



Office of Children and Family Services

KATHY HOCHUL
Governor

SHEILA J. POOLE
Commissioner

February 15, 2022

Dear Chief Executive Officer,

Thank you for submitting Suffolk 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: Suffolk County		
Lead agency for STSJP submission: Probation		
Contact person's name: Robert C. Marmo, Ph.D.	Title: Chief Planner	
Phone: (631) 852-5150	Ext:	Email: robert.marmo@suffolkcountyny.gov

PLAN SUBMISSION INSTRUCTIONS

STSJP plans are due to the Office of Children and Family Services (OCFS) by 09/08/2021

- 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]."
- Work from the copy saved in Step 1 as you record your municipality information. Save your work as you complete each section.
- Email the completed application to OCFS at stsjp@ocfs.ny.gov. 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:

The following communities have the highest concentrations of PINS and JD youth by zip code. (zip code data for AO's and JO's is not readily available. For the purposes of developing this plan, the AO and JO population would be reflected in these communities as well). Zip codes for detention and placement are not readily available as well, and for purposes of developing this plan, the detention and placement population would be reflected in these communities as well.

Babylon 11702, Bayshore 11706, Bellport 11713, Brentwood 11717, Central Islip 11722, Coram 11727, Hampton Bays 11946, Huntington Station 11746, Lindenhurst 11757, Mastic 11950, Mastic Beach 11951, Medford 11763, North Amityville 11701, North Bellport 11713, Patchogue 11772, Port Jefferson Station 11776, Riverhead 11901, Shirley 11967, West Babylon 11704, Wyandanch 11798.

One contributing factor to the disproportionate number of cases in these communities is poverty. Suffolk County has five identified Qualified Opportunity Zones in a county with 64 towns. Qualified Opportunity Zones are defined as economically distressed communities eligible for tax incentives. These five zones are Central Islip, Huntington Station, North Bellport, Riverhead, and Wyandanch. Four of the five zones (excluding Wyandanch which has a lower number of residents yet has one of the highest crime rates for the county) account for 36% of all juveniles involved in the Family Court (both PINS and JD's). Other risk factors associated with higher rates of poverty include substance use, health and mental health issues, abuse and neglect, poor academic achievement.

Comprehensive family prevention and intervention programs designed to address a variety of risk and protective factors for these families are the focus of this funding. These initiatives can improve the overall outcomes for the youth and families who are disproportionality represented in the juvenile justice system. For youth referred to detention and placement, the specific zip codes are not readily available through the current data reported from OCFS. Given that several zip codes account for a disproportionate number of youth entering the juvenile justice system, the same zip codes may be reflected in the detention and placement numbers. Further analysis would be needed to obtain zip codes from OCFS for all youth placed in detention and in residential facilities.

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	27,620	9%	64	40	28	40%
White	173,148	56%	45	28	14	20%
Native American/Alaskan	743	0%	1	1		
Asian/Pacific Islander	13,657	4%	0	0		
Hispanic	93,930	30%	50	31	28	40%

Sex Assigned at Birth	2019 General Population <18 years		2020 Detention Admissions <18 years		2020 Placement Admissions <18 years	
	#	%	#	%	#	%
Male	157,741	51%	128	79%	53	76%
Female	151,357	49%	34	21%	17	24%

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.

As illustrated in the above chart, the population of youth in detention and placement are racially disproportionate to the general youth population for the county with Black youth almost 5 times more likely to be in detention and placement than White youth. The rates of detention for Hispanic youth are equal to the general youth population but slightly higher for placement rates.

Also illustrated in the chart above, males are disproportionally represented in detention and placement with 75% of all admissions being male. This is consistent with the rates of youth entering the juvenile justice system nationally.

While the programs listed in this plan attempt to address numerous risk factors associated with youth entering the juvenile justice system, these programs do not specially target the racial and sex disparities evident in the juvenile justice population. The primary goal of these program are to address the youth and family needs through education and advocacy, child and family prevention and treatment, mental health, child welfare, health, and other services based upon individual and family needs, all in an attempt to reduce further entry into the system and thus prevent detention and placement for the youth. When these risk factors are not adequately addressed, youth are more likely to end up in detention and placement.

In addition, regular monitoring and reporting of data including all disparities is presented to key stakeholders within the county (courts, DSS, child welfare service providers, education advocates, and other juvenile justice system representatives) and discussed at meetings such as the regional youth and justice team and the family court juvenile drug court grant stakeholders meeting to raise awareness and bring about change.

