NEW YORK STATE | Office of Children and Family Services

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Acting Commissioner

July 23, 2019

Dear Chief Executive Officer,

Thank you for submitting Columbia County's Supervision and Treatment Services for Juveniles Program (STSJP) plan for Program Year (PY) 2018-19. Your plan has been reviewed by the Office of Children and Family Services (OCFS) and I am pleased to inform you that your entire STSJP plan, including the amounts listed for PY 2018-19 STSJP-RTA, has been **approved.**

Columbia 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 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 at any time during the program year. If Columbia County plans to shift its detention allocation for STSJP eligible expenses, please submit a request on official letterhead to John Johnson and email it to stsjp@ocfs.ny.gov outlining the amount that will be shifted and the type of programming or services the re-purposed detention funds will be used for under STSJP. An amended STSJP plan will also 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. Plan approval for 100% reimbursement will be determined on a case-by-case basis by the Office of Children and Family Services, the Department of Criminal Justice Services and the Division of Budget.

All STSJP claims must be submitted electronically via the Juvenile Detention Automated System (JDAS) for the service period of October 1, 2018 to September 30, 2019. Questions on all aspects of the claiming process should be directed to Daniel Hulihan at (518) 473-4511 or at Daniel.Hulihan@ocfs.ny.gov.

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 alternative to placement and detention programs.

If you have any questions, please email us at stsjp@ocfs.ny.gov and write "STSJP Plan Questions" in the subject line so that we may best assist you in a timely manner. You can direct STSJP inquiries to Lynn Tubbs at (518) 473-9116/Lynn.Tubbs@ocfs.ny.gov or Geneva Hilliard at (518) 486-1819/ Geneva.Hilliard@ocfs.ny.gov

Sincerely,

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

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

SUPERVISION AND TREATMENT SERVICES FOR JUVENILE PROGRAM (STSJP) ANNUAL PLAN

FOR PROGRAM YEAR OCTOBER 1, 2018 - SEPTEMBER 30, 2019

STSJP Plans are due to the Office of Children and Family Services (OCFS) by / /

Plans should be submitted to: stsjp@ocfs.ny.gov

Please be sure that the title "**Supervision and Treatment Services for Juveniles Plan - 2018 - 2019 Annual plan**" and your municipality's name are in the subject field to facilitate the timely review of your STSJP Plan.

Note: Program Year (PY) refers to the performance period for STSJP funded programs.

Please direct any STSJP plan questions to:
John E. Johnson: Ph. 518-486-4665

MUNICIPALITY INFORMATION	
NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION: Columbia County	
LEAD AGENCY FOR STSJP SUBMISSION: Department of Social Services	NAME OF CONTACT PERSON: Jennifer Ganey
CONTACT PERSON'S PHONE NUMBER: (518) 828-9411, ext. 2123	CONTACT PERSON'S EMAIL ADDRESS: jennifer.ganey@dfa.state.ny.us

Plan Submission instructions

Instructions for submitting an STSJP plan for OCFS review.

a. Once you have opened this form on your computer, please immediately use the "Save As" function in Microsoft Word to save a copy;
b. Save your application using the following name "PY 2018 - 2019 STSJP Plan – (Name of municipality)";
c. Work from the "saved" application document, using it to record all of your municipality's information;
d. Once you have completed entering the required data, save the document;
e. Prior to submission, review calculation in section eight for accuracy. Complete the "Approval and Certification" section before submission to OCFS;

Send the completed application to OCFS via the STSJP email address at: stsjp@ocfs.ny.gov

SECTION ONE - List of programs to be funded

In this section, list the exact name of each program and Indirect Service that will be funded with STSJP funds, along with the projected amount of Program Expense, State Share and County Share to be used for each. (Program List and Detail Sheet must match)

Program Name	Total Program Expense (100 percent)	State Share (62 percent)	County Share (38 percent)
STSJP Program 1 Family Support Program	$ 151,564.52	$ 93,970	$ 57,594.52
STSJP Program 2	$	$	$
STSJP Program 3	$	$	$
STSJP Program 4	$	$	$
STSJP Program 5	$	$	$
STSJP Program 6	$	$	$
STSJP Program 7	$	$	$

STSJP Program 8	$	$	$
STSJP Program 9	$	$	$
STSJP Program 10	$	$	$
STSJP Program 11	$	$	$
STSJP Program 12	$	$	$
TOTAL	$ 151,564.52	$ 93,970	$ 57,594.52
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) STSJP/RTA-Mental Health Association	$ 21,050.00		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	$		
TOTAL	$ 21,050.00	$	$

SECTION TWO – Overall analysis of communities

Discuss and identify the neighborhoods or communities by zip codes or areas from which the highest number of youth offenders (YO), adolescent offenders (AO), and persons in need of supervision (PINS) enter the juvenile justice system and the factors that may be contributing to this.

