



**Office of Children
and Family Services**

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Acting Commissioner

June 12, 2019

Dear Chief Executive Officer,

Thank you for submitting Orange 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**.

Orange 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 Orange 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 John Johnson at (518) 486-4665/John.Johnson@ocfs.ny.gov or Nadine Kayajian at (518) 474-6603/Nadine.Kayajian@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 10 / 31 / 2018

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: Orange County			
LEAD AGENCY FOR STSJP SUBMISSION: Orange County Department of Social Services		NAME OF CONTACT PERSON: Anne Caldwell	
CONTACT PERSON'S PHONE NUMBER: 845-291-2802	CONTACT PERSON'S EMAIL ADDRESS: Anne.Caldwell@dfa.state.ny.us		

Plan Submission instructions
<p>Instructions for submitting an STSJP plan for OCFS review.</p> <ol style="list-style-type: none"> Once you have opened this form on your computer, please immediately use the "Save As" function in Microsoft Word to save a copy; Save your application using the following name "PY 2018 - 2019 STSJP Plan – (Name of municipality)"; Work from the "saved" application document, using it to record all of your municipality's information; Once you have completed entering the required data, save the document; Prior to submission, review calculation in section eight for accuracy. Complete the "Approval and Certification" section before submission to OCFS; <p>Send the completed application to OCFS via the STSJP email address at: stsjp@ocfs.ny.gov</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 Family Engagement (MHJJ) Program	\$ 179,688.28	\$ 111,406.73	\$ 68,281.55
STSJP Program 2 JDAI Coordinator	\$ 134,408.06	\$ 83,333.00	\$ 51,075.06
STSJP Program 3 Family Keys	\$ 288,163.33	\$ 178,661.26	\$ 109,502.07
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	\$ 602,259.67	\$ 373,401.00	\$ 228,858.67
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Family Engagement Specialist- RSS MHJJ Program (STSJP-RTA)	\$ 37,500.00		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Astor Family Therapy and Support (STSJP-RTA)	\$ 100,000.00		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) RSS ICCM Program (STSJP-RTA)	\$ 37,500.00		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Raise the Age/JDAI Coordinator (STSJP-RTA)	\$ 43,231.00		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) YAP, Residential Alternatives Program (STSJP-RTA)	\$ 0.00		
TOTAL	\$ 218,231.00	\$	\$

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) Orange County has a population of 372,813 and covers 811.7 miles. The county's population grew 9.2% over the past decade, making it the second fastest growing county during that time period. While the county has traditionally been a rural, agricultural county, it has increasingly become more urban and suburban. There are 42 municipalities in the county, including 20 towns, 19 villages, and 3 cities. The three cities are Newburgh, Middletown, and Port Jervis, which lie across the northern half of the county. The populations of these cities are: Newburgh - 28,866, Middletown - 28,086, and Port Jervis - 8,828. A significant number of families living at or below the poverty level reside in the three cities. The Census Bureau reports that between 2008 - 2012 the percentage of people in each city, whose incomes fall below the poverty line is Newburgh - 27%, Middletown - 18% and Port Jervis - 18%. Within the past two years, Newburgh has seen a decrease in violence partly due to the success of STSJP programming. Even with this success, Newburgh continues to see a disproportionate amount of PINS and JD petitions

against youth residing in the city. All three cities have all been significantly impacted by the opioid epidemic, with deaths from overdose increasing steadily over the past few years.

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) In Orange County, African-Americans represent 11% of the general population. However, African-American youth are over-represented at several key points in the Juvenile Justice system, including: new arrest petitions - 37% of youth were African American; violent felony petitions - 35% of youth were African-American; all felony petitions - 39% of youth were African-American; predisposition detention placements - 35% of youth were OCFS and DSS placements - 44% of youth were African-American; and Probation orders - 40% of all youth were African-American.

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

(250 words or less) Through the local Raise the Age and PINS Prevention collaboratives, Orange County will continue to address Racial and Ethnic Disparities at key points in the Juvenile Justice system utilizing a data-informed process. The Family Engagement Specialist Program targets zip codes with the highest youth of color representation. We believe this strategy is a reason for recent success addressing RED and we hope to continue to impact the percentages of RED across the Juvenile Justice system. A second clinician has been added to this program to expand capacity to reach youth and families in all three major cities. Family Keys is exploring implementation of female-specific programming to lower the number of youth of color PINS detention/placement admissions.