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:

One major source of collaboration is the Long Island Regional Youth and Justice Team (LIRYJT). The team includes juvenile justice representatives from Nassau and Suffolk who share best practices, identified areas for practice improvement and provide input to state policymakers. Members include probation, social services, OCFS, attorney, advocates, and service providers. In addition to the LIRYJT, the Probation Department collaborates with several juvenile justice service providers to develop and manage program to reduce detention and placement for Suffolk County. The majority of the programs included in the STSJP plan have been created through a competitive RFP process soliciting agencies to provide evidence based services for the juvenile justice population. The agencies providing these services work in close collaboration with probation DSS, and the family court to ensure that programming is specific to the needs of the population and is modified as needed. For example, Suffolk County has worked closely with Hope for Youth to develop programs designed to prevent placement and detention such as the Adjustment Services program (#5 in this plan). The County Executive's Office in collaboration with the local school districts, court, probation, and community representatives, worked with STRONG YOUTH Inc. to develop the gang prevention program (#3 in this plan) tailored to the needs of the community. The county has worked with Long Island Advocacy Center to develop educational advocacy for and families throughout the county.

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

Agencies conduct routine interviews with the youth and families regarding services and is used to make improvements to service delivery. This information is not provided to use through the STSJP reporting. Our plan development is based upon the data and discussions with the service agencies to make modifications and improvements to address gaps in services.

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. This 2021-22 plan has been modified from the 2020-21 plan based upon the STSJP reporting data and discussions with the service agencies to make modifications and improvements to address gaps in services. STSJP providers complete exit interviews with youth and families. That feedback will be shared with the STSJP lead agency on a regular basis to consider for STSJP plan development changes.

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.

As described above, community feedback is provided indirectly through provider agencies, schools, courts, and probation. The feedback is used to make modifications to existing programs and create new ones such as the gang prevention program which was created directly from community requests for gang prevention services. STSJP lead agency is also involved in the Southampton Community Needs Assessment and this will be used moving forward to consider for STSJP Annual Plan development.

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: Community Home Base - JD
 Operating Agency: EAC, Inc.
 Program Mailing Address: 50 Clinton Street
 Address Line 2:
 City: Hempstead State: **NY** ZIP Code: 11550
 Program Contact's Name: Tania Peterson-Chandler Title: VP of Operations
 Phone: (516) 539-0150 Ext: 112 Email: tpeterson@eac-network.org

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

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

3. Please list the ZIP codes this program will target:
 All zip codes in Suffolk County are served. The program will target youth from each of the communities with the higher number of PINS and JD. These include 11702, 11706, 11713, 11717, 11722, 11727, 11946, 11746, 11763, 11757, 11950, 11951, 11701, 11713, 11776 , 11901, 11967, 11704, 11798.

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 purpose of this program is to effectively address the needs of adjudicated RTA and non-RTA juvenile delinquents through the provision of evidence-based family-focused support services to the youth and their families primarily within community based treatment settings. Family treatment, delivered in a community-based setting, is less intensive and follows a strengths-based and family focused perspective emphasizing individualized

services to the youth and family. The approach is designed to keep youth at home whenever possible by providing services and support to the youth and family in the community rather than in an institutional setting.

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.

Approved Funding	Program Type							ATP	R/A	Total
	P	EI	ATD/ATPDP							
			(PINS)	(JO/JD)	(JD-RTA)	(AO)				
STSJP	0	0	0	0	0	0	6	0	6	
STSJP-RTA	0	0			0	0	1	0	1	
Total	0	0	0	0	0	0	7	0	7	

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:
 We projected this program serving 30 youth during the 2020-2021 program year. Due to COVID-19, we anticipate this program serving less than the projected capacity. This program began April 1, 2020. Due to the pandemic, Suffolk County Courts and Probation ceased in person appearances in mid-March 2020. This delayed court sentences and program placement. As restrictions lessen, more cases will be assigned to this program.

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							ATP	R/A
	P	EI	ATD/ATPDP						
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP							0.00		
STSJP-RTA							116		

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.
 The average length of stay for RTA youth in the homebased program is 116 days. Six youth non-RTA entered between October 2020 March 2021 and all were still in the program as of March 2021. The length of time is consistent with family treatment programs that provide assessment, case management, and counseling. The length of stay in this program is longer than the average length of stay for JD youth in detention which was 13.7 days for this period and shorter than the average length of stay for all OCFS placement types which is 11.4 months or 342 days.

