



Office of Children and Family Services

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Commissioner

March 10, 2021

Dear Chief Executive Officer,

Thank you for submitting Ulster County's Supervision and Treatment Services for Juveniles Program (STSJP) plan for Program Year (PY) 2020-2021. Your entire STSJP plan, including any amounts listed for PY 2020-2021 STSJP-RTA, has been **approved.**

The County is eligible to receive 62% State reimbursement for STSJP expenditures up to the capped STSJP allocation amount. Your municipality will continue to receive 49% State reimbursement for eligible detention services expenditures up to the capped allocation amount. If your municipality shifts a portion of its detention allocation into its STSJP plan, your municipality will receive 62% State reimbursement, up to the capped allocation, if such shifted funds are spent on STSJP eligible expenditures. A municipality may make a detention allocation shift at the time of the STSJP plan submission or up until June 30, 2021, unless otherwise approved by the Office of Children and Family Services.

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

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

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

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

All STSJP claims, inclusive of STSJP-RTA, must be submitted electronically via the Juvenile Detention Automated System (JDAS) for the service period of October 1, 2020 to September 30, 2021. Questions on all aspects of the claiming process should be directed to the STSJP mailbox at stsjp@ocfs.ny.gov 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)
ANNUAL PLAN FOR PROGRAM YEAR OCTOBER 1, 2020 – SEPTEMBER 30, 2021

SUBMITTING MUNICIPALITY CONTACT INFORMATION

Name of applicant county, counties, or jurisdiction: Ulster County		
Lead agency for STSJP submission: DSS		
Contact Person's Name: Jennifer Stevenson	Title: Mental Health Specialist Unit Leader	
Phone: (845) 334-5066	Ext:	Email: jennifer.stevenson@dfa.state.ny.us

PLAN SUBMISSION INSTRUCTIONS

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

1. Once you have opened this form on your computer, please use the "Save As" function to save a copy with the following file name: "STSJP 2020-2021 Annual Plan – [Municipality Name]."
2. Work from the copy saved in Step 1 as you record your municipality information. Save your work as you complete each section.
3. Email the completed application to OCFS at stsjp@ocfs.ny.gov. Use the subject line "STSJP 2020-2021 Annual Plan – [Municipality Name]" to facilitate timely review of your plan.

Please direct any STSJP plan questions to Geneva Hilliard 518-486-1819 or Lynn Tubbs 518-473-9116.

NOTE:

Cooperative Applications Submitted Jointly by Two or More Counties

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

PART I – MUNICIPALITY LEVEL DETAILS

A. Cooperative Application (Complete this section only if this is a joint application.)

1. Describe the provisions for the proportionate cost to be borne by each county.
 2. Describe how personnel will be compensated across and between counties in the cooperative:
 3. Will a single fiscal officer be the custodian of the funds made available for STSJP?
 Yes (If yes, please provide their contact details below.)
 No (If no, skip to Q4.)
- | | |
|-----------------|--------|
| Officer's Name: | Title: |
| Phone: () | Email: |
4. Describe who will be responsible for collecting and submitting STSJP data for joint-funded programs:

B. Municipality Level Analysis

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

The majority of youth in 2019 who entered the juvenile justice system in Ulster County did so in the community of Kingston (12401) where 41% of PINS supervision cases and 30% of JD supervision cases originated. 60% of youth placed in voluntary agencies in 2019 were also from this community hub. Kingston is the largest town/city in Ulster

County and is comprised of urban, commercial and residential areas. Due to a shortage of affordable housing in Ulster County as well as limited public transportation to outlying areas, the majority of low income families reside in Kingston. From research, we know poverty is a high risk factor for minors becoming involved with juvenile justice. In addition, the city of Kingston displays pockets of gang activity which can negatively influence youth. In 2019, the town of Saugerties (12477) also had a high number of JD supervised youth (18%). This may be explained by both its relatively high population number as the next largest area in Ulster County and by the notable absence of PINS supervision cases (0%) and PINS Diversion cases in 2019 which, if accessed, may have provided an earlier source of intervention. Ulster County's 2019 Detention and OCFS placements showed more of a scatter-pattern in terms of the youths' home residence. An explanation for this may be that in the high majority of these placements, the youth was already living in a residential setting and had committed an offense in that out-of-county location which resulted in a movement to detention and/or a higher level of care.