(500 words or less) The Family Support Program targets the historically underserved areas within the Hudson City School Districts, as well as surrounding municipalities in Columbia County. According to the 2009-13 American Community Survey the families living in poverty in the City of Hudson is 22.7 as compared to 9.3 in Columbia County as a whole. Limited public transportation creates barriers to service provision. Lack of affordable housing and employment opportunities also contribute to an economically distressed community. The graduation rate for Hudson High School remains below the NYS standard of 80 percent and the dropout rate remains high. The number of JD and or PINS children who reside in the Hudson City School Districts is disproportionately high compared with the rest of the County. The one child placed in 2018 to date was from the Hudson City School District.

SECTION THREE – Overall analysis of disparity

Please provide information indicating whether the use of detention or residential placement in your service area exhibits disparate outcomes for one racial/ethnic group as compared to outcomes for another racial/ethnic group.
(Please consult with the Detention and Placement data provided by OCFS and the County Profile data provided by DCJS as part of your STSJP plan support documentation).

(250 words or less) Columbia County continues to have a local priority on reducing the over-representation of African American youth in the child welfare system, including detention and residential placement. The County has recently participated in trainings on Implicit Bias and is committed to bringing this training to District staff and continues to participate on the Capital District Regional Juvenile Justice Team. In recent years, the County has seen a

significant reduction in admissions to detention and residential placements. However, the children being placed still represent a disproportionate number are African American children. There are two children placed residentially through the JD/PINS system as of September of 2018 and both are African American or biracial. The Family Support Program provides Case Management / Family Support Services to the Hudson City Schools, where the vast majority of African American children attend. In addition, due to the lack of affordable housing many families are being forced to move outside of the City of Hudson. This creates a concern for having accessibility to services for those children that are moving out of their home districts. These services can help serve those populations.

If such disparity exists, describe how the service/program addresses issues described above.
(250 words or less) The program helps address the disparity in a variety of ways. It targets the underserved populations in the Hudson area. It increases protective factors and reduces the risk of youth engaging in at risk behaviors. It helps share information with the families about resources, services and supports. and helps explore the appropriateness of available services. The assessment process identifies strengths and needs and assists with unmet needs that may be a barrier to moving forward or participating in services. It serves as a bridge between families and service providers, supporting a productive and respectful partnership. There is regular consulting with families and providers to ensure that the family's perspectives are included in all planning and decision-making. It assists families with identifying and setting goals and short-term objectives. The program prepares families for meetings and will accompany them when needed. They can help the family and youth to rediscover and reconnect to natural supports, identify and get involved in leisure and recreational activities. The program providers groups to families to strengthen social skills, decrease isolation, and provide emotional support.

SECTION FOUR – Performance outcomes

For current program year, provide the projected performance outcomes for all of your proposed services and programs, being sure to include: An estimate of the anticipated reductions in detention utilization and residential placements.
(250 word or less) Outcome #1-80% of youth served will have increased school attendance.
Outcome #2 -80% of youth will not experience In-school suspensions.
Outcome #3 -80% of youth served will h.ave demonstrated Im roved peer interactions and age ap ropriate social skills.
Outcome #4 -80% of youth served will not receive a PINS referral. Outcome
#5 -90% of youth served will not drop out of school.

SECTION FIVE – Collaboration

As per STSJP legislation, collaboration is required 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, and social services, as well as, with courts, service provider, schools, and youth development programs.
(250 words or less) There Is ongoing support for continuance of the Family Support Program through the use of STSJP funds. The shift from focusing on alternatives to detention and placement has allowed for more attention on primary prevention efforts. Columbia County's continued reduction In the number of detention admissions and residential placements has supported this shift. The Intensive Prevention Network Team with representation from DSS, Mental Health, Probation, Schools, Voluntary Agencies and not for profit agencies meet on a reularr basis to discuss and address service gaps, collaboration and program development.

