

KATHY HOCHUL Governor SHEILA J. POOLE Commissioner

May 24, 2022

Dear Chief Executive Officer,

Thank you for submitting Lewis 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

- the amount that will be shifted and
- 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,

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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: Lewis County								
Lead agency for STSJP submission: Lewis County Probation Department								
Contact person's name: M	atthew Morrow	Title: Director						
Phone: (315) 376-5358 Ext: 5361 Email: mattmorrow@lewiscounty.ny.gov								

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

- (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:
 - Our overall AO and JD numbers are extremely low. Lewis County is a rural county with a population of approximately 26,000. Lowville is the county seat and nearly all available resources are housed in the Lowville area. The programs we have are available to youth in all areas of the county. In reviewing our JD population over the past five years, most of our youth who experience difficulties reside in the central region, Lowville (13367) and the southern region, Port Leyden (13433). The factors contributing to this may be as simple as the fact that the Lowville Academy and South Lewis Central School's house the greatest number of students/families. The southern region of the county experiences the largest economic issues within the county. There are limited programs and activities for at risk youths in these areas of the county as well. Given the rural nature of Lewis County, individualized planning is imperative; ideas and models are then replicated or referred to.
- 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		eral Population 8 years	Adn	Detention nissions 8 years	2020 Placement Admissions <18 years		
	#	%	#	%	#	%	
Black/African American	69	1%	1	100%	0	0%	
White	5,750	96%	0	0%	1	100%	
Native American/Alaskan	10	0%	0	0%			
Asian/Pacific Islander	35	1%	0	0%			
Hispanic	144	2%	0	0%	0	0%	

Sex Assigned at Birth		ll Population /ears	Adm	etention issions years	2020 Placement Admissions <18 years		
	#	%	#	%	#	%	
Male	3,111	52%	1	100%	0	0%	
Female	2,897	48%	0	0%	1	100%	

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.

There is no racial/ethnic disparity in our local system's use of detention or residential placement, serviced youths were Caucasian which corresponds with the majority of our population.

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:

Given the rural composition of our county, we realize the importance of working in conjunction with a variety of agencies to ensure the best possible outcome for the juveniles and families. Our Commissioner of Social Services serves as joint chair of the CCSI/Priorities Council. As Director of Probation, I am actively involved in the Priorities Council and work closely with DSS and the various other agencies, including schools (we now have a Community Schools project in Lewis County), law enforcement, mental health clinics, drug and alcohol counselors, parents, peer counseling through NRCIL, case management through TLS and Behavioral Health and Wellness, and the Healing Communities project in Lewis County. Again, this year, with the assistance of STSJP funding, we will be expanding our use of the Jefferson-Lewis County Resource Center's Youth Services Division to access specific evidenced based programs. Lewis County will continue to focus efforts to meet gaps in services to assist youth and families who have come to the attention of law enforcement.

2.	. How is your municipality gathering participant youth and family feedback as part of your STSJP plan development?
	We have not gathered feedback up to this point.
	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.
	We will obtain feedback from justice involved youth and their families moving forward into PY 2021- 2022. If
	possible, we will attempt to obtain feedback through interviews at case closures.

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

C. 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.									
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: Youth Court/ Restorative Justice Program									
Operating Agency: Resolution Center of Jefferson and Lewis Counties									
Program Mailing Address: 200 Washington Street, Suite 207									
Address Line 2:									
City: Watertown State: NY ZIP Code: 13601									
Program Contact's Name: Jennifer Hutteman-Kall Title: Executive Director									
Phone: (315) 785-0333 Ext: Email: wjhutteman-kall@resolution-center.net									
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 <i>Family Support Services (FSS) program (Social Services Law Section 458-m)</i> and will operate in this capacity for PY 2021-2022. Yes No									
 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) Sarly Intervention (EI) Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP) Alternative to Placement (ATP) Reentry / Aftercare (R / A) Indirect Services									
□ □ Prevention (P) □ Early Intervention (EI) □ Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP) □ Alternative to Placement (ATP) □ Reentry / Aftercare (R / A) □ Indirect Services									
□ Prevention (P) □ Early Intervention (EI) □ Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP) □ Alternative to Placement (ATP) □ Reentry / Aftercare (R / A)									
□ □ Prevention (P) □ Early Intervention (EI) □ Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP) □ Alternative to Placement (ATP) □ Reentry / Aftercare (R / A) □ Indirect Services									

4.	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 youth engage in Law Related Education Classes, Why Try, Anger Management, and Thinking For a Change classes. The youth begin to understand how their behavior impacts their own future, family, and community. They also learn skills to overcome obstacles in their lives. These programs are offered at different levels of intervention. They are further implemented during supervision as a graduated sanction to avoid placement and											
	as a supplement to probation supervision.											
5.												
C.	PR	OGRAM 1 PERFORM	ANCE HIS	STORY (/	REFER TO	O YOUR MU	JNICIPALITY	's <mark>STSJ</mark> I	P DATA P	FILES.)		
1.	wa	at, if any, funding did s not implemented or None (<i>If none, skip t</i>	is anticip	ated to s		outh, plea			is approv	red in PY	′ 2020-20	21, but
2.	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.											
							ım Type					
		Approved Funding	Р	EI	(PINS)	ATD// (JO/JD)	ATPDP (JD-RTA)	(AO)	ATP	R/A	Total	
		STSJP										
		STSJP-RTA										
		Total										
3.	pro	sed on the program's jected capacity on 9/3	30/2021?	Please	explain:							
4.		ase use the table to r 1/2020 and 3/31/202					e (days) for y	outh wh	o exited	the progr	ram betwe	een
					_	Progr	am Type		_			
					(=1) (=)		/ATPDP	1 (1.0)]			
		Approved Funding	P	El	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	_	
		STSJP										
		STSJP-RTA										
5.	and	w does the average led ATP service types, on the service types, on the service types.	compare	with the								
6.	Wil	I this program's outco Yes (If Yes, skip to se			2020-20 Partially		ed goals by s	9/30/202	1?			
7.	(a)	What outcomes are o	on track to	o meet th	ne goals s	set for PY	2020-2021?	(b) How	will they	be met?		
8.		What outcomes are riers.	not on tra	ck to me	et the go	als set for	PY 2020-202	21? (b) P	lease de	scribe ar	ny contrib	uting
9.		at changes have bee sired goals for PY 202			me the b	arriers idei	ntified in Q8,	so that t	he progr	am can a	achieve its	3

transportation if needed.

