



**Office of Children  
and Family Services**

**ANDREW M. CUOMO**  
Governor

**SHEILA J. POOLE**  
Commissioner

October 8, 2019

Dear Chief Executive Officer,

Thank you for submitting Dutchess 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**.

Dutchess 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 Dutchess 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 [stsip@ocfs.ny.gov](mailto:stsip@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](mailto: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 [stsip@ocfs.ny.gov](mailto:stsip@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](mailto:Lynn.Tubbs@ocfs.ny.gov) or Geneva Hilliard at (518) 486-1819/[Geneva.Hilliard@ocfs.ny.gov](mailto: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](mailto: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: Dutchess County			
LEAD AGENCY FOR STSJP SUBMISSION: Dept of Community & Family Services		NAME OF CONTACT PERSON: June Ellen Notaro	
CONTACT PERSON'S PHONE NUMBER: 485-486-3662	CONTACT PERSON'S EMAIL ADDRESS: <a href="mailto:juneellen.notaro@dfa.state.ny.us">juneellen.notaro@dfa.state.ny.us</a>		

Plan Submission Instructions
<p>Instructions for submitting an STSJP plan for OCFS review.</p> <ol style="list-style-type: none"> <li>Once you have opened this form on your computer, please immediately use the "Save As" function in Microsoft Word to save a copy;</li> <li>Save your application using the following name "PY 2018 - 2019 STSJP Plan - (Name of municipality)";</li> <li>Work from the "saved" application document, using it to record all of your municipality's information;</li> <li>Once you have completed entering the required data, save the document;</li> <li>Prior to submission, review calculation in section eight for accuracy. Complete the "Approval and Certification" section before submission to OCFS;</li> </ol> <p>Send the completed application to OCFS via the STSJP email address at: <a href="mailto:stsjp@ocfs.ny.gov">stsjp@ocfs.ny.gov</a></p>

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 River Haven	\$ 69,551.00	\$ 43,121.62	\$ 26,429.38
STSJP Program 2 Probation Enhanced Alternatives Program	\$ 127,792.00	\$ 79,231.04	\$ 48,560.96
STSJP Program 3 Sex Offender Evaluations and Forensic Psychiatric Evaluations	\$ 13,750.00	\$ 8,525.00	\$ 5,225.00
STSJP Program 4 The STAR Project	\$ 54,500.00	\$ 33,790.00	\$ 20,710.00
STSJP Program 5 The Afterschool Project (TAP)	\$ 100,000.00	\$ 62,000.00	\$ 38,000.00
STSJP Program 6	\$ 22,000.00	\$ 13,640.00	\$ 8,360.00

<b>Strengthening Families</b>			
STJSJP Program 7 NOTE: If all of the funding allotted to one program is not used by that program, it will be applied to one of the other programs if needed, to ensure maximum use of and benefit from the funding.	\$	\$	\$
STJSJP Program 8	\$	\$	\$
STJSJP Program 9	\$	\$	\$
STJSJP Program 10	\$	\$	\$
STJSJP Program 11	\$	\$	\$
STJSJP Program 12	\$	\$	\$
<b>TOTAL</b>	<b>\$ 387,593.00</b>	<b>\$ 240,307.66</b>	<b>\$ 147,285.34</b>
STJSJP RTA Program (for expenditures eligible for 100% state reimbursement) Berkshire Case manager Alternatives to Detention	\$		
STJSJP RTA Program (for expenditures eligible for 100% state reimbursement) Equine Assisted Therapy	\$		
STJSJP RTA Program (for expenditures eligible for 100% state reimbursement) Youth Worker - YB	\$		
STJSJP RTA Program (for expenditures eligible for 100% state reimbursement) YB Travel, Training	\$		
STJSJP RTA Program (for expenditures eligible for 100% state reimbursement) YB Cell, Computer	\$		
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**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)** NOTE: If all of the funding allotted to one program is not used by that program, it will be applied to one of the other programs if needed, to ensure maximum use of and benefit from the funding.

In CY2017, Probation served 35 individuals who were ultimately afforded Youthful Offender adjudications. Of those Youthful Offenders about 46% were from the City and Town of Poughkeepsie, 12601 and 12603 respectively. In CY 2017, Probation received 282 PINS referrals and 52% were from the same Poughkeepsie zip codes, 12601 and 12603. Since RTA began on 10/1/18, there have been no AO cases. The youth from the City of Poughkeepsie (12601) made up 45% of the JD's in secure detention and 25% of the JD's in non-secure detention.