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?
 The program delivered services to 6 non-RTA youth and 1 RTA for this period. These numbers are lower than anticipated in the 2020 21 plan. We expect to see increased numbers of youth in 2021-22 and do not plan to change the service delivery. All outcomes were on track to meet the goals set for PY 20-21. With only 1 discharge, all outcomes were at 100%.

8. (a) What outcomes are not on track to meet the goals set for PY 2020-2021? (b) Please describe any contributing barriers.

The number of youth served. Due to this program beginning April 1, 2020 and COVID-19 this program did not receive the number of youth expected for the first year. As COVID-19 restrictions lessen, these numbers will increase.

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?

Due to COVID-19, we are not changing the number of youth served. Suffolk County Courts began in-person hearings in the spring of 2021. We anticipate more youth beign referred to this program as restrictions lessen in New York

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.

Approved Funding	Program Type						ATP	R/A	Total
	P	EI	ATD/ATPDP						
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP							30		30
STSJP-RTA							15		15
Total							45		45

PROGRAM 2

A. PROGRAM 2 CONTACT INFORMATION

Program 2 Name: Community Home Base Services - PINS

Operating Agency: EAC, Inc.

Program Mailing Address: 50 Clinton St

Address Line 2:

City: Hempstead

State: NY

ZIP Code: 11550

Program Contact's Name: Tania Peterson-Chandler

Title: VP of Operations

Phone: (516) 539-0150

Ext: 112

Email: tpeterson@eac-network.org

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

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

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

All zip codes in Suffolk County are served. The program targets those communities with the higher number of PINS and JD. These include 11702, 11706, 11713, 11717, 11772, 11727, 11946, 11746, 11763, 11757, 11950, 11951, 11701, 11763, 11713, 11776, 11901, 11967, 11704, 11798

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 purpose of this program is to effectively address the needs of PINS youth through the provision of evidence-based family-focused support services to prevent further progression through the juvenile justice system. The program is delivered to the youth and their families primarily within community based treatment settings. Family treatment, delivered in a community-based setting, is less intensive and follows a strengths-based and family focused perspective emphasizing individualized services to the youth and family. The program has a collaborative relationship with several other service provider agencies. Through these collaborations, additional evening and weekend services are available 24/7 through the Response Crisis Center Hotline and 24/7 respite services are provided by Hope for Youth through a county contract. The Community Home Based Program uses the wraparound model of service delivery for juveniles with serious emotional and behavioral disorders (SEBD). Services are delivered through a team-based collaborative process designed to provide coordinated and individualized intake, assessment, crisis intervention, family mediation, skill building, mental and behavioral health services, and case management to youths with SEBD and their families across a variety of settings. The versatile wraparound process "wraps" a variety of services and support networks "around" the individual and their families. The overall goal is to reduce the numbers of PINS petitions filed and reduce the number of youth adjudicated as PINS. This goal is met through a range of services to improve mental health, improve school achievement and attendance, reduce recidivism, and achieve more successful permanency outcomes. Given that the wraparound process is designed to provide juveniles with better access to treatment, it is closely tied to the system-of-care (SOC). The SOC framework is a "comprehensive spectrum of mental health and other services and supports organized into a coordinated network to meet the diverse and changing needs of juveniles with severe emotional disorders and their families".

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	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP		76							76
STSJP-RTA									
Total		76							76

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:
 We anticipate this program serving the projected capacity by 9/30/2021

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	0.00	218.00						
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.

The average length of stay is as expected for this service.

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	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP		100							100
STSJP-RTA									
Total		100							100

PROGRAM 3

A. PROGRAM 3 CONTACT INFORMATION

Program 3 Name: Gang Prevention and Education

Operating Agency: Struggling to Reunite Our New Generation, Inc. (S.T.R.O.N.G. Youth, Inc.)