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	Р	EI	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total			
STSJP	0	0	0	0	0	0	5	0	5			
STSJP-RTA	0	0			0	0	3	0	3			
Total	0	0	0	0	0	0	8	0	8			

PROGRAM 2									
A. PROGRAM 2 CONTACT INFORMATION									
Program 2 Name: Clinical Services and Goods									
Operating Agency: Rubenzahl & Knudsen & Associates Psychological Services, P.C.									
Program Mailing Address: 22670 Summit Drive, Suite 2	Program Mailing Address: 22670 Summit Drive, Suite 2								
Address Line 2:									
City: Watertown	State: NY	ZIP Code: 13601							
Program Contact's Name: Thomas Knudsen, Psy. D, ABPP	Title: Vice Presiden	:, Co Partner							
Phone: (315) 788-3332 Ext:	Email: tknudsen@r	kappsych.com							
B. PROGRAM 2 DESCRIPTION AND TARGET POPULATION	N .								
as PINS. This program meets the legal definition of a F	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 <i>Family Support Services (FSS) program (Social Services Law Section 458-m)</i> and will operate in this capacity for PY 2021-2022. Yes No								
2. Please check all applicable boxes below to identify the 2021-2022:									
STSJP STSJP-RTA									
Prevention (P)									
☐ ☐ Early Intervention (EI)	D: W ID	. (475 / 47555)							
☐ ☐ Alternative to Detention / Pre-☐ ☐ Alternative to Placement (ATF	•	ent (ATD / ATPDP)							
Reentry / Aftercare (R / A))								
☐ Indirect Services									
*Note: If you indicated this program will operate as an FSS	, it cannot provide ST	SJP-RTA services under this program.							
Please list the ZIP codes this program will target:									
13305, 13312, 13620, 13325, 13626, 13327, 13343, 13	345, 13367, 13368, 13	3404, 13412, 13433, 13473, 13489,							
13627.									
4. Describe the program, including how it is family focused demonstrate how your program meets each requirement service types selected in Q2 will address the unique newill aid in the reduction of youth detained and residential please list them. (Please refer to the STSJP Annual Plass providing needed mental health services and substated	nt of the legislation. All eds of youth at that sy ally or otherwise place on Development Guide	so, please explain how each of the vstem point, and how those services d. If you selected Indirect Services, e for additional guidance.)							

and addressing the issues which may cause the youth to go further into the juvenile justice system. Many times, the youth suffer from an unidentified, but treatable disorder. Clinical services may include parent education and

5. Is	s the program capable	of being re	eplicated	across r	nultiple loc	ations? 🛚 🖂	Yes [No			
C. F	PROGRAM 2 PERFORM	ANCE HIS	TORY (REFER TO	YOUR MU	INICIPALITY'	s <mark>STSJ</mark> F	DATA F	TILES.)		
٧	. 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										
	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.										
						m Type		-			
		_		(=		ATPDP	(1.0)				
	Approved Funding	Р	EI	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total	
	STSJP										
	STSJP-RTA										
	Total										
р	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:										
	10/1/2020 and 3/31/2021. Enter zero (0) if not applicable.										
						am Type ATPDP					
	Approved Funding	Р	EI	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A		
	STSJP										
	STSJP-RTA										
		_1	I				ı		1		
Α	How does the average logarity ATD/ATPDP and ATP solutions esidential placements of	ervice typ	es, com	pare with	the averag						n and
	Will this program's outco ☐ Yes (<i>If Yes, skip to</i> s			2020-20 Partially		ed goals by 9 No	9/30/202	1?			
7. (a) What outcomes are	on track to	meet th	e goals s	set for PY 2	2020-2021?	(b) How	will they	be met?		
	a) What outcomes are in parriers.	not on trac	ck to me	et the go	als set for l	PY 2020-202	21? (b) P	lease de	scribe ar	ny contrib	outing
	What changes have bee desired goals for PY 202		o overco	me the b	arriers ider	ntified in Q8,	so that th	he progra	am can a	achieve it	S
D. F	PROGRAM 2 SERVICE F	ROJECTI	ONS FOI	R PY 202	21-2022						

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	Р	El	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total			
STSJP	0	5	0	0	0	0	0	0	5			
STSJP-RTA	0	3			0	0	0	0	3			
Total	0	8	0	0	0	0	0	0	8			

	Total	U	0	U	U	U	U	U		0	j	
PR	OGRAM 3											
A.	A. PROGRAM 3 CONTACT INFORMATION											
Pro	Program 3 Name: Respite											
Op	Operating Agency: Lewis County DSS											
Pro	Program Mailing Address: 5274 Outer Stowe Street											
Add	Address Line 2:											
City	/: Lowville				Sta	te: NY	ZIP	ZIP Code: 13367				
Pro	gram Contact's Name:	Jennifer Jo	ones		Title	e: Commissio	oner					
Pho	one: (315) 376-5703	Ext:			Em	ail: jennifer.j	ones@d	fa.state.	ny.us			
B.	PROGRAM 3 DESCRIP	TION AND	TARGE	r Popul	ATION							
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 <i>Family Support Services (FSS) program (Social Services Law Section 458-m)</i> 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	4										
		Preven	tion (P)									
		•	nterventio	` '								
						sitional Plac	ement (A	ATD / AT	PDP)			
				lacement	` ,							
			y / Απerc t Service	are (R / A	A)							
**!-					F00 #		OTO ID	DTA				
INC	te: If you indicated this	s program	will opera	ate as an	F55, it ca	nnot provide	515JP-	K I A Ser	vices und	ier this pr	ogram.	
3.	Please list the ZIP cod	•	•	•								
	13305, 13312, 13620,	13325, 13	626, 133	27, 1334	3, 13345, 1	13367, 13368	3, 13404,	, 13412,	13433, 1	3473, 134	189,	
	13627.											
4.	Describe the program, demonstrate how your service types selected will aid in the reduction please list them. (Plea	program r in Q2 will of youth o	meets ea address detained	ich requir the uniqu and resid	ement of the needs of dentially or	ne legislatior f youth at tha otherwise pl	n. Also, p at system laced. If y	lease ex n point, a you sele	cplain how and how the cted Indir	v each of hose serv ect Servic	/ices	
	Respite will be offered safety concerns are no	•	•				_		•			

Juvenile Justice System. Respite services will be available to service PINS and juvenile justice-involved youth who are at risk of detention, placement, or dispositional placement because of family instability or conflict. Respite services can provide counseling and support services to the youth and their families. Services can include mental

health treatment, substance abuse treatment, and/or parenting skills classes.