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) Family Keys: 90% of youth will remain in parent / guardian custody (in the community); Family Engagement Specialist Program (MHJJ): 80% of youth served will not be re-arrested while engaged with the program; other outcomes include: reduction in racial / ethnic disparity through targeted services to youth arrested in Middletown and Newburgh, who are predominantly African-American, reduction of the time between arrest and court appearance by 25%, 90% will receive a detailed assessment, 98% of youth / families will receive a face-to-face contact within 72 hours of referral (Family Keys). STSJP-RTA programs: Youth Advocate Program (YAP): 90% of youth served will be maintained in the custody of their parent / guardian; Astor Family Support Services: 90% of youth served will remain in the custody of their parent / guardian. Additionally, it is anticipated that there will be a reduction in detention utilization and residential placements during the next program year. Since these numbers are quite low, we estimate the reduction will be 5%.

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) Orange County has been a JDAI county and several years ago developed a JDAI Collaborative co-chaired by the lead Family Court Judge and Juvenile Justice Administrator from OCDSS. Once RTA legislation was enacted, our focus turned to cross systems planning and implementation of processes, policies, and services to meet the needs of RTA youth. A county planning collaboration was convened including: DSS, Probation, Mental Health, Sheriff's office, County Attorney, D, JDAI / RTA Coord., and Youth Bureau. Additionally judicial, services, and PINS sub committees were formed and include provider agencies, Family Court, Children's Rights, law enforcement agencies, detention provider, and schools, among others. The JDAI / RTA Coord., coordinates collaborative meetings, information sharing, decision making, training, and policy implementation. The collaborative and sub-committees review pertinent data on Juvenile Justice activity, program utilization, outcomes, and RED. They share information across systems, develop policy to guide practice, and create or streamline processes to facilitate a rapid, effective

response to youth and families with a goal of reducing and eliminating Juv. Just. court involvement or out-of-home placements.

**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		\$ 602,259.67
2. State reimbursement (Program expenses*.62)		\$ 373,401.00
3. State share amount (Program expenses*.38)		\$ 228,858.67
Add in Reimbursements for the plan (fill out all that are applicable)		
4. STSJP allocation	\$ 123,933.00	
5. STSJP approved		\$ 123,933.00
6. JDAI allocation	\$ 83,333.00	
7. JDAI approved		\$ 83,333.00
8. Detention approved amount shifted to STSJP		\$ 156,602.00
9. PY rollover approved		\$ 9,533.00
10. Total approved amounts for state reimbursement		\$ 373,401.00
11. Total amount of approved STSJP-RTA 100% state reimbursement		\$ 218,231.00

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.**

Program one name:	Family Engagement Specialist (MHJJ)	Type of program:	Early Intervention
Program operating agency:	RSS		
Program mailing address 30 Matthews Street, Suite 204			
Address line 2			
City Goshen		State New York	Zip code 10924
Contact person for program Kristen Fortuna			
Title Program Coordinator		Phone number (845) 615-9020	Ext. 325