As a whole, Ulster County continues to suffer from the loss of high paying employment over the last decade, resulting in many parents having to work long hours or multiple jobs. This leaves less time for parents to supervise their children getting to school, participating in prosocial activities, and/or monitoring them outside of school when the majority of delinquent activity occurs. Ulster County continues to struggle with the impact of the opiate epidemic. We have found that several of our justice-involved youth have parents whose caretaking ability is hindered by their dependence on and/or overuse of these drugs.

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

Unfortunately, significant racial disparity was noted in both detention and residential placements of juvenile justice-involved youth in Ulster County in 2019. Of the 6 youth placed in detention in that year, 50% were White, and 50% were Black which is not representative of the general population where black youth constituted 7.8% in the 2010 census. Of the 8 youth placed outside of the home in 2019, 7 (88%) were Black and/or Multi-race, and 1 youth was White. We are looking closely at these numbers and related juveniles to reflect on any ways we might intervene differently and reduce the disproportionality in placement and detention.

STSJP funded programs will prioritize referrals of minority youth whenever possible, with an emphasis on getting referrals of Black youth earlier in the Juvenile Justice continuum (EI vs ATP). PY 2019-2020 data shows that of the 59 total youth served by STSJP programs, 24 (40%) were Black and of the 36 EI youth served PY, 11 (46%) were Black. Our programs will continue in efforts to recruit and maintain minority staff and to provide cultural diversity training across all systems of care.

C. Local Collaboration

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

In Ulster County, we have a long tradition of collaboration and cooperation between youth-serving providers. DSS, Probation, Mental Health, and local school districts work closely with the Ulster County's Attorney's office, the AFCs and our 3 Family Court judges to provide and utilize services to keep youth at home and in the community. In addition, we have a regular Review Committee comprised of DSS representatives, a member of our LGU Mental Health department, Probation and local providers of support services to discuss the needs of high risk youth in our community. We are all committed to avoiding the unnecessary use of detention and out-of-home placements and we have seen a significant decline in our use of detention over the last few years.

PART II – PROGRAM LEVEL DETAILS

PROGRAM 1

A. Program 1 Contact Information

Program 1 Name: MST Ulster

Operating Agency: Liberty Resources, Inc		
Program Mailing Address: 1081 Development Court		
Address Line 2:		
City: Kingston	State: NY	Zip Code: 12401
Program Contact's Name: Ann Kayden		Title: MST Supervisor
Phone: (845) 750-3271	Ext:	Email: akayden@Liberty-Resources.org

B. Program 1 Description and Target Population

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

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

STSJP	STSJP-RTA	
<input type="checkbox"/>	<input checked="" 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 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

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

This program is home-based and available in all zip codes throughout the county. It will continue to target the city of Kingston which is the largest and only city and has the greatest number of youth who become involved in the juvenile justice system.

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

The MST Program will provide intensive, home-based services to diversion and/or adjudicated youth who have been assessed as being moderate to high risk on the YASI for the remainder of 2020. We will then be transitioning and increasing services to target youth across the RTA spectrum with a heavy emphasis on Prevention for high-risk 15-18 year-olds. This age bracket represented over 70% of our previous STSJP referral base and also represents a large portion of youth referred to Preventive Services for high-risk behaviors. MST programming will cover a broad range of the RTA spectrum (at risk, diverted, adjudicated, and ACD youth) to deter those minors from entering or progressing further into the justice systems, and to prevent out-of-home placement. The Ulster County MST team is co-located within DSS and utilizes evidence-based family systems treatment with notable success. Services are often multiple times per week with 24/7 support to help families determine drivers to behaviors so that parent interventions can be more effective.