5.	Is the p	orogram capable o	of being r	eplicated	across n	nultiple loc	ations? 🛚	Yes [] No			
C.	PROGR	RAM 3 PERFORM	ANCE HIS	STORY (F	REFER TO	YOUR MUNI	CIPALITY'S S	TSJP DAT	ΓA FILES.)			
1.	was no	f any, funding did t implemented or se (<i>If none, skip t</i> o	is anticip	ated to s		outh, plea		lone.	s approv	ed in PY	2020-20	21 but
2.	Please 3/31/20	use the table to r 21. Enter zero (0	ecord ho) if not ap	w many plicable.	youth (#) were ser	ved by the p	orogram l	oetween	10/1/202	20 and	
							m Type					
			_		(50.10)		TPDP	(1.0)		5/4		
		proved Funding	Р	El	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total	
	STSJP STS ID DTA											
	STSJP-RTA											
	То	tal										
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.											
				1			am Type		1	1		
		naround Funding	Р	EI	(PINS)	ATD/ (JO/JD)	ATPDP	(AO)	ATP	R/A		
		pproved Funding TSJP	F	<u> </u>	(FINS)	(30/30)	(JD-RTA)	(AO)	AIF	R/A	-	
		TSJP-RTA									-	
		1001-117										
5.	ATD/A	pes the average le TPDP and ATP se tial placements d	ervice typ	es, comp	pare with	the averag						n and
6.		s program's outco s <i>(If Yes, skip to s</i>			2020-20 Partially		ed goals by 9 No	9/30/202	1?			
7.	(a) Wh	at outcomes are c	on track to	o meet th	ne goals s	et for PY 2	2020-2021?	(b) How	will they	be met?		
8.	s. (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.	PROGR	RAM 3 SERVICE P	ROJECT	IONS FO	PY 202	21-2022						
							<u> </u>					

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/									
Approved Funding	Р	EI	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total				
STSJP	1	0	1	1	1	0	1	0	5				
STSJP-RTA	1	0			1	0	1	0	3				
Total	2	0	1	1	2	0	2	0	8				

PR	OGRAM	4										
A.	PROGRA	м 4 С	CONTACT	INFORMATION								
Pro	gram 4 N	ame:										
Оре	erating Ag	ency:	1									
Pro	gram Mai	ling A	ddress:									
Add	dress Line	2:										
City	/ :				State: NY	ZIP Code:						
Pro	gram Cor	ıtact's	Name:		Title:							
Pho	one: ()			Ext:	Email:							
B.	B. PROGRAM 4 DESCRIPTION AND TARGET POPULATION											
1.	I. 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 <i>Family Support Services (FSS) program (Social Services Law Section 458-m)</i> 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	STS	SJP-RTA									
				Prevention (P) Early Intervention (EI) Alternative to Detention / Pre-I Alternative to Placement (ATP Reentry / Aftercare (R / A) Indirect Services)	·						
*Nc	te: If you	indic	ated this	program will operate as an FSS,	it cannot provide ST	SJP-RTA services ur	nder this program.					
3.	Please lis	st the	ZIP code	es 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 pro	gram	capable	of being replicated across multip	ole locations?	es 🗌 No						
C.	PROGRA	м 4 F	PERFORM	IANCE HISTORY (REFER TO YOU	UR MUNICIPALITY'S S	STSJP DATA FILES.)						
1.												

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.

				Progra	ım Type				
				ATD/	ATPDP				
Approved Funding	Р	El	(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.

			_	Progra	ım Type			
				ATD//				
Approved Funding	Р	El	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A
STSJP								
STSJP-RTA	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.

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

A. PROGRAM 5 CONTACT INFORMATION

Program 5 Name:

OCFS-2121 (Rev. 05/2021)

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	١												
 A Family Support Service program (FSS) may ONLY se as PINS. This program meets the legal definition of a F Law Section 458-m) and will operate in this capacity for 	amily Support Service												
2. Please check all applicable boxes below to identify the 2021-2022:	service types that will	be utilized for this pr	ogram in PY										
STSJP STSJP-RTA	STSJP STSJP-RTA												
Prevention (P)													
Early Intervention (EI)													
☐ ☐ Alternative to Detention / Pre-	Dispositional Placeme	ent (ATD / ATPDP)											
☐ ☐ Alternative to Placement (ATF	P)												
☐ 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.													
Please list the ZIP codes this program will target:													
4. Describe the program, including how it is family focused	d. If you answered "Ye	es" to Q1 (FSS), be s	ure to										
demonstrate how your program meets each requirement	nt of the legislation. Als	so, please explain h	ow each of the										
service types selected in Q2 will address the unique ne													
will aid in the reduction of youth detained and residentian please list them. (Please refer to the STSJP Annual Planta Pl													
please list trieffi. (Flease felet to the 3130F Affiliation	ii Developinent Guide	FIOI additional guida	nce.)										
E le the management couple of being applicated couple multi-	nla la sationa 2	- No											
5. Is the program capable of being replicated across multi													
C. PROGRAM 5 PERFORMANCE HISTORY (REFER TO YO		,											
1. What, if any, funding did this program receive in PY 202			² Y 2020-2021, but										
was not implemented or is anticipated to serve no youth		e.											
Trone (ii none, out to deducin 2.)	☐ STSJP-RTA												
 Please use the table to record how many youth (#) we 3/31/2021. Enter zero (0) if not applicable. 	re served by the prog	gram between 10/1/2	2020 and										
Program Type													
	ATD/ATPDP												
Approved Funding P EI (PINS) (JC	D/JD) (JD-RTA) (A	AO) ATP R/A	Total										
STSJP													
STSJP-RTA													
Total													
3. Based on the program's record of youth served (Q2), do	you anticipate this pi	rogram serving more											

projected capacity on 9/30/2021? Please explain:

