October 19, 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) 2021-2022. Your entire STSJP plan, including any amounts listed for PY 2021-2022 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, 2022, unless otherwise approved by the Office of Children and Family Services.

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

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

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

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

All STSJP claims, inclusive of STSJP-RTA, must be submitted electronically via the Juvenile Detention Automated System (JDAS) for the service period of October 1, 2021 to September 30, 2022. 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, 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

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**SUPERVISION AND TREATMENT SERVICES
FOR JUVENILES PROGRAM (STSJP) - WITH ROLLOVER
ANNUAL PLAN FOR PROGRAM YEAR OCTOBER 1, 2021 – SEPTEMBER 30, 2022**

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 09 / 08 / 2021

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 2021-2022 Annual Plan – [ex. 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 2021-2022 Annual Plan – [Municipality Name]" to facilitate timely review of your plan.

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

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

PART I – MUNICIPALITY LEVEL DETAILS

A. MUNICIPALITY LEVEL ANALYSIS

1. (a) Identify the communities or neighborhoods (ZIP codes) from which the highest number of Youthful Offenders (YO), Adolescent Offenders (AO), Juvenile Offenders (JO), Juvenile Delinquents (JD), and Persons in Need of Supervision (PINS), enter the youth justice system, are remanded to detention, and/or are residentially placed; and (b) Discuss what factors may be contributing to these high numbers:

As part of our plan development, the team reviewed detention and placement data along with PINS and JD activity for the period of October 1, 2020 through July 31, 2021. The data was taken from OCFS produced JDAS profiles, the Herkimer County Juvenile Justice Profile, and very specific local data recorded by the Department of Social Services and Probation.

There were 5 Herkimer County youth remanded to non-secure detention during this time frame indicating an approximately 17% reduction in placements between the 2019-2020 funding year and the 2020-2021 funding year. The following zip codes are identified as having YO, AO, JO, JD, and PINS Youth who have been remanded to detention or were residentially placed residing within them; Mohawk 13407 (2), Ilion 13357 (1), and Herkimer 13350 (2).

We also looked at local data identifying the school districts that initiated PINS referrals. PINS Referrals were distributed in the following manner: Central Valley Academy (7), Frankfort (3), Poland (5), Little Falls (7), Herkimer (4), Dolgeville (1), Mount Markham (2) and Town of Webb (1).

There were 87 JD intakes for the period of October 1, 2020 – July 31, 2021 distributed as follows: Little Falls (10), Schuyler (2), Ilion (25), Mohawk (7), Poland (4), Frankfort (4), Herkimer (31), Newport (1), and Webb (3).

PINS youth referrals originated from the following sources; parents/guardians (21), school (18), police (3), DSS (9), and Other (1). The following behaviors were identified as the reason for the referrals: incorrigible/ungovernable (11), drugs/marijuana (1), truancy (2), Runaway (2), and official behavioral reports (4).

JD youth were referred to Probation for the following behaviors: theft/petit larceny, burglary, sexual offense type, violence/assault, and criminal mischief/vandalism.

The majority of PINS referrals initiate from population dense areas (Little Falls, Herkimer, Ilion, and Mohawk). However, we are seeing an increase in PINS referrals/intakes from more rural, sparsely populated school districts such as Mount Markham, Dolgeville, Poland, and Frankfort.

The majority of JD intakes were also from population dense areas such as Little Falls, Ilion, and Herkimer. As with PINS referrals, we are seeing a concerning uptick in behavioral issues requiring intervention in more rural areas such as Poland, Newport, and Webb.

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 and JD programs. The Herkimer County System of Care is a relatively new program that has been embedded in many of the school districts in the county and is open to all residents of Herkimer County, regardless of school district. 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 Kids Wellbeing Indicator Clearinghouse, 1 in 5 Herkimer County youth under the age of 18 lives in poverty. 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 28% of Herkimer County families live above the poverty line yet are struggling to meet basic needs. Economically, Herkimer County unemployment rate is 6.0% in June 2021, however since March of 2020 and the subsequent COVID lockdowns and other pandemic restrictions, unemployment has severely fluctuated rising to 16.1% in April, dropping back down to 5.3 in September of 2020, then climbing steadily to the current 6% in June of 2021. In addition, real income growth has declined 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 under normal circumstances, and this inability to keep pace has only been worsened by the pandemic.

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. Other psycho-social factors also influence children and youth behavior and potential involvement with the JJ system. The NYS Prevention Agenda reports that 13.9% of adults report frequent mental distress, 25.2% of adults report binge drinking in the last 30 days, ED visit rates for any opioid overdose are at 36.2 per 100,000, and the rate of opioid overdose death is 13.5 per 100,000. Herkimer County suicide mortality rates are also above NYS rates, with 12.7 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, 32.8 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.

Herkimer County has the highest rate of children testing with high blood lead levels in the state (12.3 per 1,000). Long-term effects of lead exposure include behavioral disorders, learning disabilities, and attention deficits. These

negative health outcomes can have the potential to increase a youth's exposure to the JJ system and a greater risk of out of home placements. We cannot directly link the youth in the JJ system to a lead exposure in early childhood at this time, but the correlation between the two is undeniable and worthy of further exploration.