The following provides expected numbers for Dutchess County at full RTA implementation (after 10/1/19):

Arrests proceeding in Youth Part (Violent Felony) 5-20; Arrest Proceeding in Youth Part (total) 5-20; Arrests Handled via Family Court Process (Misdemeanor) 100-150; Arrests handled via Family Court Process (felony) 20-50; Arrests handled via Family Court Process (total) 125-200; Specialized secure detention facility admissions (AO's) Detention 5-15; Specialized secure detention facility admissions (AO's) sentenced 0-5; Secure detention 5-10; non secure detention 5-10; Voluntary agency placements 40-50 (source: [www.criminaljustice.ny.gov/ofpa/raisetheage.html](http://www.criminaljustice.ny.gov/ofpa/raisetheage.html))

The City of Poughkeepsie is the largest city in the county and factors contributing to the above stats include but are not limited to high poverty rates and high unemployment rates; over 85% of the students in the City of Poughkeepsie School District are eligible for free school lunch; highest crime rates in the county; highest dropout rates and school suspension rates; and more. While the majority of community and government resources/services are offered in the City of Poughkeepsie, the area remains in need of resources and services.

### 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)** Disparities are seen in Dutchess County among Black and Hispanic youth. Although Black juveniles only represent 12% of the total juvenile population in the county, they represent 64% of all detention admissions in 2017. Hispanic youth represent 18% of the total population and 16% of the detention admissions. OCFS data indicates that from 2013-2017, the total number of Black youth in secure detention has increased by 71%. This disparity is met with non-secure detention in that Whites have consistently decreased by 33% while Blacks have increased by 19% and Hispanics by 45%. Black youth represent 52% of the total population while White youth only represent 29% and Hispanics 19% in secure and non-secure detention.

If such disparity exists, describe how the service/program addresses issues described above.

**(250 words or less)**

The County will continue efforts to address disproportionality using the DRAI, River Haven for respite care as an alternative to detention, curfew monitoring and reminders to families about court date appearances, and utilization of graduated sanctions to avoid detention. The DMR and Juvenile Justice subcommittees have disparity matters on their agendas so discussion and problem solving occurs across systems and with various community partners. Prevention programs with a focus primarily in the City of Poughkeepsie are included in this Plan to infuse positive youth development, prosocial, and healthy opportunities for youth and families as a means to engage them early on and bring about successful outcomes.

### 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)**

- 60% of the total youth referred into respite as an ATD or RTA will be discharged to their families or other appropriate community resource at exit from respite without requiring detention or residential placement.
- 70% of youth who participate in Curfew monitoring will successfully complete the service without requiring remand to detention or out of home placement.
- 100% of court ordered psych evaluations will determine the mental health and service needs which may be provided in lieu of placement.
- 80% of STAR youth will improve positive youth development outcomes (academic, social skills and physical health).
- 70% of TAP youth will improve their school grades and attendance.
- 60% of the Strengthening Families participants will actively engage and report better family relationships.
- 90% of Berkshire youth served will not commit any offenses that require Juvenile/Criminal Justice involvement while engaged in ATD services.
- 70% of youth will engage in equine therapy that focuses on setting up ground activities involving the horses which will require the youth to apply certain skills, as defined by his/her treatment plan or goals.

### 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)** Our county has a history of strong collaboration and a system wide approach to working with families which continued through this year's STSJP Plan. There are several ongoing committees/coalitions where activities are developed and plans are implemented to address identified service issues and gaps. The RTA County Implementation Team has had at least bimonthly meetings this year to address RTA matters. In the previous STSJP plan, we added a youth development lens to our work by infusing positive youth development training for staff, conducting the evidence based Strengthening Families Program for youth and families identified by our systems, and supporting the Boys and Girls Club as they operated prevention programs (summer camp and teen evening program) in one of the low income housing complexes in the C/Poughkeepsie. We have also continued to work with the City of Poughkeepsie School District bringing supportive services to students in need into the district. Much of the same important work will continue this upcoming year.