Program Mailing Address: 599 Jerusalem Ave

Address Line 2:

City: Uniondale

State: NY

ZIP Code: 11553

Program Contact's Name: Rashmia Zatar

Title: Executive Director

Phone: (516) 483-1350 Ext:

Email: rzatar@strongyouth.com

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

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

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

11798, 11713, 11772, 11763, 11967

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 purpose of this program is to reduce the risk of gang involvement by elementary and middle school aged children who may be exposed to, or involved in, gang activities. The youth can be referred by the school or parents if they believe the youth is engaging in behaviors that place them at risk of becoming PINS or JD. Some of the youth may already be PINS or JD and enter the program to reduce the likelihood of further involvement. The program helps to increase protective factors that reduce the risk of gang involvement. These protective factors include improved school performance, prosocial activities, and connection to community. The program provides community education and support through community grieving circles, STRONG Talks, and street outreach. They provide socio emotional learning through in-school and afterschool programs such as intensive counseling, case management, and home based services. Youth also participate in mentoring activities to promote positive connections to the community.

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	Program Type							Total	
	P	EI	ATD/ATPDP				ATP		R/A
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	39							39	
STSJP-RTA									
Total	39							39	

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:

This program will serve more than projected capacity by 9/30/21

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							ATP	R/A
	P	EI	ATD/ATPDP						
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	411.00								
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.

The average length of service is average for this program. This program serves youth throughout their schooling. The program provides services to the youth and families during the school year and provides summer programming as well to ensure youth stay engaged in productive activities year round. The average length of stay is higher than detention or placement stay but the cost per day is less than detention and placements.

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							ATP	R/A	Total
	P	EI	ATD/ATPDP							
			(PINS)	(JO/JD)	(JD-RTA)	(AO)				
STSJP	45	5							50	
STSJP-RTA										
Total	45	5							50	

PROGRAM 4

A. PROGRAM 4 CONTACT INFORMATION

Program 4 Name: Long Island Advocacy Center Contract

Operating Agency: Long Island Advocacy Center

Program Mailing Address: 999 Herricks Road

Address Line 2:

City: New Hyde Park

State: NY

ZIP Code: 11040

Program Contact's Name: Eileen Buckley

Title: Interim Executive Director

Phone: (516) 248-2222 Ext:

Email: ebuckley@theliac.org

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

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

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

All zip codes in Suffolk County are served. The program will target youth from each of the communities with the higher number of PINS and JD. These include 11702, 11706, 11713, 11717, 11722, 11727, 11946, 11746, 11763, 11757, 11950, 11951, 11701, 11713, 11776, 11901, 11967, 11704, 11798.

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 Education Advocacy Program provides educational advocacy, assessment and support services to the adjudicated and RTA and non-RTA juvenile delinquent population throughout the county. The program provides overall educational advocacy on behalf of the youth, specifically those who are struggling to improve attendance and grades. Educational advocates rectify educational issues by working directly with the juveniles and the school system to ensure all available resources are identified and provided. Improving school performance is a crucial protective factor that can reduce probation violations, court involvement and potential placement. The program does not target adjustment cases.

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							Total	
	P	EI	ATD/ATPDP				ATP		R/A
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP							27		27
STSJP-RTA							5		5
Total							32		32

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:

We anticipate the program serving less than the projected capacity. Suffolk County School districts began remote learning in March of 2020. During the 2020-2021 school year, school districts had alternating in-person days and/or remote learning. This reduced the number of youth being referred to this program for education advocacy

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							ATP	R/A
	P	EI	ATD/ATPDP						
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP								468.00	
STSJP-RTA								291.00	

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.

The average length of service is consistent with programs that address longer term school problems and failure. This program will provide services to the juveniles throughout their school year and for as long as they are on probation. Most cases stay open for the length of time they are under supervision. While the length of service is higher than the average length of stay for placement or detention, this program targets key protective factors that increase success in school and reduce the likelihood of further entry into the juvenile justice system. The program provides the needed support and advocacy for juveniles in all aspects of their education including school testing, suspension hearing and court hearing.

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?

The program is still working with youth who are in need of education advocacy services. Projected outcome percentages are not available at this time. Goals that need improvement are New Placement, Violation of Probation and Detention/Jail Admission all had 4 youth out of 12 who were reported as having these events. Detention/Jail Admission includes youth who were placed in non-secure detention.

8. (a) What outcomes are not on track to meet the goals set for PY 2020-2021? (b) Please describe any contributing barriers.

Due to COVID-19, the Suffolk County Schools began remote learning in mid-March 2020. For the 2020-2021 school year, majority of the schools had restricted in-person and/or remote learning. This reduced the number of youth referred to the program

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?

With the uncertainty of COVID-19 and the youth remaining in school, we will reduce the number of youth served.