2. Resources available at the following link can help you answer these questions:
https://www.ocfs.ny.gov/programs/youth/stsjp/planning.php

(a) In the charts below, please provide the municipality's distributions by race, ethnicity, and sex assigned at birth for the general population of youth younger than 18, and for the detained and placed population of youth younger than 18. (**Note:** Every July, the National Center for Health Statistics releases population data for the previous year. The population data you are being asked to report on was the latest available at the time OCFS updated the contents of this plan.)

Race/Ethnicity	2019 General Population <18 years		2020 Detention Admissions <18 years		2020 Placement Admissions <18 years	
	#	%	#	%	#	%
Black/African American	358	3%	0	0	0	0
White	11504	92%	6	100%	6	86%
Native American/Alaskan	49	<1%	0	0	████	████
Asian/Pacific Islander	119	1%	0	0	████	████
Hispanic	496	4%	0	0	1	14%

Sex Assigned at Birth	2019 General Population <18 years		2020 Detention Admissions <18 years		2020 Placement Admissions <18 years	
	#	%	#	%	#	%
Male	6409	51%	4	67%	3	43%
Female	6117	49%	2	33%	4	57%

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

More females are admitted to placement than males, despite males being more highly represented in the population. Current trends in youth justice are examining how gender responsive interventions can prevent females from being placed out of the home.

We also noted a disparity in our own data collection regarding ethnicity. This resulted in an overrepresentation of Hispanic youth in placement.

We need to develop a plan for preventing disparities in placements. We have achieved our 2020-2021 goal of ensuring that accurate demographic information is collected at intake. This knowledge has afforded us the opportunity to ensure that all structural practices are carefully examined to safeguard family's preferences, and create respectful and open communication between families and services at all points of contact within the DSS/Probation programs. The next step is to develop a method of embedding this deomgraphic data into upstream documentation to establish a more accessible information sharing method at all levels of administration, not just at the caseworker level.

Additionally, to address the over-representation of females in placements, we will establish a Diversity, Equity, and Inclusion Task Force that will meet to address the current disparities and work to prevent future ones. Our

efforts will initially focus on gender responsive service delivery and explore interventions that are designed for female youth who are involved with the JJ system.

B. LOCAL COLLABORATION

1. Legislation requires local collaboration. Please describe your municipality's activities in developing this year's STSJP plan in collaboration with local agencies responsible for probation, law enforcement, detention, diversion, social services, courts, service providers, schools, and youth development programs:

> The STSJP plan is written collaboratively by DSS, Probation, PINS, Youth Bureau, Integrated County Planning, and Integrated Community Alternatives Network (ICAN). Throughout the 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. These meetings are known as the Human Resource Planning Team. This team meets monthly to review barriers to successful program delivery. As needs are identified, further action and inquiry is facilitated and followed-up by the Planning Team. Herkimer County's Integrated County Planning Coordinator has and will continue to play a lead role in this and many other collaborative efforts.

> Herkimer County also convenes a Youth Services Task Force 6 times annually. The purpose of these meetings is to ensure that all providers of youth services are kept informed of the availability and changes to youth service delivery in the county. These meetings include de-identified case reviews and collaborative problem-solving regarding youth and families whose needs are not being met by their current services. Each stakeholder has an equal voice in their area of expertise and as a result, contributions are welcomed and expected.

> 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.

> The goal of all Herkimer County youth services committees is to provide immediate intensive intervention to at risk youth while maintaining a safe community.

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

At this time, we are not gathering formal feedback from the youth and families receiving services in our KHEID program. However, as concerns are raised, we make every effort to immediately and completely address issues and incorporate structural corrections to ensure that family voices and needs remain at the center of our programs.

Describe how the plan incorporates that feedback; if you have not yet received youth and family feedback, please describe the municipality implementation plan to develop such feedback mechanisms during PY 2021-2022.

Herkimer County, in collaboration with ICAN, will develop a brief exit interview questionnaire for all families upon discharge from the KHEID program. This interview questionnaire will ask families questions about their experiences with the KHEID program, including its effectiveness in determining and working to acheive the family's definition of success, any barriers the family experienced with service delivery, gender responsiveness, or any concerns the familiy might have about structural, implicit, racial, gender, or ethnic biases. The results of these surveys will be examined by a Divesity, Equity, and Inclusion Task Force that will drive changes to service programs and delivery.

3. Was community feedback in high-need ZIP codes (A.1.) sought as part of the STSJP plan development?
   ☐ Yes ☒ No

If yes, please describe how the plan incorporates that feedback; if no, please describe the municipality implementation plan to develop such feedback mechanism during PY 2021-2022.

In future planning, Herkimer County will utilize family feedback in Human Resource Planning Team discussions, as well as in Youth Services Task Force meetings. This will allow all youth-serving agencies an opportunity to digest and correct any barriers to service families have highlighted. This feedback will also inform STSJP program design and delivery in future plan years. The target focus group for this feedback are the families who are receiving STSJP services, and therefore the high needs zip codes will automatically be reflected in our data collection.