4.		ase use the table to re /2020 and 3/31/2021					(days) for y	outh who	exited t	he progr	am betw	een
						Progr	am Type		•			
							ATPDP]			
		Approved Funding	Р	EI	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A		
		STSJP										
		STSJP-RTA										
5.	ATD	v does the average le D/ATPDP and ATP se dential placements du	rvice typ	es, com	pare with	the averag						n and
6.		this program's outcom Yes <i>(If Yes, skip to</i> se			′ 2020-20] Partially		ed goals by 9] No	9/30/2021	1?			
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.		ase use the table to in formal from the following from the following the	ndicate th	ne proje	cted # yo	uth to be	served by th	ne progra	m for PY	2021-2	022. Ente	er zero
	ÌΓ					Progra	m Type]
							ATPDP					
		Approved Funding	Р	El	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total	
		STSJP										
		STSJP-RTA										
		Total										
PR	OGR	AM 6										
A.	PRO	OGRAM 6 CONTACT I	NFORMA	TION								
Pro	gram	n 6 Name:										
Ор	eratir	ng Agency:										
Pro	gran	n Mailing Address:										
Add	dress	Line 2:										
City	City: State: NY ZIP Code:											
Pro	gran	n Contact's Name:				Title	:					
Pho	Phone: () Ext: Email:											
B.	PRO	GRAM 6 DESCRIPTION	ON AND	TARGET	POPULA	TION						
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 <i>Family Support Services (FSS) program (Social Services Law Section 458-m)</i> 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										
			Preven	tion (P)								
				iterventio	n (EI)							
			Alterna	tive to De	etention /	Pre-Dispo	sitional Place	ement (A	TD / ATF	PDP)		
			Alterna	tive to Pla	acement	(ATP)						
			-		are (R / A	7)						
			Indirect	Services	5							
*No	ote: If you	indicated this p	orogram v	will opera	ate as an	FSS, it car	nnot provide	STSJP-F	RTA serv	ices und	er this pr	ogram.
3.	Please lis	st the ZIP codes	s this pro	gram will	I 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?											
C.	PROGRAM 6 PERFORMANCE HISTORY (REFER TO YOUR MUNICIPALITY'S STSJP DATA FILES.)											
1.	What, if a	ny, funding did	this prog	gram rece	eive in P\	/ 2020-202	21? If the pro	gram wa	s approv	ed in PY	2020-20)21, but
	. 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.											
		(If none, skip t	o section	n D.)	☐ STS	SJP	STSJP-F	RTA				
2.		se the table to r 1. Enter zero (0				t) were se	rved by the p	orogram	between	10/1/202	20 and	
						Progra	am Type]
							ATPDP					
		oved Funding	Р	EI	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total	
	STS											
	STS	JP-RTA										
	Tota											
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.	1. 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.											
						Progr	am Type					
							/ATPDP					
		roved Funding	Р	EI	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A		
	STS											
	STS	SJP-RTA										
5	How doe	s the average le	anath of	service ((74) comp	are to who	at vou would	evnect fo	or that so	rvice tvo	e2 For	

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.

Ì												
6.	Will this program's outco			7 2020-20 ☐ Partially		ted goals by	9/30/202	:1?				
7.	(a) What outcomes are	on track	to meet t	he goals s	set for PY	2020-2021?	(b) How	will they	be met?	1		
8.	(a) What outcomes are barriers.	not on tra	ack to me	eet the goa	als set for	PY 2020-20	21? (b) F	Please de	scribe a	ny contributing		
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? PROGRAM 6 SERVICE PROJECTIONS FOR PY 2021-2022											
D.	D. PROGRAM 6 SERVICE PROJECTIONS FOR PY 2021-2022											
1.												
			1	1		am Type		1	ı	_		
	Approved Funding D FL (PINS) (10(ID) (1D PTA) (AQ) ATD D(A											
	Approved Funding P EI (PINS) (JO/JD) (JD-RTA) (AO) ATP R/A Total STSJP											
	STSJP STSJP-RTA											
	Total											
			I					J	I			
	OGRAM 7											
	PROGRAM 7 CONTACT	INFORM	ATION									
	ogram 7 Name:									_		
	erating Agency: ogram Mailing Address:											
	dress Line 2:											
Cit					Sta	ite: NY	ZIP	Code:				
_	gram Contact's Name:				Titl		l.					
Pho	one: ()	Ext:			Em	ail:						
B.	PROGRAM 7 DESCRIPT	ION AND	TARGE	r Popula	TION							
1.	A Family Support Service as PINS. This program in Law Section 458-m) are	meets the	e legal de	efinition of	a <i>Famil</i> y	/ Support Se	ervices (
2.	Please check all applica 2021-2022:	ible boxe	s below	to identify	the servi	ce types that	will be u	tilized for	this pro	gram in PY		
	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											
*No	ote: If you indicated this p		-		FSS, it ca	nnot provide	STSJP-	RTA serv	rices und	der this program.		
3.	Please list the ZIP code	s this pro	gram wi	ll target:								

