



Office of Children  
and Family Services

ANDREW M. CUOMO  
Governor

SHEILA J. POOLE  
Commissioner

November 6, 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) 2019-20. Your plan has been reviewed by the Office of Children and Family Services (OCFS), and we are pleased to inform you that your STSJP plan has been **approved**.

**Please note that this approval does not extend to the amount listed for the STSJP RTA programming unless your county has received a NYS Division of Budget approval letter. OCFS will send out a revised STSJP approval letter reflecting the STSJP RTA programming amount approved by NYS DOB as applicable**

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 non-Raise The Age 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 up until 6/30/20, unless otherwise approved by the Office of Children and Family Services. If Orange County plans to shift its detention allocation for STSJP eligible expenses, please submit a request on official letterhead to Lynn Tubbs and email it to [stsjp@ocfs.ny.gov](mailto: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 for which a municipality may be eligible, the expenditures must be specifically included in a locality's Division of Budget approved comprehensive RTA plan.

All STSJP claims must be submitted electronically via the Juvenile Detention Automated System (JDAS) for the service period of October 1, 2019 to September 30, 2020. 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 programming to reduce out of home placement and detention of youth.

If you have any questions, please email us at [stsjp@ocfs.ny.gov](mailto: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 or [Lynn.Tubbs@ocfs.ny.gov](mailto:Lynn.Tubbs@ocfs.ny.gov).

Sincerely,



Nina Aledort, PhD  
Deputy Commissioner  
Division of Youth Development and Partnerships for Success  
Office of Children and Family Services

cc: Derek Holtzclaw, OCFS Deputy Commissioner for Administration  
Lynn Tubbs, Director of Cross-System Supports, YDAPS  
OCFS Child Welfare and Community Services Regional Office Directors  
Municipality STSJP Leads

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**SUPERVISION AND TREATMENT SERVICES**  
**FOR JUVENILE PROGRAM (STSJP) ANNUAL PLAN**  
**FOR PROGRAM YEAR OCTOBER 1, 2019 - SEPTEMBER 30, 2020**

**STSJP plans are due to the Office of Children and Family Services (OCFS) by 9/10/19**

Plans should be submitted to: [stsjp@ocfs.ny.gov](mailto:stsjp@ocfs.ny.gov)

Please be sure that the title "STSJP 2019-2020 Annual Plan-Municipality 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:**

- Geneva Hilliard: 518-486-1819
- Lynn Tubbs: 518-473-9116

<b>MUNICIPALITY INFORMATION</b>	
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

<b>PLAN SUBMISSION INSTRUCTIONS</b>
Instructions for submitting an STSJP plan for OCFS review: <ol style="list-style-type: none"> <li>a. 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>b. Save your application using the file name "STSJP 2019-2020 Annual Plan – (Name of County)";</li> <li>c. Work from the "saved" application document, using it to record all of your municipality information;</li> <li>d. Once you have completed entering the required data, save the document.</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>

**PART I – STSJP PROGRAMS**

SECTION 1	PLAN AMOUNTS
<b>EXPENSES</b>	
1. Total program expenses	\$ 610,282.26
2. State reimbursement	\$ 378,375.00
3. Local share amount	\$ 231,907.26
<b>Reimbursements for the plan (Enter all amounts that are applicable.)</b>	
4. STSJP allocation amount	\$ 123,933.00
5. STSJP local approved plan amount	\$ 123,933.00
6. Detention approved amount shifted to STSJP	\$ 156,602.00
7. PY rollover approved amount	\$ 97,840.00
8. Total approved amounts for state reimbursement	\$ 378,375.00

*\*See Addendum for Enhanced Funding*

SECTION 2	LIST OF STSJP PROGRAMS TO BE FUNDED		
Program Name	Local Share (38 percent)	State Share (62 percent)	Total Program Expenses (100 percent)
STSJP Program 1 Family Engagement (MHJJ) Program	\$ 68,281.55	\$ 111,406.73	\$ 179,688.28
STSJP Program 2 Family Keys	\$ 134,431.32	\$ 219,335.31	\$ 353,766.63