C. COOPERATIVE APPLICATION *(COMPLETE THIS SECTION ONLY IF THIS IS A JOINT APPLICATION.)*

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

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

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

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

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

PART II – PROGRAM LEVEL DETAILS

PROGRAM   1

A. PROGRAM 1 CONTACT INFORMATION

Program 1 Name: Kids Herkimer Early Intervention Diversion Program

Operating Agency: Integrated Community Alternatives Network

Program Mailing Address: 310 Main St

Address Line 2:

City: Utica	State: **NY**	ZIP Code: 13501

Program Contact's Name: Steve Yaworski	Title: Director

Phone: (315) 801-7370	Ext:	Email: syaworski@ican.family

B. PROGRAM 1 DESCRIPTION AND TARGET POPULATION

1. A Family Support Service program (FSS) may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS. 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 2021-2022. ☐ Yes   ☒ No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2021-2022:

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

*Note: If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program.

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 each requirement of the legislation. 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. (Please refer to the STSJP Annual Plan Development Guide for additional guidance.)

> The Kids Herkimer Early Intervention Diversion Program (KHEID) provides a comprehensive array of intensive community-based services to address the individual needs of 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.
>
> Service Provision for Individual Needs (SPIN) services are offered through the KHEID to youth who 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, if any, funding did this program receive in PY 2020-2021? If the program was approved in PY 2020-2021, but was not implemented or is anticipated to serve no youth, please choose None.
☐ None (*If none, skip to section D.*)　☒ STSJP　☒ STSJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2020 and 3/31/2021. 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	0	9	0	0	0	0	0	0	9
STSJP-RTA	0	0	■■■■■■■■■		0	0	0	0	0
Total	0	9	0	0	0	0	0	0	9

3. Based on the program's record of youth served, do you anticipate this program serving more or less than its projected capacity on 9/30/2021? Please explain:

Our projected number of youth served for PY 2020-2021 was 25, however we are seeing that we are currently not on track to meet this goal. We do not feel that it is reasonable to assume that we will be able to meet this goal in the time remaining in this funding year. We attribute much of this to a significant decrease in referrals to our program and the isolation created by COVID restrictions across all domains. The lower number of referrals seemingly runs parallel with the lower number of referrals experienced in the programs that normally refer to the EID program for diversion services. We suspect with the youth returning to face to face academic instruction we will see an increase in referrals through the 2021-2022 plan year. It is still believed that the KHEID program has the capacity to provide services for a minimum of 20 youth throughout the plan year if youth are referred successfully.

4. Please use the table to record the **average length of service (days)** for youth who exited the program between 10/1/2020 and 3/31/2021. Enter zero (0) if not applicable.

	Program Type							
			ATD/ATPDP					
Approved Funding	P	EI	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A
STSJP	0.00	186.00	0.00	0.00	0.00	0.00	0.00	0.00
STSJP-RTA	0.00	0.00	██████		0.00	0.00	0.00	0.00

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

   We expected the average length of stay to increase during Q3 and Q4 as compared to the first half of PY 2020-2021. At the close of Q2 the average length of stay was 186 days per enrolled youth that had been discharged during the first half of the current PY. This is certainly an increase in lengths of stay as compared to the close of 2019-2020 PY which was 136 days per youth discharged from the program throughout that PY. 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.

6. Will this program's outcomes meet the PY 2020-2021 projected goals by 9/30/2021?
   ☐ Yes *(If Yes, skip to section D.)*   ☒ Partially   ☐ No

7. (a) What outcomes are on track to meet the goals set for PY 2020-2021? (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 KHEID program is on track to help Herkimer County divert admissions into detention for the year by 50%. In 2020 there were 6 detention admissions during the entire 2020-2021 plan year, Herkimer County admitted 3 youth into detention during the first half of the 2020-2021 plan year. This trend exceeds the 10% goal set for diverting detention admissions for the plan year. 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 is on track to help reduce the use of detention care days by 77.2% by the end of the plan year, as compared to last year's numbers. According to the OCFS Division of Juvenile Justice and Opportunities for Youth Days of Care/Clients Served Report, in 2019 the number of detention care days was 127 and during the first half of the 2020-2021 plan year, there were only 29 detention days used which is a 77.2% reduction of service care days. By providing diversion services to youth whose PINS or JD behaviors are trending towards a negative outcome, the KHEID Coordinator is able to realign the youths' engagement with services and invest in their individual change to prevent further entry into the JJ system. This intervention reduces the number of detention care days. Ultimately, those youth enrolled in the KHEID program and were sucessfully discharged, were not ordered to detention and therefore did not contribute to the total days of detention care days for the county.