SECTION SIX – Cooperative applications submitted jointly by two or more counties
(Complete this section only if this is a joint application)

Two or more eligible local jurisdictions (counties) may join together to establish, operate, and maintain supervision and treatment services for juveniles' programs and may make and perform agreements in connection therewith. Counties submitting such applications must provide the following information:
Describe the provisions for the proportionate cost to be borne by each county:

Describe the manner of employment of personnel across and between counties in the cooperative:

Identify whether a single fiscal officer shall be the custodian of the funds made available for STSJP:

PLEASE DO NOT INCLUDE ANY RTA PROGRAM FUNDING IN SECTION SEVEN (section directly below)

SECTION SEVEN– Plan amounts		
Expenses		
1. Total Program expenses		$ 151564.52
2. State reimbursement (Program expenses*.62)		$ 93970
3. State share amount (Program expenses*.38)		$ 57594.52
Add in Reimbursements for the plan (fill out all that are applicable)		
4. STSJP allocation	$ 40832	
5. STSJP approved		$ 40,832
6. JDAI allocation	$ 0	
7. JDAI approved		$ 0
8. Detention approved amount shifted to STSJP		$ 53138
9. PY rollover approved		$ 0
10. Total approved amounts for state reimbursement		$ 93970
11. Total amount of approved STSJP-RTA 100% state reimbursement		$ 21,050

Program detail inserts

List the **name of each service and program** who you expect will received STSJP funds, along with the **projected amount of STSJP funds** to be used for each: As a Guide to providing the information needed to properly review your plan, please provide programmatic information in the format listed below; Provide the Name of the Provider of the Service/Program. **Please note there are now 6 types of programming to choose from.**

Program one name:	Family Support	**Type of program:**	Prevention
Program operating agency:	Mental Health Association of Columbia and Greene Counties		
Program mailing address 713 Union Street			
Address line 2			
City Hudson	State NY	Zip code 12534	
Contact person for program Roxane Carpenter			
Title Division Director Children and Family Services	Phone number (518) 828-4619	Ext. 202	
Email rcarpenter@mhacg.org			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? $			
1. Please indicate the specific zip codes this program will target?	Zip Codes 12534 in addition all of Columbia County. 12017, 12029, 12037, 12050, 12060,12075, 12106, 12115, 12125, 12130, 12132, 12136, 12165, 12172, 12173, 12174, 12184, 12195, 12502, 12503, 12513, 12516 12517, 12521, 12523, 12526, 12529, 12530, 12534, 12541, 12544		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Targeted youth will be identified by DSS, probation/PINS, the local school district and community partners. The goal is to serve youth who have no juvenile justice involvement but are at risk for such. The program will utitlize pro-social and youth			

development activities that engage the youth in positive, productive community and school activities and will work in-home on strength-based approaches to conflict while bolstering family functioning capabilities.
3. Does your municipality plan to replicate program across multiple locations? (☐ yes or ☒ no)
4. What is the projected number of youth who will receive service from this program? (4-character number) 0045
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.
5. Did projected performance outcome meet expected outcomes? (☒ yes or ☐ no) If yes, answer # 6, If no, skip to #7.
6. What projected outcomes were met and how were they met? (100 word or less) See Section Four above and the narrative sections describing provided services. The outcomes notes above were met or exceeded.
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) NA
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 180
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 0045
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

Program two name:		**Type of program:**	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ( )	Ext.	
Email			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? $			
1. Please indicate the specific zip codes this program will target? Zip Codes			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)			
3. Does your municipality plan to replicate program across multiple locations? (☐ yes or ☐ no)			
4. What is the projected number of youth who will receive service from this program? (4-character number)			
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (☐ yes or ☐ no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less)			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)			

Program three name:		**Type of program:**	
Program operating agency:			
Program mailing address			
Address line 2			

City	State	Zip code
Contact person for program		
Title	Phone number ( )	Ext.
Email		
Program service detailed information		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? $		
1. Please indicate the specific zip codes this program will target? Zip Codes		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)		
3. Does your municipality plan to replicate program across multiple locations? (☐ yes or ☐ no)		
4. What is the projected number of youth who will receive service from this program? (4-character number)		
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Program four name:		**Type of program:**	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ( )	Ext.	
Email			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? $			
1. Please indicate the specific zip codes this program will target? Zip Codes			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)			
3. Does your municipality plan to replicate program across multiple locations? (☐ yes or ☐ no)			
4. What is the projected number of youth who will receive service from this program? (4-character number)			
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.			
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6. What projected outcomes were met and how were they met? (100 word or less)			
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10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)			