STSJP Program 3 JDAI Coordinator	\$ 29,194.39	\$ 47,632.96	\$ 76,827.35
STSJP Program 4 NA	\$	\$	\$
STSJP Program 5 NA	\$	\$	\$
STSJP Program 6 NA	\$	\$	\$
STSJP Program 7 NA	\$	\$	\$
STSJP Program 8 NA	\$	\$	\$
STSJP Program 9 NA	\$	\$	\$
STSJP Program 10 NA	\$	\$	\$
STSJP Program 11 NA	\$	\$	\$
STSJP Program 12 NA	\$	\$	\$
<b>TOTAL</b>			\$ 610,282.26

**STSJP PROGRAMMING DETAILS**

List the **name of each service and program** that you expect will receive STSJP funds, along with the **projected amount of STSJP funds** to be used for each. Please provide programmatic information in the format listed below. Provide the name of the provider of the service program. **Please note there are now 7 types of programming to choose from.**

**STSJP Program 1**

STSJP Program 1 Name: Family Engagement Specialist (MHJJ)		STSJP Program 1 Type: Early Intervention	
STSJP Program 1 Operating Agency: RSS			
Program Mailing Address 30 Matthews Street, Suite 204			
Address Line 2			
City Goshen		State NY	Zip Code 10924
Contact Person for Program Kristen Fortuna		Email Kfortuna@rehab.org	
Title Program Director		Phone (845) 615 - 9020	Ext 325

**STSJP Program 1 Service Detailed Information**

- The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 179,688.28
- Please indicate the specific zip codes this program will target. 12550, 10940, 12771,
- 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 with providing "Strengthening Families", facilitate linkages to community services, collaborate with Juvenile Justice stakeholders and systems, and provide support to youth and families navigating the juvenile justice system.
- Does your municipality plan to replicate the program across multiple locations?  Yes  No

5. What is the projected number of youth who will receive services from this program? 75

**If the STSJP Program 1 received STSJP funds in the previous STSJP PY, answer the questions below.**

6. Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, **answer #7**; If No, **skip to #8**; If Partially, **answer #7 and #8**.

7. What projected outcomes were met and how were they met? (**100 words or less**) For 2018, the MHJJ Program reported that 96% of enrolled youth had no arrests while in program and 98% of enrolled youth remained in community upon discharge. 100% of youth required to appear at court did attend as scheduled. The program targets youth within Orange County's three cities.

8. 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

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 101.46

10. Total number of youth served by this program during the previous STSJP PY: 72

11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 0

### STSJP Program 2

STSJP Program 2 Name:

Family Keys

STSJP Program 2 Type:

Early Intervention

STSJP Program 2 Operating Agency:

Southwest Key

Program Mailing Address

1997 Route 17M

Address Line 2

City

Goshen

State

NY

Zip Code

10924

Contact Person for Program

Monica Recinos

Email

mrecinos@swkey.org

Title

Program Director

Phone

(845) 294 - 6917

Ext

### STSJP Program 2

### Service Detailed Information

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 353,766.63

2. Please indicate the specific zip codes this program will target. All Orange County,

3. 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, safety planning and short term case management with the goal of successful PINS diversion.

4. Does your municipality plan to replicate the program across multiple locations?  Yes  No

5. What is the projected number of youth who will receive services from this program? 0240

**If the STSJP Program 2 received STSJP funds in the previous STSJP PY, answer the questions below.**

6. Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, **answer #7**; If No, **skip to #8**; If Partially, **answer #7 and #8**.

7. What projected outcomes were met and how were they met? (**100 words or less**) 98% of youth who participated in the program remained free from arrests while enrolled. 100% of youth who were required to appear at court attended, 97% of youth who participated in the program did not receive any additional petitions while enrolled. 99% of youth remained in community at discharge.