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.
During Q1-Q2 of 2020-2021 PY, the KHEID program has successfully diverted 7 out of the 7 youth that were discharged from the program from entering detention. The 100% diversion of all youth enrolled in this program exceeds the goal of 90%. During the first half of the 2020-2021 PY, 5 youth were discharged due to meeting their goals and objectives successfully. An additional 2 youth stopped receiving services at their parent's request but were ultimatley not ordered into detention following the discharge from the KHEID Program, according to our records. 100% of all youth enrolled in the KHEID program attended their scheduled court appearances while enrolled.

4. 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 first half of the 2020-2021 PY there were no youth enrolled in the program with truancy issues. All 9 of the youth enrolled were receiving Early Intervention services to address incorrigible and disruptive behaviors in the school, home and community. Of those youth, 2 had been suspended from school due to their behaviors. Although this is not technically a truancy issue, both of those youth improved their behaviors which improved their attendance by more than 25%. This goal is considered to be achieved on the merit of not having any youth develop truancy issues during the time they were enrolled in the program. This program has every intention of continuing the same success throughout the current PY. The KHEID program will also 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.

5. 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.
At the close of Q2 in plan year 2020-2021, all 9 youth enrolled had protective factors and services provided to them from Herkimer County or community-based providers. All of the youth enrolled during Q1 and Q2 needed additional services above and beyond the KHEID services such as behavior management, mentoring, Rise and Shine, family counseling, parent skills services, etc. A referral was made for family counseling after collaborating with the youth, family, probation and current service providers. The program will continue to assess the service needs of each youth individually.

6. For those enrolled in KHEID Casework Services, 90% of all youth will experience no Child Protective Service calls and involvement.
During Q1 and Q2 of the current PY, there was one youth enrolled in the program that experienced the impact of a Child Protective Services call that resulted in a Neglect petition filed on the parents. The youth was removed from the parents care and placed in a foster care home until he started his Freshman year of college. Even though there was one call to CPS, this reaches the 89% mark. This is only 1 percentage point below the goal of 90%. It is reasonable to predict that we will gain that percent back once we provide successful services to additional youth enrolled in the program throughout Q3 and Q4.

8. (a) What outcomes are not on track to meet the goals set for PY 2020-2021? (b) Please describe any contributing barriers.
1. The goal for total youth served for KHEID Program in the 2020-2021 PY is 25.
At the close of Q2 the KHEID Program had a total of 9 youth enrolled. Our main referral sources are the Herkimer County Department of Social Services Foster Care and Preventive Unit, HCDSS PINS Unit, and the Herkimer County Probation Department. We simply have not received as many referrals as we have prior to COVID-19 . It is believed the mentioned departments have received fewer referrals for their services as well. However, it is believed the Early Intervention services could be provided on most cases the PINS and

Probation Departments service as an additional layer of intervention or for an initial assessment that may indicate a need for our services.

Additionally, due to social distancing restrictions and schools not operating "in-person", youth and their families are experiencing a more difficult time reaching our services. 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.

9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2021-2022?

The number of referrals to the KHEID program fell short of the annual goal. We believe this is a combination of the ongoing COVID19 referral disruptions and a referral process designed for a unit that housed both PINS and Probation. Probation and PINS have since become two separate units. While we attempted to anticipate any disruptions in service prior to this dissolution, this was an area we did not address. 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.

To increase referrals to the KHEID program, we propose to re-introduce the program to caseworkers and probation officers with an emphasis on the early intervention aspects of the KHEID program. We believe that there is a current perception of the program as limited to detention diversion rather than an early intervention. We hope to change this perception and have caseworkers and probation officers refer youth much closer to the time of the case opening. We will hold an in-service at unit meetings as well as create a one page information sheet about the program and eligibility for caseworkers and probation officers to keep one their desks. Additionally, the KHEID program coordinator will proactively reach out to caseworkers and probation officers to offer consults or assistance with potential candidates for the program. We will also take a deep dive into our referral processes to ensure that we are offering the most effective methods of referrals such that eligible youth have equal access to efficacious programs.

D. PROGRAM 1 SERVICE PROJECTIONS FOR PY 2021-2022

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2021-2022. 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	0	20	0	0	0	0	0	0	20
STSJP-RTA	0	0	■■■■■■■		0	0	0	0	0
Total	0	20	0	0	0	0	0	0	20

PROGRAM 2

A. PROGRAM 2 CONTACT INFORMATION

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

B. PROGRAM 2 DESCRIPTION AND TARGET POPULATION

1. A Family Support Service program (FSS) may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS. 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 2021-2022. ☐ Yes   ☐ No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2021-2022:

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

*Note: If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program.

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 each requirement of the legislation. 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. (Please refer to the STSJP Annual Plan Development Guide for additional guidance.)

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

C. PROGRAM 2 PERFORMANCE HISTORY (*REFER TO YOUR MUNICIPALITY'S STSJP DATA FILES.*)

1. What, if any, funding did this program receive in PY 2020-2021? If the program was approved in PY 2020-2021, but was not implemented or is anticipated to serve no youth, please choose None.
   ☐ None (*If none, skip to section D.*)   ☐ STSJP   ☐ STSJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2020 and 3/31/2021. 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									

3. Based on the program's record of youth served (Q2), do you anticipate this program serving more or less than its projected capacity on 9/30/2021? Please explain:

4. Please use the table to record the **average length of service (days)** for youth who exited the program between 10/1/2020 and 3/31/2021. 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 does the average length of service (Q4) compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length of stay for youth who were in detention and residential placements during the same time period.