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							ATP	R/A	Total
	P	EI	ATD/ATPDP							
			(PINS)	(JO/JD)	(JD-RTA)	(AO)				
STSJP								60		60
STSJP-RTA								10		10
Total								70		70

PROGRAM 5

A. PROGRAM 5 CONTACT INFORMATION

Program 5 Name: Hope for Youth Adjustment Services Contract

Operating Agency: Hope for Youth, Inc.		
Program Mailing Address: 201 Dixon Avenue		
Address Line 2:		
City: Amityville	State: NY	ZIP Code: 11701
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	
<input type="checkbox"/>	<input type="checkbox"/>	Prevention (P)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Early Intervention (EI)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Placement (ATP)
<input type="checkbox"/>	<input type="checkbox"/>	Reentry / Aftercare (R / A)
<input type="checkbox"/>	<input type="checkbox"/>	Indirect Services

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

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

All zip codes in Suffolk County are served. The program will target youth from each of the communities with the higher number of PINS and JD. These include 11702, 11706, 11713, 11717, 11722, 11727, 11946, 11746, 11763, 11757, 11950, 11951, 11701, 11713, 11776 , 11901, 11967, 11704, 11798.

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.)

This program provides Probation with an opportunity to reduce juvenile arrests & incarceration by allowing RTA and Non-RTA youth to have their court cases adjusted. The goal is to reduce the risk of the youth re-offending or entering into a deeper level of involvement with the juvenile justice system. Through participation in this 60-day program, youth participate in restorative justice conferences and gain connections to community resources, such as counseling, community service, and parenting program

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.

Approved Funding	Program Type							ATP	R/A	Total
	P	EI	ATD/ATPDP							
			(PINS)	(JO/JD)	(JD-RTA)	(AO)				
STSJP		15							15	
STSJP-RTA		27							27	
Total		42							42	

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							ATP	R/A
	P	EI	ATD/ATPDP						
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP		81.00							
STSJP-RTA		92.00							

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.

The average length of service for the Adjustment Program averages between 80-90 days. This is more than the expected length of service of 60 days to adjust a case. The length of service is more than the average length of stay for detention and non-secure detention. However, the purpose of adjustment is to allow the cases to be settled prior to court involvement thus eliminating the potential for the youth to enter detention or placement.

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?
 The adjustment services outcomes (restorative conference attendance, completion of letter of apology, and no court appearances) were on track to be met for all RTA and Non-RTA youth referred.

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							ATP	R/A	Total
	P	EI	ATD/ATPDP							
			(PINS)	(JO/JD)	(JD-RTA)	(AO)				
STSJP		60							60	
STSJP-RTA		60							60	
Total		120							120	

PROGRAM	6																					
A. PROGRAM 6 CONTACT INFORMATION																						
Program 6 Name: Hope for Youth Supervision and Treatment Contract																						
Operating Agency: Hope for Youth, Inc.																						
Program Mailing Address: 201 Dixon Avenue																						
Address Line 2:																						
City: Amityville	State: NY ZIP Code: 11701																					
Program Contact's Name: David Hegarty	Title: Executive Director																					
Phone: (631) 782-6501 Ext:	Email: hegarty@hfyny.org																					
B. PROGRAM 6 DESCRIPTION AND TARGET POPULATION																						
<p>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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>																						
<p>2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2021-2022:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">STSJP</th> <th style="width:10%;">STSJP-RTA</th> <th style="width:80%;"></th> </tr> </thead> <tbody> <tr> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td>Prevention (P)</td> </tr> <tr> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td>Early Intervention (EI)</td> </tr> <tr> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td>Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)</td> </tr> <tr> <td style="text-align:center;"><input checked="" type="checkbox"/></td> <td style="text-align:center;"><input checked="" type="checkbox"/></td> <td>Alternative to Placement (ATP)</td> </tr> <tr> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td>Reentry / Aftercare (R / A)</td> </tr> <tr> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td>Indirect Services</td> </tr> </tbody> </table>		STSJP	STSJP-RTA		<input type="checkbox"/>	<input type="checkbox"/>	Prevention (P)	<input type="checkbox"/>	<input type="checkbox"/>	Early Intervention (EI)	<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Alternative to Placement (ATP)	<input type="checkbox"/>	<input type="checkbox"/>	Reentry / Aftercare (R / A)	<input type="checkbox"/>	<input type="checkbox"/>	Indirect Services
STSJP	STSJP-RTA																					
<input type="checkbox"/>	<input type="checkbox"/>	Prevention (P)																				
<input type="checkbox"/>	<input type="checkbox"/>	Early Intervention (EI)																				
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)																				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Alternative to Placement (ATP)																				
<input type="checkbox"/>	<input type="checkbox"/>	Reentry / Aftercare (R / A)																				
<input type="checkbox"/>	<input type="checkbox"/>	Indirect Services																				
<p>*Note: If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program.</p>																						
<p>3. Please list the ZIP codes this program will target: All zip codes in Suffolk County are served. The program will target youth from each of the communities with the higher number of PINS and JD. These include 11702, 11706, 11713, 11717, 11722, 11727, 11946, 11746, 11763, 11757, 11950, 11951, 11701, 11713, 11776 , 11901, 11967, 11704, 11798.</p>																						
<p>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.)</p> <p>The Supervision and Treatment Program is modeled after the highly successful NY State Community Reinvestment Program that involved collaboration among multiple organizations. The program provides services to RTA and non-RTA adjudicated youth at risk of placement. The program provides clinical and case management services and family support services using the Multi-Dimensional Family Therapy (MDFT) model. This is an evidence-based practice recognize by the Office of Juvenile Justice and Delinquency Prevention as a model program. MDFT protocols guide therapists in assessing and interviewing simultaneously in developmentally critical domains of a teens' and family's life. Adolescent problems such as drug abuse and delinquency are seen as multidimensional in etiology and current manifestation, and therefor attempted remedies and therapist behaviors are multidimensional as well.</p>																						
<p>5. Is the program capable of being replicated across multiple locations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>																						
C. PROGRAM 6 PERFORMANCE HISTORY (REFER TO YOUR MUNICIPALITY'S STSJP DATA FILES.)																						
<p>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.</p>																						