4.	dem serv will a	cribe the program, in nonstrate how your price types selected in aid in the reduction of use list them. (Please	rogram m Q2 will a of youth d	neets ead address t etained	ch require the unique and reside	ement of the eneeds of entially or	e legislation youth at tha otherwise pla	. Also, pl it system aced. If y	ease exp point, ar ou selec	plain how nd how th ted Indire	each of nose servect Service	rices
5.	Is th	ie program capable o	of being re	eplicated	d across n	nultiple loc	ations?] Yes [□No			
C.	PRO	GRAM 7 PERFORMANO	CE HISTOR	RY (REFE	R TO YOU	R MUNICIPA	LITY'S STSJ I	P DATA FII	LES.)			
1.	was	at, if any, funding did not implemented or None (<i>If none, skip to</i>	is anticip	ated to s	serve no y	outh, plea	se choose N	lone. TA)21, but
2.		ase use the table to r /2021. Enter zero (0) were se	rved by the p	program	between	10/1/20	20 and	
						Progra	ım Type					
							ATPDP				1	
		Approved Funding	Р	El	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total	
		STSJP										
		STSJP-RTA										
	F	Total										
		Total										
3.		ed on the program's ected capacity on 9/3		•	•	2), do you	anticipate thi	is progra	m servin	g more o	or less tha	n its
4.		ase use the table to r /2020 and 3/31/202					e (days) for y	outh who	o exited t	he progr	am betw	een
						Progr	am Type					
						ATD	/ATPDP					
		Approved Funding	Р	El	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A		
		STSJP										
		STSJP-RTA										
5.	ATD	does the average le D/ATPDP and ATP sed dential placements d	ervice typ	es, com	pare with	the averag						n and
6.		this program's outco es (If Yes, skip to se			2020-20 Partially	21 project	ed goals by] No	9/30/202	1?			
7.	(a) \	What outcomes are c	n track to	meet th	ne goals s	set for PY	2020-2021?	(b) How	will they	be met?		
8.		What outcomes are r iers.	ot on trad	ck to me	et the goa	als set for	PY 2020-202	21? (b) P	lease de	scribe ar	ny contrib	outing
9.		at changes have bee red goals for PY 202		o overco	me the ba	arriers idei	ntified in Q8,	so that t	he progra	am can a	achieve it	S
D.	PRO	GRAM 7 SERVICE P	ROJECT	ONS FO	R PY 202	21-2022						

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.

			_	Progra	ım Type				
				ATD/					
Approved Funding	Р	EI	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total
STSJP									
STSJP-RTA									
Total									

PR	OGRAM	8						
A.	PROGRA	м 8 С	ONTAC	CT INFORMATION				
Pro	gram 8 N	ame:						
Оре	erating Ag	gency:						
Pro	gram Mai	ling A	ddress:					
Add	dress Line	2:						
City	/:					State: NY	ZIP Code:	
Pro	gram Cor	ntact's	Name:			Title:		
Pho	one: ()			Ext:		Email:		
B.	PROGRA	м 8 С)ESCRII	PTION AND TARGET PO	PULATION			
1.	as PINS.	. This i	progran	vice program (FSS) may n meets the legal definit and will operate in this c	tion of a <i>Fa</i>	mily Support Servi		
2.	Please c 2021-202		all applic	cable boxes below to ide	entify the so	ervice types that will	be utilized for this pr	rogram in PY
	STSJP	STS	SJP-RT/	A				
		1		Prevention (P)				
				Early Intervention (E	∃ I)			
				Alternative to Detent	tion / Pre-D	ispositional Placeme	ent (ATD / ATPDP)	
				Alternative to Placer			, ,	
				Reentry / Aftercare ((R / A)			
				Indirect Services	,			
*No	te: If you	indica	ated this	s program will operate a	as an FSS,	it cannot provide ST	SJP-RTA services u	nder this program.
3.	Please lis	st the	ZIP cod	des this program will targ	get:			
4.	demonst service ty will aid in	rate he ypes s o the re	ow your selected eduction	i, including how it is fami r program meets each re d in Q2 will address the u n of youth detained and ase refer to the STSJP A	equirement unique nee residentiall	of the legislation. A ds of youth at that sy ly or otherwise place	lso, please explain hystem point, and how ed. If you selected Ind	ow each of the v those services direct Services,
5.	Is the pro	ogram	capabl	le of being replicated ac	ross multipl	le locations? 🗌 Yo	es 🗌 No	
C.	PROGRA	M 8 P	ERFOR	RMANCE HISTORY (REF	ER TO YOU	IR MUNICIPALITY'S S	STSJP DATA FILES.)	
1.	was not i	implen	mented	did this program receive or is anticipated to serve to section D.)			ne".	PY 2020-2021, but

OCFS	-2121	(Rev. 05/2021)										
2.		ase use the table to ro 1/2021. Enter zero (0)				were ser	ved by the p	orogram t	oetween	10/1/202	20 and	
	Γ					Progra	m Type]
							TPDP					
		Approved Funding	Р	El	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total	
		STSJP										
		STSJP-RTA										
		Total										
	proj Plea	sed on the program's ected capacity on 9/3 ase use the table to re 1/2020 and 3/31/2021	80/2021? ecord the	Please e	explain:	of service	•					
						Progra	am Type				7	
							ATPDP					
		Approved Funding	Р	EI	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A		
		STSJP										
		STSJP-RTA									_	
5.	ATE	v does the average le D/ATPDP and ATP se dential placements do	rvice typ	es, comp	oare with t	he averag						n and
6.		this program's outco Yes (If Yes, skip to se			2020-202 Partially		ed goals by 9 No	9/30/2021	1?			
7.	(a) '	What outcomes are o	n track to	meet th	e goals s	et for PY 2	2020-2021?	(b) How v	will they	be met?		
8.		What outcomes are n riers.	ot on trac	ck to mee	et the goa	ls set for F	PY 2020-202	21? (b) Pl	ease de	scribe ar	y contrib	outing
9.		at changes have beel ired goals for PY 202		o overcoi	me the ba	rriers iden	tified in Q8,	so that th	ne progra	am can a	chieve it	S
D.	PR	OGRAM 8 SERVICE P	ROJECTI	ONS FOR	R PY 202	1-2022						
1.		ase use the table to in finct applicable.	ndicate th	e projec	ted # you	uth to be	served by th	ie progra	m for PY	2021-20)22. Ente	er zero
	Г					Drogra	m Typo					1

				Progra	т Туре				
		ATD/ATPDP							
Approved Funding	Р	El	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total
STSJP									
STSJP-RTA									
Total									·