6. Will this program's outcomes meet the PY 2020-2021 projected goals by 9/30/2021?
   ☐ Yes *(If Yes, skip to section D.)*   ☐ Partially   ☐ No

7. (a) What outcomes are on track to meet the goals set for PY 2020-2021? (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2020-2021? (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 2021-2022?

D. PROGRAM 2 SERVICE PROJECTIONS FOR PY 2021-2022

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2021-2022. 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									

<table>
<tr><td colspan="10" align="center">Program Type</td></tr>
</table>

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. A Family Support Service program (FSS) may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS. 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 2021-2022. ☐ Yes   ☐ No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2021-2022:

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

   *Note: If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program.

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 each requirement of the legislation. 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. (Please refer to the STSJP Annual Plan Development Guide for additional guidance.)

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

| **C.** | **PROGRAM 3 PERFORMANCE HISTORY** (*REFER TO YOUR MUNICIPALITY'S STSJP DATA FILES.*) |

1. What, if any, funding did this program receive in PY 2020-2021? If the program was approved in PY 2020-2021 but was not implemented or is anticipated to serve no youth, please choose None.
   ☐ None (*If none, skip to section D.*)   ☐ STSJP   ☐ STSJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2020 and 3/31/2021. Enter zero (0) if not applicable.

Approved Funding	P	EI	ATD/ATPDP (PINS)	ATD/ATPDP (JO/JD)	ATD/ATPDP (JD-RTA)	ATD/ATPDP (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 serving more or less than its projected capacity on 9/30/2021? Please explain:

4. Please use the table to record the **average length of service (days)** for youth who exited the program between 10/1/2020 and 3/31/2021. Enter zero (0) if not applicable.

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

5. How does the average length of service (Q4) compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length of stay for youth who were in detention and residential placements during the same time period.

6. Will this program's outcomes meet the PY 2020-2021 projected goals by 9/30/2021?
   ☐ Yes *(If Yes, skip to section D.)*   ☐ Partially   ☐ No

7. (a) What outcomes are on track to meet the goals set for PY 2020-2021? (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2020-2021? (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 2021-2022?

| **D.** | **PROGRAM 3 SERVICE PROJECTIONS FOR PY 2021-2022** |

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2021-2022. 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 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. A Family Support Service program (FSS) may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS. 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 2021-2022. ☐ Yes ☐ No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2021-2022:

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

*Note: If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program.

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 each requirement of the legislation. 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. (Please refer to the STSJP Annual Plan Development Guide for additional guidance.)

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

C. PROGRAM 4 PERFORMANCE HISTORY (*REFER TO YOUR MUNICIPALITY'S STSJP DATA FILES.*)

1. What, if any, funding did this program receive in PY 2020-2021? If the program was approved in PY 2020-2021, but was not implemented or is anticipated to serve no youth, please choose None.
   ☐ None (*If none, skip to section D.*)   ☐ STSJP   ☐ STSJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2020 and 3/31/2021. 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									

3. Based on the program's record of youth served (Q2), do you anticipate this program serving more or less than its projected capacity on 9/30/2021? Please explain:

4. Please use the table to record the **average length of service (days)** for youth who exited the program between 10/1/2020 and 3/31/2021. 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 does the average length of service (Q4) compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length of stay for youth who were in detention and residential placements during the same time period.

6. Will this program's outcomes meet the PY 2020-2021 projected goals by 9/30/2021?
   ☐ Yes *(If Yes, skip to section D.)*   ☐ Partially   ☐ No

7. (a) What outcomes are on track to meet the goals set for PY 2020-2021? (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2020-2021? (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 2021-2022?

D. PROGRAM 4 SERVICE PROJECTIONS FOR PY 2021-2022

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2021-2022. 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. A Family Support Service program (FSS) may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS. 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 2021-2022. ☐ Yes ☐ No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2021-2022:

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

*Note: If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program.

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 each requirement of the legislation. 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. (Please refer to the STSJP Annual Plan Development Guide for additional guidance.)

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

C. PROGRAM 5 PERFORMANCE HISTORY (*REFER TO YOUR MUNICIPALITY'S STSJP DATA FILES.*)

1. What, if any, funding did this program receive in PY 2020-2021? If the program was approved in PY 2020-2021, but was not implemented or is anticipated to serve no youth, please choose None.
   ☐ None (*If none, skip to section D.*)   ☐ STSJP   ☐ STSJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2020 and 3/31/2021. 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									

3. Based on the program's record of youth served (Q2), do you anticipate this program serving more or less than its projected capacity on 9/30/2021? Please explain:

4. Please use the table to record the **average length of service (days)** for youth who exited the program between 10/1/2020 and 3/31/2021. 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 does the average length of service (Q4) compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length of stay for youth who were in detention and residential placements during the same time period.