8. 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

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 78.07

10. Total number of youth served by this program during the previous STSJP PY: 169

11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 23398.45

**STSJP Program 3**

STSJP Program 3 Name:  
Juvenile Detention Alternatives Initiative (JDAI)  
Coordinator

STSJP Program 3 Type:  
**Indirect Services Provider**

STSJP Program 3 Operating Agency:  
Southwest Key Programs

Program Mailing Address  
1997 Route 17M

Address Line 2

City  
Goshen

State  
NY

Zip Code  
10924

Contact Person for Program  
Steven Pack

Email  
spack@swkey.org

Title  
JDAI Coordinator

Phone  
(845) 294 - 6917

Ext

**STSJP Program 3 Service Detailed Information**

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 76,827.35

2. Please indicate the specific zip codes this program will target. All Orange County,

3. How will the program be utilized to serve targeted youth in your municipality? **(100 words or less)** JDAI will coordinate the PINS Committee consisting of OC DSS, Mental Health, Probation, Youth Bureau, County Attorney as well as court personnel and contracted agencies. JDAI will provide PINS data, process design and implementation and plan evaluation. JDAI will also take the lead on training multiple juvenile justice entities that will be affected by PINS legislative reform. In addition to the PINS responsibilities, JDAI completes all DRAs county wide, coordinates Raise the Age statistical reporting/training/reimbursement and is a member of multiple county initiatives with the goal of reducing unnecessary detention admissions.

4. Does your municipality plan to replicate the program across multiple locations?  Yes  No

5. What is the projected number of youth who will receive services from this program? NA

**If the STSJP Program 3 received STSJP funds in the previous STSJP PY, answer the questions below.**6. Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, **answer #7**; If No, **skip to #8**; If Partially, **answer #7 and #8**.7. What projected outcomes were met and how were they met? **(100 words or less)** NA for JDAI Coordinator- Indirect service provider.8. 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

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) NA

10. Total number of youth served by this program during the previous STSJP PY: NA

11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 76827.35

**STSJP Program 4**

STSJP Program 4 Name:  
NA

STSJP Program 4 Type:

STSJP Program 4 Operating Agency:

Program Mailing Address

Address Line 2

City		State	Zip Code
Contact Person for Program		Email	
Title	Phone ( ) -	Ext	
<b>STSJP Program 4 Service Detailed Information</b>			
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$			
2. Please indicate the specific zip codes this program will target.			
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)			
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5. What is the projected number of youth who will receive services from this program?			
<b>If the STSJP Program 4 received STSJP funds in the previous STSJP PY, answer the questions below.</b>			
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.			
7. What projected outcomes were met and how were they met? (100 words or less)			
8. 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)			
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)			
10. Total number of youth served by this program during the previous STSJP PY:			
11. What amount of rollover funds from the previous STSJP PY will be spent on this program?			

<b>STSJP Program 5</b>			
STSJP Program 5 Name: NA		STSJP Program 5 Type:	
STSJP Program 5 Operating Agency:			
Program Mailing Address			
Address Line 2			
City		State	Zip Code
Contact Person for Program		Email	
Title	Phone ( ) -	Ext	

<b>STSJP Program 5 Service Detailed Information</b>			
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$			
2. Please indicate the specific zip codes this program will target.			
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)			
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5. What is the projected number of youth who will receive services from this program?			
<b>If the STSJP Program 5 received STSJP funds in the previous STSJP PY, answer the questions below.</b>			
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8. If Yes, answer #7. If No, skip to #8.			
7. What projected outcomes were met and how were they met? (100 words or less)			
8. 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)			

- 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
- 10. Total number of youth served by this program during the previous STSJP PY:
- 11. What amount of rollover funds from the previous STSJP PY will be spent on this program?