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

C. Program 1 Performance History (Refer to your municipality's STSJP data files.)

1. What funding did this program receive in PY 2019-2020?
 None (If none, skip to section D.) STSJP STSJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	6	0	0	0	0	4	0	10
STSJP-RTA	0	0			0	0	0	0	0
Total	0	6	0	0	0	0	4	0	10

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

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

Approved Funding	Program Type							
	P	EI	ATD/ATPDP				ATP	R/A
			(PINS)	(JO/JD)	(JD-RTA)	(AO)		
STSJP	0.00	146.50	0.00	0.00	0.00	0.00	96.67	0.00
STSJP-RTA	0.00	0.00			0.00	0.00	0.00	0.00

5. How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths of stay for youth who were in detention and residential placements during the same time period.
MST has a very prescribed treatment model that keeps length of stay generally below 150 days with sustainability efforts built into the last phase of treatment. This falls below the ALOS for residential placement in 2019 which was approximately 365 days and is above the 41.2 day ALOS for detention in 2019.

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

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

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

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

D. Program 1 Service Projections for PY 2020-2021

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

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	3	0	0	0	0	2	0	5
STSJP-RTA	17	4			0	0	3	0	24
Total	17	7	0	0	0	0	5	0	29

PROGRAM 2

A. Program 2 Contact Information

Program 2 Name: Youth Advocate Program		
Operating Agency: Youth Advocate Program-Ulster		
Program Mailing Address: 380 Aaron Court		
Address Line 2:		
City: Kingston	State: NY	Zip Code: 12401
Program Contact's Name: Hannah Calhoun-Pastor		Title: Director
Phone: (845) 39-2859	Ext:	Email: hcalhoun@yapinc.org

B. Program 2 Description and Target Population

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

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

STSJP	STSJP-RTA	
<input type="checkbox"/>	<input checked="" 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 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

3. Please list the zip codes this program will target:
 This program is community-based and available in all zip codes throughout the county. It will continue to target the city of Kingston which is the largest and only city and has the greatest number of youth who become involved in the juvenile justice system.

4. Describe the program, including how it is family focused. If you answered "yes" to Q1 (FSS), be sure to demonstrate how your program meets the definition. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them.
 Ulster County YAP provides PINS, JD and RTA youth with an intensive, wrap-around advocacy/mentor model. YAP staff meet with youth and families flexibly multiple times during the week. They provide hourly respite, advocacy, supervision, pro-social outlets, role modeling as well as supported employment to youth who are engaging in high-risk choices. Activities and goals are developed together with the family and are strengths-based. YAP will serve diversion and adjudicated PINS/JD youth and RTA programming will cover a broad range of the RTA spectrum (at risk, diverted, adjudicated, and ACD youth) to deter those minors from entering or progressing further into the justice systems and prevent out of home placement.

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

C. Program 2 Performance History (Refer to your municipality's STSJP data files.)

1. What funding did this program receive in PY 2019-2020?
 None (If none, skip to section D.) STSJP STSJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	4	0	0	0	0	7	0	11
STSJP-RTA	0	1			0	0	0	0	1
Total	0	5	0	0	0	0	7	0	12

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

YAP is a flexible-need program that offers varying levels of hourly support based on a youth's risk level. In addition, the number of total RTA youth has been low in our county, so only a small amount of RTA budgeted funds were utilized last program year. YAP remained within its budgeted capacity in STSJP and STSJP-RTA.

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

Approved Funding	Program Type							
	P	EI	ATD/ATPDP				ATP	R/A
			(PINS)	(JO/JD)	(JD-RTA)	(AO)		
STSJP	0.00	249.50	0.00	0.00	0.00	0.00	93.80	0.00
STSJP-RTA	0.00	0.00			0.00	0.00	0.00	0.00

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

The average length of stay for released EI youth was within expectations. The numbers fall below the ALOS for 2019 residential treatment which was approximately 365 days but above the ALOS for detention in 2019 which was 41.2 days. RTA youth LOS was unable to be calculated as the youth served had not completed their program before 3/31/20.

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

7. (a) What outcomes are on track to meet the goals set for PY 2019-2020? (b) How will they be met?
 All data has been compiled. 100% of all youth avoided detention and placement; 87% of ATP youth avoided arrest and VOPs.

8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.
 Out of 4 EI youth released in PY 2019-202, 2 had successful adjustments (50%). 3 out of 4 (75%) released youth avoided truancy and 2/4 (50%) avoided suspension. The 2 youth who went to petition were a result of continued truancy.