None (If none, skip to section D.) STSJJP STSJJP-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								Total	
	P	EI	ATD/ATPDP				ATP	R/A		
			(PINS)	(JO/JD)	(JD-RTA)	(AO)				
STSJJP								12		12
STSJJP-RTA								2		2
Total								14		14

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:
 We anticipate serving less than the projected capacity due to COVID-19.

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)			
STSJJP								0.00	
STSJJP-RTA								114.00	

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.
 The average length of stay is longer than detention or placement stay. The cost of Supervision & Treatment program is less than the cost of detention or placement.

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?
 The supervision and treatment outcome goals will be met for PY 2020-2021. Currently 90% of the goals have been met. The projected number of youth served will not be met by 9/30/21.

8. (a) What outcomes are not on track to meet the goals set for PY 2020-2021? (b) Please describe any contributing barriers.
 Due to the ongoing COVID-19 pandemic, we experienced a decrease in the numbers of youth referred for supervision and treatment. This was primarily due to lower numbers of youth entering the court system. Thus, we are not on track to meeting the projected number of STSJJP (non-RTA) youth served.

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?
 We will decrease the projected number of non-RTA youth to be served in 2021-22 and increase those projections if referrals increase. We also promote the program to the family court judges in a effort to raise awareness and provides viable options to placement.

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.

Approved Funding	Program Type						ATP	R/A	Total
	P	EI	ATD/ATPDP						
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP							20		20
STSJP-RTA							15		15
Total							35		35

PROGRAM 7

A. PROGRAM 7 CONTACT INFORMATION

Program 7 Name: Education Advocacy - School PINS Referrals

Operating Agency: Long Island Advocacy Center

Program Mailing Address: 999 Herricks Road

Address Line 2:

City: New Hyde Park

State: **NY**

ZIP Code: 11040

Program Contact's Name: Eileen Buckley

Title: Interim Director

Phone: (516) 248-2222

Ext:

Email: ebuckey@theliac.org

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

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

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

All zip codes in Suffolk County are served. The program will target youth from each of the communities with the higher number of PINS and JD. These include 11702, 11706, 11713, 11717, 11722, 11727, 11946, 11746, 11763, 11757, 11950, 11951, 11701, 11713, 11776, 11901, 11967, 11704, 11798.

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.)

Probation, in collaboration with the Long Island Advocacy Center (LIAC) will seek to provide education advocacy services for school PINS referrals, that will address the educational needs of youth prior to a PINS petition being filed. The Long Island Advocacy Center (LIAC) has provided educational advocacy for parent PINS referrals and has demonstrated success in preventing many of these cases from filing for a PINS petition. This new pilot program will aim to address the educational needs of school referred PINS cases prior to the filing of a PINS petition. With

the changes in PINS reform prohibiting referrals for truancy only case, we have found that the schools will refer cases for “incurability”, based on behavioral missteps/suspensions, rather than for “truancy”. By addressing these issues, the program hopes to reduce the numbers of cases moving further into the system.