**STSJP Program 6**

STSJP Program 6 Name: NA		STSJP Program 6 Type:	
STSJP Program 6 Operating Agency:			
Program Mailing Address			
Address Line 2			
City		State	Zip Code
Contact Person for Program		Email	
Title	Phone ( ) -		Ext

**STSJP Program 6 Service Detailed Information**

- 1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$
- 2. Please indicate the specific zip codes this program will target.
- 3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
- 4. Does your municipality plan to replicate the program across multiple locations?  Yes  No
- 5. What is the projected number of youth who will receive services from this program?
- If the STSJP Program 6 received STSJP funds in the previous STSJP PY, answer the questions below.**
- 6. Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, **answer #7**; If No, **skip to #8**; If Partially, **answer #7 and #8**.
- 7. What projected outcomes were met and how were they met? (100 words or less)
- 8. 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)
- 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
- 10. Total number of youth served by this program during the previous STSJP PY:
- 11. What amount of rollover funds from the previous STSJP PY will be spent on this program?

**STSJP Program 7**

STSJP Program 7 Name: NA		STSJP Program 7 Type:	
STSJP Program 7 Operating Agency:			
Program Mailing Address			
Address Line 2			
City		State	Zip Code
Contact Person for Program		Email	
Title	Phone ( ) -		Ext

**STSJP Program 7 Service Detailed Information**

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

2. Please indicate the specific zip codes this program will target.
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. What is the projected number of youth who will receive services from this program?
<b>If the STSJP Program 7 received STSJP funds in the previous STSJP PY, answer the questions below.</b>
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.
7. What projected outcomes were met and how were they met? (100 words or less)
8. 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)
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
10. Total number of youth served by this program during the previous STSJP PY:
11. What amount of rollover funds from the previous STSJP PY will be spent on this program?

<b>STSJP Program 8</b>		
STSJP Program 8 Name: NA	STSJP Program 8 Type:	
STSJP Program 8 Operating Agency:		
Program Mailing Address		
Address Line 2		
City	State	Zip Code
Contact Person for Program	Email	
Title	Phone ( ) -	Ext

<b>STSJP Program 8</b>	<b>Service Detailed Information</b>
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$	
2. Please indicate the specific zip codes this program will target.	
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)	
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program?	
<b>If the STSJP Program 8 received STSJP funds in the previous STSJP PY, answer the questions below.</b>	
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.	
7. What projected outcomes were met and how were they met? (100 words or less)	
8. 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)	
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)	
10. Total number of youth served by this program during the previous STSJP PY:	
11. What amount of rollover funds from the previous STSJP PY will be spent on this program?	

<b>STSJP Program 9</b>		
STSJP Program 9 Name: NA	STSJP Program 9 Type:	
STSJP Program 9 Operating Agency:		
Program Mailing Address		

Address Line 2		
City	State	Zip Code
Contact Person for Program	Email	
Title	Phone ( ) -	Ext

**STSJP Program 9 Service Detailed Information**

- The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$
- Please indicate the specific zip codes this program will target.
- How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
- Does your municipality plan to replicate the program across multiple locations?  Yes  No
- What is the projected number of youth who will receive services from this program?

**If the STSJP Program 9 received STSJP funds in the previous STSJP PY, answer the questions below.**

- Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.
- What projected outcomes were met and how were they met? (100 words or less)
- 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)
- What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
- Total number of youth served by this program during the previous STSJP PY:
- What amount of rollover funds from the previous STSJP PY will be spent on this program?

**STSJP Program 10**

STSJP Program 10 Name: NA	STSJP Program 10 Type:
STSJP Program 10 Operating Agency:	
Program Mailing Address	
Address Line 2	
City	State Zip Code
Contact Person for Program	Email
Title	Phone ( ) - Ext

**STSJP Program 10 Service Detailed Information**

- The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$
- Please indicate the specific zip codes this program will target.
- How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
- Does your municipality plan to replicate the program across multiple locations?  Yes  No
- What is the projected number of youth who will receive services from this program?