6. Will this program's outcomes meet the PY 2020-2021 projected goals by 9/30/2021?
   ☐ Yes *(If Yes, skip to section D.)*   ☐ Partially   ☐ No

7. (a) What outcomes are on track to meet the goals set for PY 2020-2021? (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2020-2021? (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 2021-2022?

D. PROGRAM 5 SERVICE PROJECTIONS FOR PY 2021-2022

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2021-2022. 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. A Family Support Service program (FSS) may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS. 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 2021-2022. ☐ Yes ☐ No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2021-2022:

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

*Note: If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program.

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 each requirement of the legislation. 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. (Please refer to the STSJP Annual Plan Development Guide for additional guidance.)

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

C. PROGRAM 6 PERFORMANCE HISTORY (*REFER TO YOUR MUNICIPALITY'S STSJP DATA FILES.*)

1. What, if any, funding did this program receive in PY 2020-2021? If the program was approved in PY 2020-2021, but was not implemented or is anticipated to serve no youth, please choose None.
   ☐ None (*If none, skip to section D.*)   ☐ STSJP   ☐ STSJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2020 and 3/31/2021. 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									

3. Based on the program's record of youth served (Q2), do you anticipate this program serving more or less than its projected capacity on 9/30/2021? Please explain:

4. Please use the table to record the **average length of service (days)** for youth who exited the program between 10/1/2020 and 3/31/2021. 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 does the average length of service (Q4) compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length of stay for youth who were in detention and residential placements during the same time period.

6. Will this program's outcomes meet the PY 2020-2021 projected goals by 9/30/2021?
   ☐ Yes *(If Yes, skip to section D.)* ☐ Partially ☐ No

7. (a) What outcomes are on track to meet the goals set for PY 2020-2021? (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2020-2021? (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 2021-2022?

D. PROGRAM 6 SERVICE PROJECTIONS FOR PY 2021-2022

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2021-2022. 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. A Family Support Service program (FSS) may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS. 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 2021-2022. ☐ Yes ☐ No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2021-2022:

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

*Note: If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program.

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 each requirement of the legislation. 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. (Please refer to the STSJP Annual Plan Development Guide for additional guidance.)

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

C. PROGRAM 7 PERFORMANCE HISTORY (*REFER TO YOUR MUNICIPALITY'S STSJP DATA FILES.*)

1. What, if any, funding did this program receive in PY 2020-2021? If the program was approved in PY 2020-2021, but was not implemented or is anticipated to serve no youth, please choose None.
　☐ None (*If none, skip to section D.*)　　☐ STSJP　　☐ STSJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2020 and 3/31/2021. 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									

3. Based on the program's record of youth served (Q2), do you anticipate this program serving more or less than its projected capacity on 9/30/2021? Please explain:

4. Please use the table to record the **average length of service (days)** for youth who exited the program between 10/1/2020 and 3/31/2021. Enter zero (0) if not applicable.

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

5. How does the average length of service (Q4) compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length of stay for youth who were in detention and residential placements during the same time period.

6. Will this program's outcomes meet the PY 2020-2021 projected goals by 9/30/2021?
　☐ Yes (*If Yes, skip to section D.*)　　☐ Partially　　☐ No

7. (a) What outcomes are on track to meet the goals set for PY 2020-2021? (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2020-2021? (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 2021-2022?

D. PROGRAM 7 SERVICE PROJECTIONS FOR PY 2021-2022

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2021-2022. 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. A Family Support Service program (FSS) may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS. 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 2021-2022. ☐ Yes ☐ No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2021-2022:

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

*Note: If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program.

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 each requirement of the legislation. 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. (Please refer to the STSJP Annual Plan Development Guide for additional guidance.)

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

C. PROGRAM 8 PERFORMANCE HISTORY (*REFER TO YOUR MUNICIPALITY'S STSJP DATA FILES.*)

1. What, if any, funding did this program receive in PY 2020-2021? If the program was approved in PY 2020-2021, but was not implemented or is anticipated to serve no youth, please choose "*None*".
   ☐ None (*If none, skip to section D.*)   ☐ STSJP   ☐ STSJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2020 and 3/31/2021. 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									

3. Based on the program's record of youth served (Q2), do you anticipate this program serving more or less than its projected capacity on 9/30/2021? Please explain:

4. Please use the table to record the **average length of service (days)** for youth who exited the program between 10/1/2020 and 3/31/2021. 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 does the average length of service (Q4) compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length of stay for youth who were in detention and residential placements during the same time period.

6. Will this program's outcomes meet the PY 2020-2021 projected goals by 9/30/2021?
   ☐ Yes *(If Yes, skip to section D.)*   ☐ Partially   ☐ No

7. (a) What outcomes are on track to meet the goals set for PY 2020-2021? (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2020-2021? (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 2021-2022?

D. PROGRAM 8 SERVICE PROJECTIONS FOR PY 2021-2022

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2021-2022. 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 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. A Family Support Service program (FSS) may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS. 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 2021-2022. ☐ Yes ☐ No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2021-2022:

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

   *Note: If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program.