**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: N/A

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

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

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

**SECTION SEVEN-- Plan amounts**

**Expenses**

1. Total Program expenses		\$ 387,593.00
2. State reimbursement (Program expenses*.62)		\$ 240,307.66
3. State share amount (Program expenses*.38)		\$ 147,285.34
<b>Add in Reimbursements for the plan (fill out all that are applicable)</b>		
4. STSJP allocation	\$ 103,536.00	
5. STSJP approved		\$ 103,536.00
6. JDAI allocation	\$ 0.00	
7. JDAI approved		\$ 0.00
8. Detention approved amount shifted to STSJP		\$ 136,771.66
9. PY rollover approved		\$ 0.00
10. Total approved amounts for state reimbursement		\$ 240,307.66
11. Total amount of approved STSJP-RTA 100% state reimbursement		\$ 0.00

**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.**

<b>Program one name:</b>	River Haven	<b>Type of program:</b>	ATD
<b>Program operating agency:</b>	Hudson River Housing		
<b>Program mailing address</b>			

313 Mill Street		
Address line 2		
City Poughkeepsie	State NY	Zip code 12601
Contact person for program Christa Hines		
Title Executive Director	Phone number (845) 454-5176	Ext. 113
Email chines@hudsonriverhousing.org		
<b>Program service detailed information</b>		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 69,551		
1. Please indicate the specific zip codes this program will target? Zip Codes All zip codes in Dutchess County		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) River Haven's respite care offers a safe, supervised environment within the community where youth can stay on a short-term basis as an alternative to detention or incarceration. Respite care is also option for early release of youth that in detention that are awaiting drug treatment, other services, or cannot immediately or successfully return home. While in respite, youth participate in counseling, school, & youth development activities.		
3. Does your municipality plan to replicate program across multiple locations? ( <input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)		
4. What is the projected number of youth who will receive service from this program? (4-character number) 10		
<b>If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.</b>		
5. Did projected performance outcome meet expected outcomes? ( <input checked="" type="checkbox"/> yes or <input type="checkbox"/> 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) 69% of youth referred into respite as an ATD by a Family Court Judge were discharged to their families or other appropriate community discharge resource without requiring detention or residential placement (target of 60% was 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) N/A		
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 27 days		
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 16		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0		
<b>Program two name:</b>	Probation Enhanced Alternatives Program	<b>Type of program:</b> ATD
<b>Program operating agency:</b>	Dutchess County Office of Probation and Community Corrections	
Program mailing address		
50 Market Street		
Address line 2		
City Poughkeepsie	State NY	Zip code 12601
Contact person for program Thomas Morris		
Title Deputy Director	Phone number (845) 486-2600	Ext.
Email tmorris@dutchessny.gov		
<b>Program service detailed information</b>		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 127,792		
1. Please indicate the specific zip codes this program will target? Zip Codes All Zip Codes in Dutchess County		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The Curfew Monitoring Program will give family court judges additional options short of detention to consider during the pendency of PINS/JD petitions. This program is viewed as more intensive than pre-dispositional release under		

supervision alone, yet less restrictive/intense than Electronic Monitoring or detention. Probation officers will also have increased opportunities to observe and interact with youths and families in their home environments.

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) 100

**If the program received STSJP funds in the previous program year 2017 - 2018, 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) 75% of youth who participated in Curfew Monitoring successfully completed the service without requiring remand to detention or out of home placement.

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) N/A

8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 103

9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 119

10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0

<b>Program three name:</b>	Sex Offender Evaluations and Forensic Psychiatric Evaluations	<b>Type of program:</b>	ATP
<b>Program operating agency:</b>	Astor Services for Children and Families		
Program mailing address c/o Dutchess County Family Court, 50 Market Street			
Address line 2			
City Poughkeepsie		State NY	Zip code 12601
Contact person for program Dr. Ellen Marx			
Title Chief Psychologist		Phone number (845) 486-2891	Ext.
Email emarx@dutchessny.gov			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 13,750			
1. Please indicate the specific zip codes this program will target? Zip Codes All of Dutchess County			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The evaluations can be conducted on an outpatient basis to avoid placement.			
3. Does your municipality plan to replicate program across multiple locations? ( <input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 5			
<b>If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.</b>			
5. Did projected performance outcome meet expected outcomes? ( <input checked="" type="checkbox"/> yes or <input type="checkbox"/> 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) 2 sex offender evaluations were conducted on an out patient basis and placement was avoided.			
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) N/A			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) N/A			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 2			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0			