**If the STSJP Program 10 received STSJP funds in the previous STSJP PY, answer the questions below.**

- Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.
- What projected outcomes were met and how were they met? (100 words or less)

- 8. 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)**
- 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
- 10. Total number of youth served by this program during the previous STSJP PY:
- 11. What amount of rollover funds from the previous STSJP PY will be spent on this program?

**STSJP Program 11**

STSJP Program 11 Name: NA		STSJP Program 11 Type:	
STSJP Program 11 Operating Agency:			
Program Mailing Address			
Address Line 2			
City		State	Zip Code
Contact Person for Program		Email	
Title		Phone ( ) -	Ext

**STSJP Program 11 Service Detailed Information**

- 1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$
- 2. Please indicate the specific zip codes this program will target.
- 3. How will the program be utilized to serve targeted youth in your municipality? **(100 words or less)**
- 4. Does your municipality plan to replicate the program across multiple locations?  Yes  No
- 5. What is the projected number of youth who will receive services from this program?
- If the STSJP Program 11 received STSJP funds in the previous STSJP PY, answer the questions below.**
- 6. Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, **answer #7**; If No, **skip to #8**; If Partially, **answer #7 and #8**.
- 7. What projected outcomes were met and how were they met? **(100 words or less)**
- 8. 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)**
- 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
- 10. Total number of youth served by this program during the previous STSJP PY:
- 11. What amount of rollover funds from the previous STSJP PY will be spent on this program?

**STSJP Program 12**

STSJP Program 12 Name: NA		STSJP Program 12 Type:	
STSJP Program 12 Operating Agency:			
Program Mailing Address			
Address Line 2			
City		State	Zip Code
Contact Person for Program		Email	
Title		Phone ( ) -	Ext

**STSJP Program 12 Service Detailed Information**

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

2. Please indicate the specific zip codes this program will target.

3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)

4. Does your municipality plan to replicate the program across multiple locations?  Yes  No

5. What is the projected number of youth who will receive services from this program?

**If the STSJP Program 12 received STSJP funds in the previous STSJP PY, answer the questions below.**

6. Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, answer #7; if No, skip to #8; If Partially, answer #7 and #8.

7. What projected outcomes were met and how were they met? (100 words or less)

8. 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)

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)

10. Total number of youth served by this program during the previous STSJP PY:

11. What amount of rollover funds from the previous STSJP PY will be spent on this program?

**PART II – STSJP-RTA PROGRAMS**

**SECTION 1 STSJP RTA PLAN AMOUNTS**

<b>Expenses</b>	
1. RTA-approved plan amount	\$ 887,448
2. Total program expenses	\$ 887,448

**SECTION 2 LIST OF STSJP-RTA PROGRAMS TO BE FUNDED**

<b>Program Name</b>	<b>Total Program Expenses</b>
STSJP-RTA Program 1 Family Engagement Specialist (MHJJ)	\$ 112,500
STSJP-RTA Program 2 Astor Family Therapy and Support	\$ 400,000
STSJP-RTA Program 3 RSS ICCM Program	\$ 75,000
STSJP-RTA Program 4 YAP, Residential Alternatives Program	\$ 255,000
STSJP-RTA Program 5 JDAI/Raise the Age Coordinator	\$ 44,948
STSJP-RTA Program 6	\$
<b>TOTAL</b>	<b>\$ 887,448</b>

**STSJP-RTA PROGRAMMING DETAILS**

List the **name of each service and program** that you expect will receive STSJP funds, along with the **projected amount of STSJP funds** to be used for each. Please provide programmatic information in the format listed below. Provide the name of the provider of the service program. **Please note there are now 7 types of programming to choose from.**

**STSJP-RTA Program 1**

Program 1 Name: Family Engagement Specialist (MHJJ)		Program 1 Type: <b>Early Intervention</b>	
Program 1 Operating Agency: RSS			
Program Mailing Address 30 Matthews Street, Suite 204			
Address Line 2			
City Goshen	State NY	Zip Code 10924	
Contact Person for Program Kristen Fortuna	Email kfortuna@rehab.org		
Title Program Coordinator	Phone (845) 615 - 9020	Ext 325	