9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2020-2021?
 Due to ongoing changes in school programming for the upcoming year as a result of Covid 19, many youth will be in school on a much more limited basis and others will be completely remote. YAP has already started assisting involved youth by helping them obtain Chromebooks and WiFi from their districts when needed and doing home visits with youth to ensure they understand how to use their equipment and to monitor sporadically that they are logging on.

D. Program 2 Service Projections for PY 2020-2021

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

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	12	0	0	0	0	5	0	17
STSJP-RTA	13	2			0	0	3	0	18
Total	13	14	0	0	0	0	8	0	35

PROGRAM 3

A. Program 3 Contact Information

Program 3 Name: STSJP Case Management

Operating Agency: Family of Woodstock

Program Mailing Address: 7 John St.

Address Line 2:

City: Kingston State: NY Zip Code: 12401

Program Contact's Name: Dana Katz Title: Program Director

Phone: (845) 331-7080 Ext: Email: dkatz@familyofwoodstockinc.org

B. Program 3 Description and Target Population

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

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

STSJP	STSJP-RTA	
<input type="checkbox"/>	<input checked="" 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 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

3. Please list the zip codes this program will target:
 This program is available to youth in all zip codes throughout the county. It will continue to target the city of Kingston which is the largest and only city and has the greatest number of youth who become involved in the juvenile justice system.

4. Describe the program, including how it is family focused. If you answered "yes" to Q1 (FSS), be sure to demonstrate how your program meets the definition. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them.
 Case Management will continue to serve JD and PINS involved youth (Diverted and Adjudicated) for the remainder of 2020. We will then be transitioning services to serve a broad spectrum of RTA youth with a strong emphasis on Prevention of entry into the justice systems for high-risk 15-18 year olds who make up a large percentage of our referral base. It will also serve RTA Diversion, Adjudicated and ACD youth in an effort to avoid further progression in the juvenile justice system and out of home placement. Programming will include crisis intervention; family mediation; advocacy and referrals to needed services; anger management; substance abuse

prevention with EBT Teen Intervene; restorative justice (One80); collaboration with providers including MH, schools, and probation; connection to prosocial supports and activities; counseling; transportation; use of natural and formal supports; and education around life skills and healthy choices.

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

C. Program 3 Performance History (Refer to your municipality's STSJP data files.)

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

None (If none, skip to section D.) STSJP STSJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	3	0	0	0	0	5	0	8
STSJP-RTA	0	0			0	0	0	0	0
Total	0	3	0	0	0	0	5	0	8

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

The program remained within its budgeted capacity.

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

Approved Funding	Program Type							
	P	EI	ATD/ATPDP				ATP	R/A
			(PINS)	(JO/JD)	(JD-RTA)	(AO)		
STSJP	0.00	0.00	0.00	0.00	0.00	0.00	124.33	0.00
STSJP-RTA	0.00	0.00			0.00	0.00	0.00	0.00

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

The ALOS for ATP youth was below the 365 ALOS for residential treatment in 2019 and above the 41.2 ALOS for detention. The ALOS for EI youth was not determined as the 3 youth served in that time period were not released.

6. Will this program's outcomes meet the PY 2019-2020 projected goals by 9/30/2020?

Yes (If yes, skip to section D.) Partially No

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

100% of released youth avoided placement, detention, arrests, VOPs and 100% successfully stayed in school.

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

4 out of 5 (80%) of released EI youth were successfully adjusted, which was below the target of 85%. It should be noted that the 1 youth only participated in the program for approximately 1 month before being accepted to an alternate STSJP 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 2020-2021?

Youth will be referred to 1 program at a time.

D. Program 3 Service Projections for PY 2020-2021

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

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	4	0	0	0	0	3	0	7
STSJP-RTA	10	1			0	0	1	0	12
Total	10	5	0	0	0	0	4	0	19

PROGRAM 4

A. Program 4 Contact Information

Program 4 Name: Family House Respite and Teen Shelter

Operating Agency:

Program Mailing Address: 7 John St.

Address Line 2:

City: Kingston

State: **NY**

Zip Code: 12401

Program Contact's Name: Cynthia Bennett

Title: Program Director

Phone: (845) 338-5953

Ext:

Email: cbennett@familyofwoodstockinc.org

B. Program 4 Description and Target Population

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

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

STSJP	STSJP-RTA	
<input type="checkbox"/>	<input checked="" 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 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

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

This program is available to youth in all zip codes throughout the county. It will continue to target the city of Kingston which is the largest and only city and has the greatest number of youth who become involved in the juvenile justice system.