PROGRAM

A. PROGRAM 9 CONTACT INFORMATION

Program 9 Name: Operating Agency: Program Mailing Address:											
Program Mailing Address:											
·											
Address Line O.											
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 adjuted as PINS. This program meets the legal definition of a <i>Family Support Services (FSS) program (Social Staw Section 458-m)</i> 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 2021-2022:	PY										
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 will operate as an FSS, it cannot provide STSJP-RTA services under this program will operate as an FSS, it cannot provide STSJP-RTA services under this program will operate as an FSS, it cannot provide STSJP-RTA services under this program will operate as an FSS, it cannot provide STSJP-RTA services under this program will operate as an FSS, it cannot provide STSJP-RTA services under this program will operate as an FSS, it cannot provide STSJP-RTA services under this program will operate as an FSS, it cannot provide STSJP-RTA services under this program will operate as an FSS, it cannot provide STSJP-RTA services under this program will operate as an FSS with the provide STSJP-RTA services under this provide STSJP-RTA services under the provide STSJP-RTA services under th	orogram.										
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 service types selected in Q2 will address the unique needs of youth at that system point, and how those see will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Semplease list them. (Please refer to the STSJP Annual Plan Development Guide for additional guidance.)	rvices										
5. Is the program capable of being replicated across multiple locations?											
C. PROGRAM 9 PERFORMANCE HISTORY (REFER TO YOUR MUNICIPALITY'S STSJP DATA FILES.)											
 What, if any, funding did this program receive in PY 2020-2021? If the program was approved in PY 2020-2021? was not implemented or is anticipated to serve no youth, please choose None. None (If none, skip to section D.) 	2021, but										
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											
STSJP-RTA Total											

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.												
						Progra	am Type						
							ATPDP						
		Approved Funding	Р	EI	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A			
		STSJP			1		,						
		STSJP-RTA											
									ļ				
5.	ATD	or does the average le NATPDP and ATP se dential placements du	rvice type	es, com	pare with	the averag						n and	
6.		this program's outco Yes <i>(If Yes, skip to se</i>			2020-202 Partially		ed goals by 9 No	9/30/2021	?				
7.	(a) V	What outcomes are o	n track to	meet th	ie goals s	et for PY 2	2020-2021?	(b) How v	will they l	be met?			
8.	(a) V barr	What outcomes are niers.	ot on trac	ck to me	et the goa	als set for F	PY 2020-202	21? (b) PI	ease des	scribe ar	ny contrib	outing	
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.		ase use the table to ir f not applicable.	ndicate th	e proje o	cted # yo	uth to be	served by th	ie progra	m for PY	2021-2	022. Ente	er zero	
	Г	I				Progra	m Type]	
							TPDP						
		Approved Funding	Р	El	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total		
		STSJP											
		STSJP-RTA											
		Total											
		•			Į.	l		<u> </u>				1	
	OGR/												
		GRAM 10 CONTACT	INFORM	ATION									
		10 Name:											
		ng Agency:											
		Mailing Address:											
		Line 2:				T _							
City							e: NY	ZIP (Code:				
		Contact's Name:				Title							
Pho	one: (\	xt:	_	_	Ema	il:						
B.		GRAM 10 DESCRIPT											
1.	as P	amily Support Service PINS. This program m v Section 458-m) and	neets the	legal de	finition of	a Family	Support Sei	rvices (F					

2.			ole boxes	s below t	to identify	the servic	e types that	will be ut	ilized for	this prog	gram in P	Υ
	STSJP	STSJP-RTA										
			Prevent	tion (P)								
			Early In	terventio	n (EI)							
			Alternat	tive to De	etention /	Pre-Dispo	sitional Plac	ement (A	TD / ATF	PDP)		
			Alternat	tive to PI	acement	(ATP)						
			-		•	()						
			Indirect	Service	S							
						FSS, it ca	nnot provide	STSJP-I	RTA serv	ices und	er this pr	ogram.
3.	Please lis	t the ZIP codes	this pro	gram wil	l target:							
4.	demonstr service ty will aid in	rate how your proper selected in the reduction of	rogram n Q2 will a of youth d	neets ea address letained	ch require the uniqu and resid	ement of the e needs of lentially or	ne legislation f youth at tha otherwise pl	. Also, pl at system aced. If y	lease exp point, ar ou selec	olain how nd how th ted Indire	each of nose servect Service	/ices
5.	Is the pro	gram capable o	of being r	eplicated	d across i	multiple lo	cations?] Yes	☐ No			
C.	PROGRA	M 10 PERFORM	MANCE H	IISTORY	(REFER	TO YOUR I	MUNICIPALIT	y's STS.	JP 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.						t) were se	rved by the	program	between	10/1/20	20 and	
						Progra	am Type]
						ATD/	ATPDP				1	
	Appr	oved Funding	Р	El	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total	
	STS	JP										
	STS	JP-RTA										
	Tota											
3.						2), do you	anticipate th	is progra	m servin	g more c	or less tha	an its
4.							e (days) for y	outh wh	o exited t	the progr	am betw	een
	Prevention (P) Early Intervention (EI) Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP) Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP) Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP) Alternative to Placement (ATP) Reentry / Aftercare (R / A) Indirect Services Indirect Services Reentry / Aftercare (R / A) Indirect Services Indirect Services Please list the ZIP codes this program will operate as an FSS, it cannot provide STSJP-RTA services under this program. 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 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.) Is the program capable of being replicated across multiple locations? Yes No											
									4			
			Р	El	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A		
	Prevention (P) Early Intervention (EI) Early Intervention (EI) Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP) Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP) Alternative to Placement (ATP) Reentry / Aftercare (R / A) Indirect Services Indirect Service Indirect Service Indirect Services Indirect Ser											
5.	ATD/ATP	DP and ATP se	ervice typ	es, com	pare with	the avera						n and

6.		his program's outco es (If Yes, skip to s			′ 2020-20] Partially		cted goals by	9/30/202	1?			
7.	(a) W	/hat outcomes are o	on track t	o meet th	ne goals s	set for P	Y 2020-2021?	(b) How	will they	be met?		
8.	(a) W barri	Vhat outcomes are i ers.	not on tra	ick to me	et the go	als set fo	or PY 2020-20	21? (b) F	Please de	escribe a	ny contrik	outing
9.		t changes have bee red goals for PY 202			ome the b	arriers id	entified in Q8	, so that t	the progr	am can a	achieve it	s
D.	PRO	GRAM 10 SERVICE	PROJEC	TIONS F	or PY 2 0	021-202	2					
1.		se use the table to i not applicable.	ndicate t	he proje	cted # yo	outh to b	e served by t	he progra	am for P	Y 2021-2	022. Ente	er zero
					_		ram Type					
							D/ATPDP					
		Approved Funding	Р	El	(PINS)	(JO/JD) (JD-RTA)	(AO)	ATP	R/A	Total	
	;	STSJP										
	;	STSJP-RTA										
	-	Total										
			-									-
PR	OGRA	M 11										
		GRAM 11 CONTAC	T INEODA	MATION								
		11 Name:	INFORM	MATION								
		g Agency:										
		Mailing Address:										
		Line 2:										
City						St	ate: NY	ZIP	Code:			
_		Contact's Name:					tle:					
	one: (Ext:			Er	nail:					
В.	PRO	GRAM 11 DESCRIP	TION AN	D TARGE	T POPUL	ATION						
1.	as Pl	mily Support Servic INS. This program r Section 458-m) an	neets the	e legal de	efinition of	f a Fami	y Support Se		FSS <u>)</u> pro	gram (S		
2.		se check all applica -2022:	ble boxe	s below t	o identify	the serv	ice types that	will be ut	tilized for	this pro	gram in P	Υ
	STS	SJP STSJP-RTA										
			Preven	tion (P)								
			Early In	terventic	n (EI)							
							ositional Plac	ement (A	TD / AT	PDP)		
					acement							
	<u> </u>	_	-		are (R / A	.)						
				Services								
*No	te: If	you indicated this p	orogram	will opera	ate as an	FSS, it c	annot provide	STSJP-I	RTA serv	vices und	ler this pr	ogram.
3.	Pleas	se list the ZIP codes	s this pro	gram wil	l target:							