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 each requirement of the legislation. 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. (Please refer to the STSJP Annual Plan Development Guide for additional guidance.)

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

C. PROGRAM 9 PERFORMANCE HISTORY (*REFER TO YOUR MUNICIPALITY'S STSJP DATA FILES.*)

1. What, if any, funding did this program receive in PY 2020-2021? If the program was approved in PY 2020-2021, but was not implemented or is anticipated to serve no youth, please choose None.
   ☐ None (*If none, skip to section D.*)   ☐ STSJP   ☐ STSJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2020 and 3/31/2021. 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									

3. Based on the program's record of youth served (Q2), do you anticipate this program serving more or less than its projected capacity on 9/30/2021? Please explain:

4. Please use the table to record the **average length of service (days)** for youth who exited the program between 10/1/2020 and 3/31/2021. 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 does the average length of service (Q4) compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length of stay for youth who were in detention and residential placements during the same time period.

6. Will this program's outcomes meet the PY 2020-2021 projected goals by 9/30/2021?
   ☐ Yes *(If Yes, skip to section D.)*   ☐ Partially   ☐ No

7. (a) What outcomes are on track to meet the goals set for PY 2020-2021? (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2020-2021? (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 2021-2022?

D. PROGRAM 9 SERVICE PROJECTIONS FOR PY 2021-2022

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2021-2022. 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. A Family Support Service program (FSS) may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS. 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 2021-2022. ☐ Yes ☐ No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2021-2022:

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

*Note: If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program.

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 each requirement of the legislation. 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. (Please refer to the STSJP Annual Plan Development Guide for additional guidance.)

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

C. PROGRAM 10 PERFORMANCE HISTORY (*REFER TO YOUR MUNICIPALITY'S STSJP DATA FILES.*)

1. What, if any, funding did this program receive in PY 2020-2021? If the program was approved in PY 2020-2021, but was not implemented or is anticipated to serve no youth, please choose "*None*".
   ☐ None (*If none, skip to section D.*)   ☐ STSJP   ☐ STSJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2020 and 3/31/2021. 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									

3. Based on the program's record of youth served (Q2), do you anticipate this program serving more or less than its projected capacity on 9/30/2021? Please explain:

4. Please use the table to record the **average length of service (days)** for youth who exited the program between 10/1/2020 and 3/31/2021. 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 does the average length of service (Q4) compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length of stay for youth who were in detention and residential placements during the same time period.

6. Will this program's outcomes meet the PY 2020-2021 projected goals by 9/30/2021?
☐ Yes *(If Yes, skip to section D.)*   ☐ Partially   ☐ No

7. (a) What outcomes are on track to meet the goals set for PY 2020-2021? (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2020-2021? (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 2021-2022?

D. PROGRAM 10 SERVICE PROJECTIONS FOR PY 2021-2022

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2021-2022. 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. A Family Support Service program (FSS) may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS. 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 2021-2022.   ☐ Yes   ☐ No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2021-2022:

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

*Note: If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program.

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 each requirement of the legislation. 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. (Please refer to the STSJP Annual Plan Development Guide for additional guidance.)

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

C. PROGRAM 11 PERFORMANCE HISTORY (*REFER TO YOUR MUNICIPALITY'S STSJP DATA FILES.*)

1. What, if any, funding did this program receive in PY 2020-2021? If the program was approved in PY 2020-2021, but was not implemented or is anticipated to serve no youth, please choose None.
   ☐ None (*If none, skip to section D.*)   ☐ STSJP   ☐ STSJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2020 and 3/31/2021. 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									

3. Based on the program's record of youth served (Q2), do you anticipate this program serving more or less than its projected capacity on 9/30/2021? Please explain:

4. Please use the table to record the **average length of service (days)** for youth who exited the program between 10/1/2020 and 3/31/2021. Enter zero (0) if not applicable.

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

5. How does the average length of service (Q4) compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length of stay for youth who were in detention and residential placements during the same time period.

6. Will this program's outcomes meet the PY 2020-2021 projected goals by 9/30/2021?
   ☐ Yes *(If Yes, skip to section D.)*   ☐ Partially   ☐ No

7. (a) What outcomes are on track to meet the goals set for PY 2020-2021? (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2020-2021? (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 2021-2022?

D. PROGRAM 11 SERVICE PROJECTIONS FOR PY 2021-2022

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2021-2022. 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. A Family Support Service program (FSS) may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS. 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 2021-2022. ☐ Yes ☐ No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2021-2022:

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

*Note: If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program.

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 each requirement of the legislation. 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. (Please refer to the STSJP Annual Plan Development Guide for additional guidance.)