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

Family house, located in Rosendale NY, will provide respite in a safe, structured and supervised environment for both PINS/JD Diversion and Adjudicated youth as well as a full specrum of RTA youth (at-risk, Diversion, Adjudicated and ACD) in order to prevent entry or further progression on the juvenile justice continuum and to avoid long-term placement outside of the home. Family House will provide: individual and crisis counseling, family reunification counseling, life/chore skills training, advocacy and referral for legal, medical, mental health

and substance abuse programming so involved families and youth are better prepared to handle conflict, outline rules and manage day-to-day challenges.

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

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

1. What funding did this program receive in PY 2019-2020?
 None (If none, skip to section D.) STSJP STSJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	2	0	0	0	0	1	0	3
STSJP-RTA	0	2			0	0	0	0	2
Total	0	4	0	0	0	0	1	0	5

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

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

Approved Funding	Program Type							
	P	EI	ATD/ATPDP				ATP	R/A
			(PINS)	(JO/JD)	(JD-RTA)	(AO)		
STSJP	0.00	14.50	0.00	0.00	0.00	0.00	2.00	0.00
STSJP-RTA	0.00	3.50			0.00	0.00	0.00	0.00

5. How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths of stay for youth who were in detention and residential placements during the same time period.
 The ALOS for all programs are within expected amounts and much below the 365 ALOS for residential placement and the 41.2 ALOS for detention.

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

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

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

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

D. Program 4 Service Projections for PY 2020-2021

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

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	7	0	0	0	0	3	0	10
STSJP-RTA	10	5			0	0	5	0	20
Total	10	12	0	0	0	0	8	0	30

PROGRAM 5

A. Program 5 Contact Information

Program 5 Name: _____

Operating Agency: _____

Program Mailing Address: _____

Address Line 2: _____

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

Program Contact's Name: _____ Title: _____

Phone: () _____ Ext: _____ Email: _____

B. Program 5 Description and Target Population

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

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

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

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

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

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

C. Program 5 Performance History (Refer to your municipality's STSJP data files.)

1. What funding did this program receive in PY 2019-2020?
 None (If none, skip to section D.) STSJP STSJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

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

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

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

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

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

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

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

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

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

D. Program 5 Service Projections for PY 2020-2021

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

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

PROGRAM 6

A. Program 6 Contact Information

Program 6 Name:

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

B. Program 6 Description and Target Population

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

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

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

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

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

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

C. Program 6 Performance History (Refer to your municipality's STSJP data files.)

1. What funding did this program receive in PY 2019-2020?
 None (If none, skip to section D.) STSJP STSJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

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

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

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

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

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

6. Will this program's outcomes meet the PY 2019-2020 projected goals by 9/30/2020?

- Yes (If yes, skip to section D.) Partially No

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

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

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

D. Program 6 Service Projections for PY 2020-2021

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

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

PROGRAM 7

A. Program 7 Contact Information

Program 7 Name: _____

Operating Agency: _____

Program Mailing Address: _____

Address Line 2: _____

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

Program Contact's Name: _____ Title: _____

Phone: () Ext: _____ Email: _____

B. Program 7 Description and Target Population

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

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

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

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

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

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

C. Program 7 Performance History (Refer to your municipality’s STSJP data files.)

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

None (If none, skip to section D.) STSJP STSJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

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

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

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

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

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

6. Will this program’s outcomes meet the PY 2019-2020 projected goals by 9/30/2020?

Yes (If yes, skip to section D.) Partially No

7. (a) What outcomes are on track to meet the goals set for PY 2019-2020? (b) How will they be met?
8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.
9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2020-2021?