<b>Program four name:</b>	The STAR Project	<b>Type of program:</b>	Prevention
<b>Program operating agency:</b>	Boys & Girls Club of Newburgh		
Program mailing address 285 Liberty Street			
Address line 2			
City Newburgh		State NY	Zip code 12550
Contact person for program Kevin D. White			
Title Executive Director		Phone number (845) 561-4936	Ext. 207
Email kevinwhite@bgcny.org			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 54,500			
1. Please indicate the specific zip codes this program will target? Zip Codes 12601			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The STAR Project provides youth with access to sports and recreational activities, computer based learning and positive socialization monitored by supportive, caring adults.			
3. Does your municipality plan to replicate program across multiple locations? ( <input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 50			
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>			
5. Did projected performance outcome meet expected outcomes? ( <input checked="" type="checkbox"/> yes or <input type="checkbox"/> 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) 100% of youth in the program engaged in informal and organized sports, had increased access to computers and technology, and engaged in positive social and recreational activities.			
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) N/A			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 137			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 77			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0			

<b>Program five name:</b>	The Afterschool Project (TAP)	<b>Type of program:</b>	Prevention
<b>Program operating agency:</b>	Boys & Girls Club of Newburgh		
Program mailing address 285 Liberty Street			
Address line 2			
City Newburgh		State NY	Zip code 12550
Contact person for program Kevin D. White			
Title Executive Director		Phone number (845) 561-4936	Ext. 207
Email kevinwhite@bgcny.org			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 100,000			
1. Please indicate the specific zip codes this program will target? Zip Codes 12601			

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The program will offer students access to positive youth development activities in academic enrichment, science and technology, leadership development, arts and culture, sports and recreation. This array of activities is designed to improve the academic, social and vocational competencies of participating youth.
3. Does your municipality plan to replicate program across multiple locations? ( <input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)
4. What is the projected number of youth who will receive service from this program? (4-character number) 70
<b>If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.</b>
5. Did projected performance outcome meet expected outcomes? ( <input checked="" type="checkbox"/> yes or <input type="checkbox"/> 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) The outcome was met with well over 70% of youth experiencing improved report card grades, increased self-esteem, improved school attendance, and increased parent support for academic success.
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) N/A
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 127
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) N/A
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0

<b>Program six name:</b>	Strengthening Families	<b>Type of program:</b>	Prevention
<b>Program operating agency:</b>	Dutchess County Dept of Community and Family Services-Youth Services		
Program mailing address			
60 Market St			
Address line 2			
City Poughkeepsie		State NY	Zip code 12601
Contact person for program June Ellen Notaro			
Title Director		Phone number (845) 486-3662	Ext.
Email juneellen.notaro@dfa.state.ny.us			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 22,000			
1. Please indicate the specific zip codes this program will target? Zip Codes All of Dutchess County			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) A 7 week evidence-based parent, youth, and family skills-building curriculum proven to delay the onset of adolescent substance use, lower levels of aggression in youth, increase the resistance to peer pressure in youth, reduce youth conduct problems in school, and improve parent skills including building a positive relationship with their youth. This program will be utilized as a prediversion service with families identified by Probation and for families receiving services through DCFS.			
3. Does your municipality plan to replicate program across multiple locations? ( <input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 30			
<b>If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.</b>			
5. Did projected performance outcome meet expected outcomes? ( <input type="checkbox"/> yes or <input checked="" type="checkbox"/> 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) 15 youth and 10 adults participated in the program for some period of time, however 8 youth and 4 adults (53%) fully engaged and graduated from the program.			

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) We did not meet the percentage that we had hoped. Some youth and parents dropped out of the program and some came sporadically. The families that are enrolled often have many issues and find it difficult to commit and attend regularly, despite their good intentions. The location of the program was not ideal so the program will be moved back to DCFS. Families will be vetted to ensure they are committed to the 7 week program and that transportation needs are met.
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) N/A
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 18
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0

<b>Program seven name:</b>		<b>Type of program:</b>	
<b>Program operating agency:</b>			
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)

<b>Program eight name:</b>		<b>Type of program:</b>	
<b>Program operating agency:</b>			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ( )	Ext.	

Email
<b>Program service detailed information</b>
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? ( <input type="checkbox"/> yes or <input type="checkbox"/> no)
4. What is the projected number of youth who will receive service from this program? (4-character number)
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>
5. Did projected performance outcome meet expected outcomes? ( <input type="checkbox"/> yes or <input type="checkbox"/> 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)

<b>Program nine name:</b>		<b>Type of program:</b>	
<b>Program operating agency:</b>			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ( )	Ext.	
Email			

<b>Program service detailed information</b>
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? ( <input type="checkbox"/> yes or <input type="checkbox"/> no)
4. What is the projected number of youth who will receive service from this program? (4-character number)
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>
5. Did projected performance outcome meet expected outcomes? ( <input type="checkbox"/> yes or <input type="checkbox"/> 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)

<b>Program ten name:</b>		<b>Type of program:</b>	
<b>Program operating agency:</b>			