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

C. PROGRAM 12 PERFORMANCE HISTORY (*REFER TO YOUR MUNICIPALITY'S STSJP DATA FILES.*)

1. What, if any, funding did this program receive in PY 2020-2021? If the program was approved in PY 2020-2021, but was not implemented or is anticipated to serve no youth, please choose None.
   ☐ None (*If none, skip to section D.*)   ☐ STSJP   ☐ STSJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2020 and 3/31/2021. 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									

3. Based on the program's record of youth served (Q2), do you anticipate this program serving more or less than its projected capacity on 9/30/2021? Please explain:

4. Please use the table to record the **average length of service (days)** for youth who exited the program between 10/1/2020 and 3/31/2021. 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 does the average length of service (Q4) compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length of stay for youth who were in detention and residential placements during the same time period.

6. Will this program's outcomes meet the PY 2020-2021 projected goals by 9/30/2021?
   ☐ Yes *(If Yes, skip to section D.)*   ☐ Partially   ☐ No

7. (a) What outcomes are on track to meet the goals set for PY 2020-2021? (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2020-2021? (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 2021-2022?

D. PROGRAM 12 SERVICE PROJECTIONS FOR PY 2021-2022

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2021-2022. 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 2021-2022

Please set the municipality's goals for its programs to achieve in PY 2021-2022. State-required outcomes have been included with space for you to identify what programs in *Part II-Program Details* will serve youth within each service domain. Goals are focused by service type and should reflect the percentage of youth expected to achieve the outcome described. **Note:** Outcomes are only recorded for youth once they have left the program; this may represent a subset of all the youth served during the period. Goals should reflect high, yet realistic, expectations for the programs.

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

STSJP		STSJP RTA		Outcomes
	%		%	of youth will have no PINS referrals during service engagement
	%		%	of youth will have no 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
	%		%	of youth will be engaged in at least one positive community activity
	%		%	of youth will comply with program rules
	%		%	of youth will attend at least 90% of programming

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

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

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

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

ALTERNATIVE TO DETENTION / PRE-DISPOSITIONAL PLACEMENT
(Programs ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ N/A)

STSJP		STSJP RTA		Outcomes
	%		%	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
	%		%	of youth will be engaged in at least one positive community activity
	%		%	of youth will comply with program rules
	%		%	of youth will attend at least 90% of programming

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

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

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

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

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

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

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

PART IV – FUNDING

A. ANTICIPATED PROGRAM EXPENSES AND FUNDING DISTRIBUTION

Program Name and Service Types	STSJP Detention Allocation Shifted	Approved Rollover	PY21-22 STSJP Allocation	Total Expenses (100%)	Local Share (38%)	State Share (62%)	STSJP-RTA State Share (100%)
1	**$0.40**	**$0.00**	**$49,364.00**	**$79,620.00**	**$30,255.60**	**$49,364.40**	**$0.00**
Prevention	$0.00	$0.00	$0.00	$0.00	$0.00	0	$0.00
Early Intervention	$0.40	$0.00	$49,364.00	$79,620.00	$30,255.60	$49,364.40	0
ATD/ATPDP	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
ATP	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Reentry/Aftercare	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Indirect	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
2							
Prevention							
Early Intervention							
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							
3							
Prevention							
Early Intervention							
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							
4							
Prevention							
Early Intervention							
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							
5							
Prevention							
Early Intervention							
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							

| Program Name and Service Types | STSJP | | | | | | STSJP-RTA |
	Detention Allocation Shifted	Approved Rollover	PY21-22 STSJP Allocation	Total Expenses (100%)	Local Share (38%)	State Share (62%)	State Share (100%)
6							
Prevention							
Early Intervention							
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							
7							
Prevention							
Early Intervention							
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							
8							
Prevention							
Early Intervention							
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							
9							
Prevention							
Early Intervention							
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							
10							
Prevention							
Early Intervention							
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							

| Program Name and Service Types | STSJP | | | | | | STSJP-RTA |
	Detention Allocation Shifted	Approved Rollover	PY21-22 STSJP Allocation	Total Expenses (100%)	Local Share (38%)	State Share (62%)	State Share (100%)
11							
Prevention							
Early Intervention							
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							
12							
Prevention							
Early Intervention							
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							
▶Sum of Program Totals:	$0.40	$0.00	$49,364.00	$79,620.00	$30,255.60	$49,364.40	0.00

B. STSJP REIMBURSEMENT SUMMARY	
STSJP Allocation Amount	$49,364.00
Locally Approved Amount of PY 2021-2022 STSJP Allocation	$49,364.00
Approved Detention Allocation Shifted	$0.40
Approved Rollover Amount	$0.00
Total Approved for State Reimbursement	**$49,364.40**

C. STSJP-RTA REIMBURSEMENT SUMMARY	
STSJP-RTA Approved Plan Amount	$0.00
Total Approved for State Reimbursement	**$0.00**

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, [Name and Title]   , has reviewed and approved the 2021-2022 STSJP Plan.

User ID: 21A422	Print Name: Lisa Burdick	Date: 10/12/2021

B. State Level Approval – OCFS Program Reviewer

As OCFS STSJP reviewer, I certify that I approve of this STSJP plan for Herkimer County for 2021-2022.

User ID: IT0911	Print Name: Lynn Tubbs	Date: 10/14/2021