D. Program 7 Service Projections for PY 2020-2021

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

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

PROGRAM 8

A. Program 8 Contact Information

Program 8 Name: _____

Operating Agency: _____

Program Mailing Address: _____

Address Line 2: _____

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

Program Contact's Name: _____ Title: _____

Phone: () _____ Ext: _____ Email: _____

B. Program 8 Description and Target Population

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

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

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

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

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

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

C. Program 8 Performance History (Refer to your municipality's STSJP data files.)

1. What funding did this program receive in PY 2019-2020?
 None (If none, skip to section D.) STSJP STSJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

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

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

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

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

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

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

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

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

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

D. Program 8 Service Projections for PY 2020-2021

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

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

PROGRAM 9

A. Program 9 Contact Information

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

B. Program 9 Description and Target Population

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

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

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

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

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

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

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

1. What funding did this program receive in PY 2019-2020?
 None (If none, skip to section D.) STSJP STSJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

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

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

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

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

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

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

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

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

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

D. Program 9 Service Projections for PY 2020-2021

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

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

PROGRAM 10

A. Program 10 Contact Information

Program 10 Name: _____

Operating Agency: _____

Program Mailing Address: _____

Address Line 2: _____

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

Program Contact's Name: _____ Title: _____

Phone: () _____ Ext: _____ Email: _____

B. Program 10 Description and Target Population

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

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

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

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

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

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

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

1. What funding did this program receive in PY 2019-2020?
 None (If none, skip to section D.) STJSJP STJSJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

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

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

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

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

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

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

7. (a) What outcomes are on track to meet the goals set for PY 2019-2020? (b) How will they be met?
8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.
9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2020-2021?

D. Program 10 Service Projections for PY 2020-2021

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

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

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

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

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

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

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

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

1. What funding did this program receive in PY 2019-2020?
 None (If none, skip to section D.) STSJP STSJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

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

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

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

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

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

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

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

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

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

D. Program 11 Service Projections for PY 2020-2021

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

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

PROGRAM 12

A. Program 12 Contact Information

Program 12 Name:

Operating Agency:

Program Mailing Address:

Address Line 2:

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

Program Contact's Name: Title:

Phone: () Ext: Email:

B. Program 12 Description and Target Population

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

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

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

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

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

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

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

1. What funding did this program receive in PY 2019-2020?
 None (If none, skip to section D.) STSJP STSJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

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

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

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

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

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

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

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

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

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

D. Program 12 Service Projections for PY 2020-2021

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

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

PART III – Goals for PY 2020-2021

Please set the municipality's goals for its programs to achieve in PY 2020-2021. State-required outcomes have been included with space for you to add any locally collected outcomes. Goals are focused by service type and should reflect the percentage of youth expected to achieve the outcome described. Note: Outcomes are only recorded for youth once they have left the program; this may represent a subset of all the youth served during the period.

Prevention

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

Other, locally collected outcomes:				
Early Intervention				
STSJP		STSJP RTA		Outcomes
80	%	85	%	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
85	%	85	%	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
85	%	85	%	of youth will be able to identify at least one accessible, positive adult connection * (new)
85	%	85	%	of youth will be engaged in at least one positive community activity * (new)
90	%	90	%	of youth will comply with program rules
90	%	90	%	of youth will attend at least 90 percent of programming
Other, locally collected outcomes:				
Alternative to Detention / Pre-Dispositional Placement				
STSJP		STSJP RTA		Outcomes
	%		%	of youth will have no missed court appearances during service engagement
	%		%	of youth will have no warrants issued during service engagement
	%		%	of youth will have no arrests or probation intakes during service engagement
	%		%	of youth will have no detention or jail admissions during service engagement
	%		%	of PINS will have no pre-dispositional placements during service engagement
	%		%	of youth will be able to identify at least one accessible, positive adult connection * (new)
	%		%	of youth will be engaged in at least one positive community activity * (new)
	%		%	of youth will comply with program rules
	%		%	of youth will attend at least 90 percent of programming
Other, locally collected outcomes:				
Alternative to Placement				
STSJP		STSJP RTA		Outcomes
90	%	90	%	of youth will have no warrants issued during service engagement
90	%	90	%	of youth will have no arrests or probation intakes during service engagement
90	%	90	%	of youth will have no detention or jail admissions during service engagement
90	%	N/A	%	of PINS will have no pre-dispositional placements during service engagement
85	%	85	%	of youth will have no violations of probation filed during service engagement
90	%	90	%	of youth will have no new placements during service engagement
85	%	85	%	of youth will be able to identify at least one accessible, positive adult connection * (new)
85	%	85	%	of youth will be engaged in at least one positive community activity * (new)
90	%	85	%	of youth will comply with program rules
90	%	85	%	of youth will attend at least 90 percent of programming
Other, locally collected outcomes:				
Reentry / Aftercare				