Email KFortuna@rehab.org			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 179,688.28			
1. Please indicate the specific zip codes this program will target? Zip Codes 12550, 10940, 12771			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The FES MHJJ Program will identify youth who may require / benefit from mental health intervention and determine the appropriate level of assistance, provide a comprehensive assessment, crisis counseling to youth and families, assist w/ providing "Strengthening Families", facilitate linkages to community services, collaborate with Juvenile Justice stakeholders and systems, and provide education regarding mental health reports, services, strategies & Juvenile Justice & maintains program data.			
3. Does your municipality plan to replicate program across multiple locations? (<input checked="" 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) 0075			
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? (<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) Performance outcomes include: preventing out-of-home placements, preventing further penetration into the Juvenile Justice system, decreasing disproportionate minority representation, increasing pro-social behavior, increasing academic engagement and performance, strengthening family structure and influence, and engagement with services to address mental health and / or substance abuse issues, as indicated. The program targets youth (predominately AA) arrested in the three largest cities.			
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) None			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 130.5 days			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 0071			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) \$00.00			
Program two name:	Family Keys	Type of program:	Early Intervention
Program operating agency:	Southwest Key Program		
Program mailing address 1997 Route 17M			
Address line 2			
City Goshen		State New York	Zip code 10924
Contact person for program Monica Recinos			
Title Program Director		Phone number (845) 294-6917	Ext.
Email MRecinos@swkey.org			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 288,163.33			
1. Please indicate the specific zip codes this program will target? Zip Codes All in Orange County			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) All youth referred for PINS related behaviors and their families are assessed and provided with immediate intervention, including: information and referral, crisis management, and short-term case management. Additionally, a part-time case manager will participate in interdisciplinary meetings for all school complaints, with partners from Probation, school, family, and the youth. They will facilitate the development of a service plan with each youth and family, and will follow in community.			

3. Does your municipality plan to replicate program across multiple locations? (<input checked="" 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) 0240
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? (<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) Outcomes include: 98% of youth were maintained in the custody of their parent / guardian (goal 90%); 99% received minimum casework contacts (goal 98%); 99% had face-to-face contact within 72 hours of referral (goal 98%); 92% had a thorough assessment within 30 days (Goal 90%); 99% received appropriate referrals, services, & linkages (Goal 90%). Outcomes were achieved through assessment, short-term crisis / case management, and linkages to supports and services.
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) None
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 71.81
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 0177
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) \$9,533.

Program three name:	JDAI Coordinator	Type of program:	IDAI
Program operating agency:	Southwest Key Program		
Program mailing address 1997 Rte 17M			
Address line 2			
City Goshen	State New York	Zip code 10924	
Contact person for program Steve Pack			
Title JDAI Coordinator	Phone number (845) 294-6917	Ext.	
Email SPack@swkey.org			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 134,408.06			
1. Please indicate the specific zip codes this program will target? Zip Codes All zip codes in Orange County			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The JDAI Coord. position will continue to work with all stakeholders throughout the county to increase and sustain collaboration among organizations responding to and serving juveniles. The Coordinator insures pertinent information and data is shared across systems, informs policy / procedure development, and provides training to stakeholders across systems on policy, procedure, services and legislation affecting youth at-risk or involved with the juvenile justice system.			
3. Does your municipality plan to replicate program across multiple locations? (<input checked="" 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) 0300			
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? (<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) N/A for JDAI Coordinator			
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) 0200			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 00000000			

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? (<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)			
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? (<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) 0177			
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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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? (<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)

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

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? \$			

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 eight 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			
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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 nine 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		
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Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
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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? (<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)			

Program eleven name:	THIS IS A STSJP-RTA PROGRAM Raise the Age Coordinator	Type of program:	
Program operating agency:	Southwest Key Program		
Program mailing address 1997 Rte. 17M			
Address line 2			
City Goshen		State New York	Zip code 10924
Contact person for program Steve Pack			
Title Raise the Age Coordinator		Phone number (845) 294-6917	Ext.
Email SPack@swkey.org			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 44,947.90			
1. Please indicate the specific zip codes this program will target? Zip Codes All zip codes in Orange County			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The RTA Coord. position works with all stakeholders throughout the county to increase and sustain collaboration among organizations responding to RTA youth. The Coord. insures information and data is shared across systems, informs policy/procedure devel., and trains across systems on policy, procedure, services and legislation affecting youth age 16 (& 17 - 10.1.19) involved with the Juv. Justice system. The Coord. is responsible for RTA fiscal plan submission /updates & data tracking.			
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) 0150			
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? (<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)			

Program twelve name:	THIS IS A STSJP-RTA PROGRAM Residential Alternatives	Type of program:	
Program operating agency:	Youth Advocate Program		
Program mailing address 280 Broadway, Suite 12			
Address line 2			
City Newburgh		State New York	Zip code 12550
Contact person for program Rachel Bonjorno			
Title Program Supervisor		Phone number (845) 565-0901	Ext.
Email rborngiorno@yapinc.org			
Program service detailed information			