4.	dem serv will a	cribe the program, is constrate how your price types selected it aid in the reduction	orogram r n Q2 will of youth o	neets ea address detained	ch require the uniquand and resid	ement of the e needs of entially or	ne legislation fyouth at that otherwise pl	n. Also, ple at system aced. If ye	ease expl point, and ou select	ain how d how th ed Indire	each of t ose servi ct Servic	ces
	plea	se list them. (Pleas	e refer to	the STS	JP Annua	al Plan Dev	elopment G	uide for a	dditional	guidance	∍.)	
5.	Is th	e program capable	of being	replicated	d across r	multiple lo	cations?	Yes	No			
		GRAM 11 PERFOR				<u> </u>				FILES.)		
1.	but v	at, if any, funding did was not implemente None (<i>If none, skip</i> t	ed or is ar	nticipated		no youth,		se None.	s approv	ed in PY	2020-20)21,
2.		ase use the table to /2021. Enter zero (t) were se	rved by the	program I	oetween	10/1/202	0 and	
						Progra	ım Type					
							ATPDP					
		Approved Funding	Р	El	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total	<u> </u>
	5	STSJP										
	5	STSJP-RTA										
	Т	Total										
3.		ed on the program's ected capacity on 9.				2), do you	anticipate th	is prograr	n serving	more or	r less thai	n its
	proje	ected capacity on 9	/30/2021 :	r Please	expiain.							
4.		use use the table to					e (days) for	youth who	exited the	ne progra	am betwe	en
	10/1	/2020 and 3/31/202	i. Enter	2610 (0) 1	т посаррі	icable.						
							ram Type					
)/ATPDP	1				
		Approved Funding) P	EI	(PINS)) (JO/JD) (JD-RTA)	(AO)	ATP	R/A		
		STSJP										
		STSJP-RTA										
5.	ATD	does the average of ATPDP and ATP selection of the documents of the docume	service typ	oes, com	pare with	the avera	-	•				n and
6.		this program's outc Yes <i>(If Yes, skip to</i>			∕ 2020-20] Partially		ed goals by] No	9/30/2021	1?			
7.	(a) V	What outcomes are	on track t	to meet t	he goals s	set for PY	2020-2021?	(b) How v	will they b	e met?		
8.	(a) V barri	What outcomes are iers.	not on tra	ack to me	et the go	als set for	PY 2020-20	21? (b) Pl	ease des	cribe an	y contribu	uting
9.		at changes have be- red goals for PY 20			ome the b	arriers ide	ntified in Q8,	, so that th	ne progra	m can a	chieve its	· ·
D.	PRO	GRAM 11 SERVICE	PROJEC	TIONS F	OR PY 20	021-2022						

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	Р	EI	(PINS)	(JO/JD)	(JD-RTA)	(AO)	ATP	R/A	Total	
STSJP										
STSJP-RTA										
Total										

PR	OGRAM	12								
A.	PROGRA	M 12 CONTA	CT INFORMATION							
Pro	Program 12 Name:									
Ор	Operating Agency:									
Pro	gram Mai	ling Address:								
Add	dress Line	2:								
City	y:			State: NY	ZIP Code:					
Pro	gram Cor	ntact's Name:		Title:						
Pho	one: ()		Ext:	Email:						
B.	PROGRA	M 12 DESCR	RIPTION AND TARGET POPULATIO	N						
1.	as PINS.	This program		amily Support Servi	ecoming, alleged to be, or adjudicated ces (FSS) program (Social Services Yes \(\subseteq \text{No} \)					
2.	Please c 2021-202		cable boxes below to identify the s	service types that will	be utilized for this program in PY					
	STSJP	STSJP-RT	A							
			Prevention (P)							
			Early Intervention (EI)							
			Alternative to Detention / Pre-D	Dispositional Placemo	ent (ATD / ATPDP)					
			Alternative to Placement (ATP))						
			Reentry / Aftercare (R / A)							
			Indirect Services							
*No	ote: If you	indicated thi	s program will operate as an FSS,	it cannot provide ST	SJP-RTA services under this program.					
3.	Please lis	st the ZIP cod	es this program will target:							
4.	Describe	the program	, including how it is family focused	. If you answered "Ye	es" to Q1 (FSS), be sure to					
					lso, please explain how each of the					
					ystem 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.)									
	please ils	st triem. (Piea	se refer to the STSJP Annual Plan	i Development Guide	Fior additional guidance.)					
	1- 4		and the second second	L. L						
	•		e of being replicated across multip							
			RMANCE HISTORY (REFER TO YO		,					
1.					am was approved in PY 2020-2021, but					
	was not implemented or is anticipated to serve no youth, please choose None.									

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	Р	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	Р	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 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.

