program Type							Total	
	P	EI	ATD/ATPDP				ATP		R/A
			(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 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.

Approved Funding	Program Type								
	P	EI	ATD/ATPDP				ATP	R/A	Total
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
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	
<input type="checkbox"/>	<input type="checkbox"/>	Prevention (P)
<input type="checkbox"/>	<input type="checkbox"/>	Early Intervention (EI)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Placement (ATP)
<input type="checkbox"/>	<input type="checkbox"/>	Reentry / Aftercare (R / A)
<input type="checkbox"/>	<input type="checkbox"/>	Indirect Services

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

4. Describe the program, including how it is family focused. If you answered "yes" to 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								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(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 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								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
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	
<input type="checkbox"/>	<input type="checkbox"/>	Prevention (P)
<input type="checkbox"/>	<input type="checkbox"/>	Early Intervention (EI)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Placement (ATP)
<input type="checkbox"/>	<input type="checkbox"/>	Reentry / Aftercare (R / A)
<input type="checkbox"/>	<input type="checkbox"/>	Indirect Services

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

4. Describe the program, including how it is family focused. If you answered "yes" to 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.

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

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

4. Describe the program, including how it is family focused. If you answered “yes” to 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.

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

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

4. Describe the program, including how it is family focused. If you answered “yes” to 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	Program Type							Total	
	P	EI	ATD/ATPDP				ATP		R/A
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP									
STSJP-RTA									
<b>Total</b>									

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							ATP	R/A
	P	EI	ATD/ATPDP						
			(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	Program Type							ATP	R/A	Total
	P	EI	ATD/ATPDP							
			(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:

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

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

4. Describe the program, including how it is family focused. If you answered "yes" to 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 STSSJP data files.)**

1. What funding did this program receive in PY 2019-2020?  
 None (If none, skip to section D.)  STSSJP  STSSJP-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							ATP	R/A	Total
	P	EI	ATD/ATPDP							
			(PINS)	(JO/JD)	(JD-RTA)	(AO)				
STSSJP										
STSSJP-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							ATP	R/A
	P	EI	ATD/ATPDP						
			(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							ATP	R/A	Total
	P	EI	ATD/ATPDP							
			(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
	%		%	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 be able to identify at least one accessible, positive adult connection <b>*(new)</b>
	%		%	of youth will be engaged in at least one positive community activity <b>*(new)</b>
	%		%	of youth will comply with program rules
	%		%	of youth will attend at least 90 percent of programming

**Other, locally collected outcomes:**

**Early Intervention**

STSJP		STSJP RTA		Outcomes
90	%	80	%	of youth will have no PINS referrals during service engagement
90	%	80	%	of youth will have no truancies during service engagement
90	%	80	%	of youth will have no school suspensions during service engagement
90	%	80	%	of youth will have no arrests or probation intakes during service engagement
90	%	80	%	of youth will have their cases successfully adjusted/diverted during service engagement
90	%	80	%	of youth will be able to identify at least one accessible, positive adult connection <b>*(new)</b>
90	%	80	%	of youth will be engaged in at least one positive community activity <b>*(new)</b>
90	%	80	%	of youth will comply with program rules
90	%	80	%	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 <b>*(new)</b>
	%		%	of youth will be engaged in at least one positive community activity <b>*(new)</b>
	%		%	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 * <b>(new)</b>
	%		%	of youth will be engaged in at least one positive community activity * <b>(new)</b>
	%		%	of youth will comply with program rules
	%		%	of youth will attend at least 90 percent of programming
<b>Other, locally collected outcomes:</b>				
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 * <b>(new)</b>
	%		%	of youth will be engaged in at least one positive community activity * <b>(new)</b>
	%		%	of youth will comply with program rules
	%		%	of youth will attend at least 90 percent of programming
<b>Other, locally collected outcomes:</b>				

**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%)
<b>1</b> Kids Herkimer (ICAN) Early Intervention Diversion	0.40	49,364.00	79,620.00	30,255.60	49,364.40	7,500.00
Prevention	0.00	0.00	0.00	0.00	0.00	0.00
Early Intervention	0.40	49,364.00	79,620.00	30,255.60	49,364.40	7,500.00
ATD/ATPDP	0.00	0.00	0.00	0.00	0.00	0.00
ATP	0.00	0.00	0.00	0.00	0.00	0.00
Reentry/Aftercare	0.00	0.00	0.00	0.00	0.00	0.00
Indirect	0.00	0.00	0.00	0.00	0.00	0.00
<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 & Service Types	STSJP					STSJP-RTA
	Detention Allocation Shifted	PY20-21 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 & Service Types	STSJP					STSJP-RTA
	Detention Allocation Shifted	PY20-21 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>0.40</b>	<b>49364.00</b>	<b>79620.00</b>	<b>30255.60</b>	<b>49364.40</b>	<b>7500.00</b>

**B. STSJP Reimbursement Summary**

STSJP Allocation Amount	49364.00	
Locally Approved Amount of PY 2020-2021 STSJP Allocation		49364.00
Approved Detention Allocation Shifted		.40
<b>Total Approved for State Reimbursement</b>		<b>49364.40</b>

**C. STSJP-RTA Reimbursement Summary**

STSJP-RTA Approved Plan Amount	7500.00
<b>Total Approved for State Reimbursement</b>	<b>7500.00</b>

**PART V – PLAN APPROVAL**

**A. Municipality Level Approval – Chief Executive / Administrative Official**

As STSJP Lead for Herkimer County., I certify that the Chief Executive/Administrative Official, Vincent J. Bono, Chairman, has reviewed and approved the 2020-2021 STSJP Plan.

User ID: 21A422	Print Name: Lisa Burdick	Date: February 19, 2021
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**B. State Level Approval – OCFS Program Reviewer**

As OCFS STSJP reviewer, I certify that I approve of this STSJP plan for Herkimer County. for 2020-2021.

User ID: IT0911	Print Name: Lynn Tubbs	Date: 2/19/21
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