Program five name:		**Type of program:**	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ( )	Ext.	
Email			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? $			
1. Please indicate the specific zip codes this program will target? Zip Codes			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)			
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Program six name:		**Type of program:**	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ( )	Ext.	
Email			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? $			
1. Please indicate the specific zip codes this program will target? Zip Codes			
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Program seven name:		**Type of program:**	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ( )	Ext	
Email			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? $			
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Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
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Email			
Program service detailed information			
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Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ( )	Ext.	
Email			
Program service detailed information			
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Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	

Contact person for program		
Title	Phone number ( )	Ext.
Email		
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Address line 2			
City	State	Zip code	
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Title	Phone number ( )	Ext.	
Email			
Program service detailed information			
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7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)			

STSJP/RTA Program name:	Family Support Services	**Type of program:**	STSJP-RTA
Program operating agency:	Mental Health Association of Columbia and Greene Counties		
Program mailing address 713 Union Street			
Address line 2			
City Hudson	State NY	Zip code 12534	
Contact person for program Roxane Carpenter			
Title Division Director Children and Family Services	Phone number (518) 828-4619	Ext. 202	
Email rcarpenter@mhacg.org			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? $ 21,050			
1. Please indicate the specific zip codes this program will target?	Zip Codes 12534 in addition all of Columbia County. 12017, 12029, 12037, 12050, 12060,12075, 12106, 12115, 12125, 12130, 12132, 12136, 12165, 12172, 12173, 12174, 12184, 12195, 12502, 12503, 12513, 12516 12517, 12521, 12523, 12526, 12529, 12530, 12534, 12541, 12544		

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Provide Family Support services to youth and their families equal to the current STSJP services. The program increases protective factors and reduces risk of engaging in additional at risk and delinquent behaviors. Encourage youth to participate in safe, supportive, alcohol and drug free environments such as the youth clubhouse. Activities wil be designed using evidence based programs. ART, DBT, One Circle
3. Does your municipality plan to replicate program across multiple locations? (☐ yes or ☒ no)
4. What is the projected number of youth who will receive service from this program? (4-character number) 0015
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.
5. Did projected performance outcome meet expected outcomes? (☐ yes or ☐ no) If yes, answer # 6, If no, skip to #7.
6. What projected outcomes were met and how were they met? (100 word or less)
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

STSJP/RTA Program name:		**Type of program:**	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ( )	Ext.	
Email			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? $			
1. Please indicate the specific zip codes this program will target? Zip Codes			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)			
3. Does your municipality plan to replicate program across multiple locations? (☐ yes or ☐ no)			
4. What is the projected number of youth who will receive service from this program? (4-character number)			
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (☐ yes or ☐ no) If yes, answer # 6, If no, skip to #7.			
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8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)			

STSJP/RTA Program name:		**Type of program:**	
Program operating agency:			
Program mailing address			

Address line 2		
City	State	Zip code
Contact person for program		
Title	Phone number ( )	Ext.
Email		
Program service detailed information		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? $		
1. Please indicate the specific zip codes this program will target? Zip Codes		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)		
3. Does your municipality plan to replicate program across multiple locations? (☐ yes or ☐ no)		
4. What is the projected number of youth who will receive service from this program? (4-character number)		
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.		
5. Did projected performance outcome meet expected outcomes? (☐ yes or ☐ no) If yes, answer # 6, If no, skip to #7.		
6. What projected outcomes were met and how were they met? (100 word or less)		
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)		
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)		
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)		

SECTION EIGHT – Plan Approval		
Approval of the Chief Executive Officer		
As STSJP Lead for Columbia County		municipality, I certify that the CEO
Matt B. Murell		has reviewed and approved the 2018 - 2019 STSJP plan.
Date: 10 / 31 / 2018	STSJP Lead User ID 10543	
STSJP Lead printed name: Jennifer Ganey, Director of Social Services		
Approval of the OCFS STSJP Program Lead		
As OCFS STSJP reviewer. I certify that I approve of this STSJP plan for Columbia		
municipality, for 20 18 - 20 19.		
Date: 7/22/19	User ID: IT0911	Printed name Lynn Tilldos