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

75

75

75

75

75

%

%

%

%

%

%

%

%

%

75

75

75

75

OCFS-2121 (Rev. 05/2021) 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 \square 1 \square 2 \square 3 \square 4 \square 5 \square 6 \square 7 \square 8 \square 9 \square 10 \square 11 \square 12 \square N/A) STSJP **STSJP Outcomes RTA** 75 75 of youth will have no PINS referrals during service engagement % 75 % 75 of youth will have no truancies during service engagement % 75 75 % of youth will have no school suspensions during service engagement 75 75 % % of youth will have no arrests or probation intakes during service engagement 75 % 75 % of youth will be able to identify at least one accessible, positive adult connection 75 % 75 % of youth will be engaged in at least one positive community activity 75 % 75 % of youth will comply with program rules 75 % 75 % of youth will attend at least 90% of programming If goal is set below 70% for any outcome please explain: **EARLY INTERVENTION** (Programs 1 $\boxtimes 2$ \square 3 \square 4 \square 5 \square 6 \square 7 \square 8 \square 9 \square 10 \square 11 \square 12 \square N/A) STSJP **STSJP Outcomes RTA** of youth will have no PINS referrals during service engagement 75 % 75 % of youth will have no truancies during service engagement 75 % 75 of youth will have no school suspensions during service engagement 75 % 75 % of youth will have no arrests or probation intakes during service engagement 75 % 75 % of youth will have their cases successfully adjusted/diverted during service engagement 75 75 % % of youth will be able to identify at least one accessible, positive adult connection 75 % 75 % of youth will be engaged in at least one positive community activity 75 % 75 % of youth will comply with program rules 75 75 % of youth will attend at least 90% of programming 75 % 75 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 Outcomes RTA** of youth will have no missed court appearances during service engagement 75 75 % of youth will have no warrants issued during service engagement 75 % 75 % of youth will have no arrests or probation intakes during service engagement 75 % 75 75 % 75 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 engaged in at least one positive community activity

of youth will comply with program rules

of youth will attend at least 90% of programming

of youth will be able to identify at least one accessible, positive adult connection

If goal is set below 70% for any outcome please explain:									
ALTERNA	ALTERNATIVE TO PLACEMENT								
(Program	(Programs □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10 □ 11 □ 12 □ N/A)								
STSJ	P	STSJI RTA		Outcomes					
75	%	75	%	of youth will have no warrants issued during service engagement					
75	%	75	%	of youth will have no arrests or probation intakes during service engagement					
75	%	75	%	of youth will have no detention or jail admissions during service engagement					
75	%		%	of PINS will have no pre-dispositional placements during service engagement					
75	%	75	%	of youth will have no violations of probation filed during service engagement					
75	%	75	%	of youth will have no new placements during service engagement					
75	%	75	%	of youth will be able to identify at least one accessible, positive adult connection					
75	%	75	%	of youth will be engaged in at least one positive community activity					
75	%	75	%	of youth will comply with program rules					
75	%	75	%	of youth will attend at least 90 percent of programming					
If goal is	set be	elow 70 pe	rcen	t for any outcome please explain:					
REENTRY			⊓ം						
(Program	s		3	☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ N/A)					
STSJ	Р	STSJI 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 be	elow 70% f	or ar	ny outcome please explain:					

PART IV – FUNDING								
A. ANTICIPATED PROGRAM EXPENSES AND FUNDING DISTRIBUTION								
	STSJP							
Program Name and Service Types	Detention Allocation Shifted	Approved Rollover	PY21-22 STSJP Allocation	Total Expenses (100%)	Local Share (38%)	State Share (62%)	RTA State Share (100%)	
1 Youth Court/Restorative Justice			\$9,920.00	\$16,000.00	\$6,080.00	\$9,920.00	\$1,772.00	
Prevention								
Early Intervention								
ATD/ATPDP								
ATP			\$9,920.00	\$16,000.00	\$6,080.00	\$9,920.00	\$1,772.00	
Reentry/Aftercare								
Indirect								
2 Clinical Services and Goods			\$9,920.00	\$16,000.00	\$6,080.00	\$9,920.00	\$2,970.00	
Prevention								
Early Intervention			\$9,920.00	\$16,000.00	\$6,080.00	\$9,920.00	\$2,970.00	
ATD/ATPDP								
ATP								
Reentry/Aftercare								
Indirect								
3 Respite			\$4,960.00	\$8,000.00	\$3,040.00	\$4,960.00	\$1,274.00	
Prevention			\$1,653.33	\$2,666.66	\$1,013.33	\$1,653.33	\$424.67	
Early Intervention								
ATD/ATPDP			\$1,653.33	\$2,666.67	\$1,013.34	\$1,653.33	\$424.67	
ATP			\$1,653.34	\$2666.67	\$1,013.33	\$1,653.34	\$424.66	
Reentry/Aftercare								
Indirect								
4								
Prevention								
Early Intervention								
ATD/ATPDP								
ATP								
Reentry/Aftercare								
Indirect								
5								
Prevention								
Carly, Intomorphics								
Early Intervention								
ATD/ATPDP								
ATD/ATPDP								

			STSJP				STSJP- RTA
Program Name and Service Types	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							Ī
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							

			STSJP				STSJP- RTA
Program Name and Service Types	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:			\$24,800.00	\$40,000.00	\$15,200.00	\$24,800.00	\$6,016.00

B. STSJP REIMBURSEMENT SUMMARY							
STSJP Allocation Amount	\$40,000.00						
Locally Approved Amount of PY 2021-202	22 STSJP Allocation	\$24,800.00					
Approved Detention Allocation Shifted		\$0.00					
Approved Rollover Amount	\$0.00						
Total Approved for State Reimburseme	nt	\$24,800.00					
C. STSJP-RTA REIMBURSEMENT SUMMARY							
STSJP-RTA Approved Plan Amount	\$6,016.00						
Total Approved for State Reimburseme	\$6,016.00						

PART V – PLAN APPROVAL									
A. Municipality Level Approval – Chief Executive / Administrative Official									
As STSJP Lead for Lewis County, I certify that the Chief Executive/Administrative Official, [Name and Title] Board Chairman, Lawrence Dolhof, has reviewed and approved the 2021-2022 STSJP Plan.									
User ID: mattmorrow@lewiscounty.ny.gov	Print Name: Matthew Morrow	Date: 5/3/2022							
B. State Level Approval – OCI	B. State Level Approval – OCFS Program Reviewer								
As OCFS STSJP reviewer, I certify that I approve of this STSJP plan for Lewis County for 2021-2022.									
User ID: IT0911	Print Name: Lynn Tubbs	Date: 5/4/2022							