Program mailing address		
Address line 2		
City	State	Zip code
Contact person for program		
Title	Phone number ( )	Ext.
Email		
<b>Program service detailed information</b>		
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? ( <input type="checkbox"/> yes or <input type="checkbox"/> no)		
4. What is the projected number of youth who will receive service from this program? (4-character number)		
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>		
5. Did projected performance outcome meet expected outcomes? ( <input type="checkbox"/> yes or <input type="checkbox"/> 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)		

<b>Program eleven name:</b>		<b>Type of program:</b>	
<b>Program operating agency:</b>			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ( )	Ext.	
Email			
<b>Program service detailed information</b>			
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? ( <input type="checkbox"/> yes or <input type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number)			
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>			
5. Did projected performance outcome meet expected outcomes? ( <input type="checkbox"/> yes or <input type="checkbox"/> 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)

<b>Program twelve name:</b>		<b>Type of program:</b>	
<b>Program operating agency:</b>			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ( )	Ext.	
Email			
<b>Program service detailed information</b>			
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? ( <input type="checkbox"/> yes or <input type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number)			
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>			
5. Did projected performance outcome meet expected outcomes? ( <input type="checkbox"/> yes or <input type="checkbox"/> 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)			

<b>STSJP/RTA Program name:</b>	Berkshire Alternatives to Detention	<b>Type of program:</b>	STSJP-RTA
<b>Program operating agency:</b>			
Berkshire Farm Center & Services for Youth			
Program mailing address			
13640 Route 22			
Address line 2			
City Canaan	State NY	Zip code 12029	
Contact person for program Lucas Jacobs			
Title VP of Detention and Prevention Services	Phone number (518) 242-0578	Ext.	
Email ljacobs@berkshirefarm.org			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 0			
1. Please indicate the specific zip codes this program will target? Zip Codes All zip codes in Dutchess County			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The Case Manager works to prevent detention by providing intensive home based services to youth and their families. This will be an			

added service for youth entering Family Court through identification by the Case Manager co-located at the Probation Dept. This program is modeled in part on the Berkshire Pathways Program.

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) 6

**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)

<b>STSJP/RTA Program name:</b>	Equine Assisted Therapy	<b>Type of program:</b>	Revised STSJP-RTA
<b>Program operating agency:</b>	Lucky Orphans Horse Rescue		
Program mailing address 2699 Route 22 PO Box 334			
Address line 2			
City Dover Plains		State NY	Zip code 12522
Contact person for program Deanna Mancuso			
Title Executive Director		Phone number (845) 416-8533	Ext.
Email luckyorphans@gmail.com			

**Program service detailed information**

The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 0

1. Please indicate the specific zip codes this program will target? Zip Codes All zip codes in Dutchess County

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Up to 10 families will be provided with up to 10 sessions of Equine assisted therapy, an experiential evidence based psychotherapy with a licensed mental health professional, an equine professional and horses. Participants will interact with horses through structured activities (no riding) to address mental health and personal development needs.

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) 10

**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)

<b>STSJP/RTA Program name:</b>		<b>Type of program:</b>	
--------------------------------	--	-------------------------	--

<b>Program operating agency:</b>		
Program mailing address		
Address line 2		
City	State	Zip code
Contact person for program		
Title	Phone number ( )	Ext.
Email		
<b>Program service detailed information</b>		
The amount of STSJF 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? ( <input type="checkbox"/> yes or <input type="checkbox"/> no)		
4. What is the projected number of youth who will receive service from this program? (4-character number)		
<b>If the program received STSJF funds in the previous program year 20 - 20 , answer the questions below.</b>		
5. Did projected performance outcome meet expected outcomes? ( <input type="checkbox"/> yes or <input type="checkbox"/> 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 STSJF PY? (4 Characters)		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)		
<b>SECTION EIGHT – Plan Approval</b>		
<b>Approval of the Chief Executive Officer</b>		
As STSJF Lead for Dutchess County municipality, I certify that the CEO		
Marcus J. Molinaro has reviewed and approved the 2018 - 2019 STSJF plan.		
Date: 11 / 20 / 2018	STSJF Lead User ID 13c277	
STSJF Lead printed name: June Ellen Notaro		
<b>Approval of the OCFS STSJF Program Lead</b>		
As OCFS STSJF reviewer, I certify that I approve of this STSJF plan for		
municipality, for 20 - 20		
Date: 10 / 7 / 19	User ID: JT0911	Printed name: Lynn Tibbels