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

3. Based on the program’s record of youth served (Q2), do you anticipate this program 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 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							Total	
	P	EI	ATD/ATPDP				ATP		R/A
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP		10						10	
STSJP-RTA									
Total		10						10	

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

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

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.

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

3. Based on the program's record of youth served (Q2), do you anticipate this program 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 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.

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

PROGRAM 9

A. PROGRAM 9 CONTACT INFORMATION

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

B. PROGRAM 9 DESCRIPTION AND TARGET POPULATION

1. 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	
<input type="checkbox"/>	<input type="checkbox"/>	Prevention (P)
<input type="checkbox"/>	<input type="checkbox"/>	Early Intervention (EI)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Placement (ATP)
<input type="checkbox"/>	<input type="checkbox"/>	Reentry / Aftercare (R / A)
<input type="checkbox"/>	<input type="checkbox"/>	Indirect Services

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

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

3. Based on the program's record of youth served (Q2), do you anticipate this program 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							ATP	R/A
	P	EI	ATD/ATPDP						
			(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							ATP	R/A	Total
	P	EI	ATD/ATPDP							
			(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	
<input type="checkbox"/>	<input type="checkbox"/>	Prevention (P)
<input type="checkbox"/>	<input type="checkbox"/>	Early Intervention (EI)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Placement (ATP)
<input type="checkbox"/>	<input type="checkbox"/>	Reentry / Aftercare (R / A)
<input type="checkbox"/>	<input type="checkbox"/>	Indirect Services

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

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.

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

3. Based on the program's record of youth served (Q2), do you anticipate this program 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 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								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(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	
<input type="checkbox"/>	<input type="checkbox"/>	Prevention (P)
<input type="checkbox"/>	<input type="checkbox"/>	Early Intervention (EI)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Placement (ATP)
<input type="checkbox"/>	<input type="checkbox"/>	Reentry / Aftercare (R / A)
<input type="checkbox"/>	<input type="checkbox"/>	Indirect Services

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

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

3. Based on the program’s record of youth served (Q2), do you anticipate this program 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 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	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(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	
<input type="checkbox"/>	<input type="checkbox"/>	Prevention (P)
<input type="checkbox"/>	<input type="checkbox"/>	Early Intervention (EI)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Placement (ATP)
<input type="checkbox"/>	<input type="checkbox"/>	Reentry / Aftercare (R / A)
<input type="checkbox"/>	<input type="checkbox"/>	Indirect Services