The amount of STSJP funds that your jurisdiction will devote to the services from this program?	\$ 85,000.00
1. Please indicate the specific zip codes this program will target?	Zip Codes All zip codes in Orange County
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)	This program works with youth who have been arrested and who are at high risk of being placed in a residential facility. Youth and families are provided with wrap-around plans for reducing risk and supporting academic / vocational achievement, community involvement, family functioning, and physical / mental health and well-being.
3. Does your municipality plan to replicate program across multiple locations? (<input checked="" 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)	0015
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? (<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)	

STSJP/RTA Program name:	Family Engagement Specialist (MHJJ)	Type of program:	STSJP-RTA
Program operating agency:	RSS		
Program mailing address 30 Matthews Street, Suite 204			
Address line 2			
City	Goshen	State	New York
Zip code	10924		
Contact person for program Kristen Fortuna			
Title	Program Coordinator	Phone number (845) 615-9020	Ext. 325
Email KFortuna@rehab.org			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program?	\$ 93,750.00		
1. Please indicate the specific zip codes this program will target?	Zip Codes 12550, 10940, 12771		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)	The FES MHJJ Program will identify youth who may require / benefit from mental health intervention and determine the appropriate level of assistance, provide a comprehensive assessment, crisis counseling to youth and families, assist w/ providing "Strengthening Families", facilitate linkages to community services, collaborate with Juvenile Justice stakeholders and systems, and provide education regarding mental health reports , services , strategies & Juvenile Justice & maintains program data.		
3. Does your municipality plan to replicate program across multiple locations? (<input checked="" 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)	0030		
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? (<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)

STSJP/RTA Program name:	Astor Family Services and Supports	Type of program:	New Program STSJP-RTA
Program operating agency:	Astor Children's Services		
Program mailing address 390 Crystal Run Road, Suite 101			
Address line 2			
City Middletown		State New York	Zip code 10940
Contact person for program Zoryn Lazarus-Theodore			
Title Program Director		Phone number (845) 673-4260	Ext. 241
Email ZLTheodore@astorservices.org			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 300,000.00			
1. Please indicate the specific zip codes this program will target? Zip Codes All zip codes in Orange County			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) This program targets youth with mental health services needs, who are at risk of deeper penetration into the Juvenile Justice system and / or out-of-home placement. Intensive case management, psychiatrist and clinical mental health services are provided, as well as parent education and support.			
3. Does your municipality plan to replicate program across multiple locations? (<input checked="" 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) 0060			
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? (<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)			

STSJP/RTA Program name:	Intensive Clinical Case management	Type of program:	STSJP-RTA
Program operating agency:	RSS		
Program mailing address 30 Matthews Street, Suite 204			
Address line 2			
City Goshen		State New York	Zip code 10924
Contact person for program Kristen Fortuna			
Title Program Coordinator		Phone number (845) 615-9020	Ext. 325
Email KFortuna@rehab.org			
Program service detailed information			

The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 75,000.00
1. Please indicate the specific zip codes this program will target? Zip Codes All zip codes in Orange County
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Intensive clinical case management services are provided to youth ages 16 (and 17 as of 10.1.19) who are arrested and in need of mental health assessment and services. Clinical services, information and referral, family support, and other individualized services are provided to prevent further involvement in the Juvenile Justice system or out-of-home placement.
3. Does your municipality plan to replicate program across multiple locations? (<input checked="" 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) 0030
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? (<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)

SECTION EIGHT – Plan Approval
Approval of the Chief Executive Officer
As STSJP Lead for Orange County municipality, I certify that the CEO
Steven M. Neuhaus, County Executive has reviewed and approved the 2018 - 2019 STSJP plan.
Date: 11 / 2 / 2018 STSJP Lead User ID: 33a896
STSJP Lead printed name: Anne Caldwell
Approval of the OCFS STSJP Program Lead
As OCFS STSJP reviewer. I certify that I approve of this STSJP plan for Orange County
municipality, for 2018 - 2019.
Date: 6 / 11 / 2019 User ID: kk4352 Printed name John Johnson