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

PART IV – FUNDING

A. Anticipated Program Expenses and Funding Distribution

Program Name & Service Types	STSJP					STSJP-RTA
	Detention Allocation Shifted	PY20-21 STSJP Allocation	Total Expenses (100%)	Local Share (38%)	State Share (62%)	State Share (100%)
1 MST Ulster	\$0.00	\$14,880.00	\$24,000.00	\$9,120.00	\$14,880.00	\$237,000.00
Prevention						\$177,750.00
Early Intervention	\$0.00	\$7,440.00	\$12,000.00	\$4,560.00	\$7,440.00	\$35,550.00
ATD/ATPDP						
ATP	\$0.00	\$7,440.00	\$12,000.00	\$4,560.00	\$7,440.00	\$23,700.00
Reentry/Aftercare						
Indirect						
2 Youth Advocate Program	\$26,960.00	\$25,120.00	\$84,000.00	\$31,920.00	\$52,080.00	\$86,000.00
Prevention						\$61,920.00
Early Intervention	\$13,940.00	\$25,120.00	\$63,000.00	\$23,940.00	\$39,060.00	\$9,460.00
ATD/ATPDP						
ATP	\$13,020.00	\$0.00	\$21,000.00	\$7,980.00	\$13,020.00	\$14,620.00
Reentry/Aftercare						
Indirect						
3 STSJP Case Management	\$8,924.28	\$0.00	\$14,394.00	\$5,469.72	\$8,924.28	\$45,000.00
Prevention						\$37,800.00
Early Intervention	\$4,462.14	\$0.00	\$7,197.00	\$2,734.86	\$4,462.14	\$3,600.00
ATD/ATPDP						
ATP	\$4,462.14	\$0.00	\$7,197.00	\$2,734.86	\$4,462.14	\$3,600.00
Reentry/Aftercare						
Indirect						
4 Family House Respite	\$6,200.00	\$0.00	\$10,000.00	\$3,800.00	\$6,200.00	\$18,000.00
Prevention						\$9,000.00
Early Intervention	\$4,340.00	\$0.00	\$7,000.00	\$2,660.00	\$4,340.00	\$4,500.00
ATD/ATPDP						
ATP	\$1,860.00	\$0.00	\$3,000.00	\$1,140.00	\$1,860.00	\$4,500.00
Reentry/Aftercare						
Indirect						
5						
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						

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

Program Name & Service Types	STSJP					STSJP-RTA
	Detention Allocation Shifted	PY20-21 STSJP Allocation	Total Expenses (100%)	Local Share (38%)	State Share (62%)	State Share (100%)
11						
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						
12						
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						
Sum of Program Totals:	\$42,084.28	\$40,000.00	\$132,394.00	\$50,309.72	\$82,084.28	\$386,000.00

B. STSJP Reimbursement Summary		
STSJP Allocation Amount	\$40,000.00	
Locally Approved Amount of PY 2020-2021 STSJP Allocation	\$40,000.00	
Approved Detention Allocation Shifted	\$42,084.28	
Total Approved for State Reimbursement	\$82,084.28	

C. STSJP-RTA Reimbursement Summary	
STSJP-RTA Approved Plan Amount	\$386,000.00
Total Approved for State Reimbursement	\$386,000.00

PART V – PLAN APPROVAL		
A. Municipality Level Approval – Chief Executive / Administrative Official		
As STSJP Lead for Ulster County, I certify that the Chief Executive/Administrative Official, [Name and Title] Patrick Ryan, Ulster County Executive, has reviewed and approved the 2020-2021 STSJP Plan.		
User ID: 51A833	Print Name: Michael Iapoco, UCDSS Commissioner	Date: 3/5/2021
B. State Level Approval – OCFS Program Reviewer		
As OCFS STSJP reviewer, I certify that I approve of this STSJP plan for Ulster County for 2020-2021.		
User ID: IT0911	Print Name: Lynn Tubbs	Date: 3/10/2021