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

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

3. Based on the program's record of youth served (Q2), do you anticipate this program 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							Total	
	P	EI	ATD/ATPDP				ATP		R/A
			(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
80	%		%	of youth will have no PINS referrals during service engagement
80	%		%	of youth will have no truancies during service engagement
80	%		%	of youth will have no school suspensions during service engagement
80	%		%	of youth will have no arrests or probation intakes during service engagement
80	%		%	of youth will be able to identify at least one accessible, positive adult connection
80	%		%	of youth will be engaged in at least one positive community activity
80	%		%	of youth will comply with program rules
80	%		%	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
80	%	0	%	of youth will have no PINS referrals during service engagement
80	%	80	%	of youth will have no truancies during service engagement
80	%	80	%	of youth will have no school suspensions during service engagement
80	%	80	%	of youth will have no arrests or probation intakes during service engagement
80	%	80	%	of youth will have their cases successfully adjusted/diverted during service engagement
80	%	80	%	of youth will be able to identify at least one accessible, positive adult connection
80	%	80	%	of youth will be engaged in at least one positive community activity
80	%	80	%	of youth will comply with program rules
80	%	80	%	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
80	%	80	%	of youth will have no warrants issued during service engagement
80	%	80	%	of youth will have no arrests or probation intakes during service engagement
80	%	80	%	of youth will have no detention or jail admissions during service engagement
80	%		%	of PINS will have no pre-dispositional placements during service engagement
80	%	80	%	of youth will have no violations of probation filed during service engagement
80	%	80	%	of youth will have no new placements during service engagement
80	%	80	%	of youth will be able to identify at least one accessible, positive adult connection
80	%	80	%	of youth will be engaged in at least one positive community activity
80	%	80	%	of youth will comply with program rules
80	%	80	%	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						STSJP-RTA
	Detention Allocation Shifted	Approved Rollover	PY21-22 STSJP Allocation	Total Expenses (100%)	Local Share (38%)	State Share (62%)	State Share (100%)
1 EAC Community Home Base - JD	\$51,944.08	\$0.00	\$34,877.00	\$140,034.00	\$53,212.92	\$86,821.08	\$15,600.00
Prevention							
Early Intervention							
ATD/ATPDP							
ATP	\$51,944.08	\$0.00	\$34,877.00	\$140,034.00	\$53,212.92	\$86,821.08	\$15,600.00
Reentry/Aftercare							
Indirect							
2 EAC Community Home Base - PINS	\$210,953.00	\$0.00	\$34,877.00	\$396,500.00	\$150,670.00	\$245,830.00	\$0.00
Prevention							
Early Intervention	\$210,953.00	\$0.00	\$34,877.00	\$396,500.00	\$150,670.00	\$245,830.00	\$0.00
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							
3 Gang Prevention	\$46,335.56	\$0.00	\$34,877.00	\$130,988.00	\$49,775.44	\$81,212.56	\$0.00
Prevention	\$38,214.30		\$34,877.00	\$117,889.20	\$44,797.90	\$73,091.30	\$0.00
Early Intervention	\$8,121.26		\$0.00	\$13,098.80	\$4,977.54	\$8,121.26	
ATD/ATPDP							
ATP							
Reentry/Aftercare							
Indirect							
4 Long Island Advocacy Center Contract	\$77,571.16	\$0.00	\$34,877.00	\$181,368.00	\$68,919.84	\$112,448.16	\$54,080.00
Prevention							
Early Intervention							
ATD/ATPDP							
ATP	\$77,571.16	\$0.00	\$34,877.00	\$181,368.00	\$68,919.84	\$112,448.16	\$54,080.00
Reentry/Aftercare							
Indirect							
5 Hope for Youth Adjustment Services Contract	\$24,470.64	\$0.00	\$34,877.00	\$95,722.00	\$36,374.36	\$59,347.64	\$62,640.00
Prevention							
Early Intervention	\$24,470.64		\$34,877.00	\$95,722.00	\$36,374.36	\$59,347.64	\$62,640.00
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 Hope for Youth Supervision & Treatment Contract	\$121,301.00	\$0.00	\$34,877.00	\$251,900.00	\$95,722.00	\$156,178.00	\$93,600.00
Prevention							
Early Intervention							
ATD/ATPDP							
ATP	\$121,301.00	\$0.00	\$34,877.00	\$251,900.00	\$95,722.00	\$156,178.00	\$93,600.00
Reentry/Aftercare							
Indirect							
7 Education Advocacy - School PINS referral	\$1,085.00	\$0.00	\$34,875.00	\$58,000.00	\$22,040.00	\$35,960.00	\$0.00
Prevention							
Early Intervention	\$1,085.00	\$0.00	\$34,875.00	\$58,000.00	\$22,040.00	\$35,960.00	\$0.00
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:	\$533,660.44	\$0.00	\$244,137.00	\$1,254,512.00	\$476,714.56	\$777,797.44	\$225,920.00

B. STSJP REIMBURSEMENT SUMMARY	
STSJP Allocation Amount	\$244,137.00
Locally Approved Amount of PY 2021-2022 STSJP Allocation	\$244,137.00
Approved Detention Allocation Shifted	\$533,660.44
Approved Rollover Amount	\$0.00
Total Approved for State Reimbursement	\$777,797.44
C. STSJP-RTA REIMBURSEMENT SUMMARY	
STSJP-RTA Approved Plan Amount	\$225,920.00
Total Approved for State Reimbursement	\$225,920.00

PART V – PLAN APPROVAL		
A. Municipality Level Approval – Chief Executive / Administrative Official		
As STSJP Lead for Suffolk County, I certify that the Chief Executive/Administrative Official, [Name and Title] Steven Bellone, Suffolk County Executive, has reviewed and approved the 2021-2022 STSJP Plan.		
User ID: rmarmo	Print Name: Robert Marmo	Date: 10/25/2021
B. State Level Approval – OCFS Program Reviewer		

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

User ID: IT0911

Print Name: Lynn Tubbs

Date: 11/16/2021