**STSJP-RTA Program 1****Service Detailed Information**

1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 112,500
2. Please indicate the specific zip codes this program will target. 12550, 10940, 12771,
3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b> The FES MHJJ Program will identify RTA 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 with providing "Strengthening Families", facilitate linkages to community services, collaborate with juvenile justice stakeholders/systems and provide education regarding mental health reports, services and strategies.
4. Does your municipality plan to replicate the program across multiple locations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. What is the projected number of youth who will receive services from this program? 30
<b>If the STSJP-RTA Program 1 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.</b>
6. Did projected performance outcomes meet expected outcomes? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, <b>answer #7</b> ; If No, <b>skip to #8</b> ; If Partially, <b>answer #7 and #8</b> .
7. What projected outcomes were met and how were they met? <b>(100 word or less)</b> For RTA youth, 100% remained in community and were not re-arrested. 92% of youth were successfully discharged.
8. 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? <b>(100 words or less)</b> NA
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 89
10. Total number of youth served by this program during the previous STSJP-RTA PY: 12
11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program? 0

**STSJP-RTA Program 2**

Program 2 Name: Astor Family Services and Support		Program 2 Type: <b>Early Intervention</b>	
Program 2 Operating Agency: Astor Children's Services			
Program Mailing Address 390 Crystal Run Road, Suite 101			
Address Line 2			

City Middletown	State NY	Zip Code 10940
Contact Person for Program Zoryn Lazarus-Theodore	Email zitheodore@astorservices.org	
Title Program Director	Phone (845) 673 - 4260	Ext 241
<b>STSJP-RTA Program 2 Service Detailed Information</b>		
1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 400,000		
2. Please indicate the specific zip codes this program will target. All Orange County,		
3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b> This program targets RTA youth with mental health service needs and 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.		
4. Does your municipality plan to replicate the program across multiple locations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. What is the projected number of youth who will receive services from this program? 80		
<b>If the STSJP-RTA Program 2 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.</b>		
6. Did projected performance outcomes meet expected outcomes? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.		
7. What projected outcomes were met and how were they met? <b>(100 word or less)</b> One RTA youth was enrolled in the program during the previous STSJP-RTA program year. This youth was discharged successfully and remained in community.		
8. 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? <b>(100 words or less)</b> NA		
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 121 days		
10. Total number of youth served by this program during the previous STSJP-RTA PY: 1		
11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program? 0		

**STSJP-RTA Program 3**

Program 3 Name: Intensive Clinical Case Management (ICCM)	Program 3 Type: Early Intervention	
Program 3 Operating Agency: RSS		
Program Mailing Address 30 Matthews St., Suite 204		
Address Line 2		
City Goshen	State NY	Zip Code 10924
Contact Person for Program Kristen Fortuna	Email kfortuna@rehab.org	
Title Program Coordinator	Phone (845) 615 - 9020	Ext

**STSJP-RTA Program 3 Service Detailed Information**

1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 75,000		
2. Please indicate the specific zip codes this program will target. All Orange County,		
3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b> Intensive Clinical Case Management services are provided to youth ages 16 and 17 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.

4. Does your municipality plan to replicate the program across multiple locations?  Yes  No

5. What is the projected number of youth who will receive services from this program? 30

**If the STSJ-PRTA Program 3 received STSJ-PRTA funds in the previous STSJ-PRTA PY, answer the questions below.**

6. Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.

7. What projected outcomes were met and how were they met? (100 word or less) One RTA youth has received ICCM services during the previous STSJ-PRTA program year. This service is currently still open so no outcome data is available.

8. 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

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) NA

10. Total number of youth served by this program during the previous STSJ-PRTA PY: 1

11. What amount of rollover funds from the previous STSJ-PRTA PY will be spent on this program? 0

**STSJP-RTA Program 4**

Program 4 Name: YAP Residential Services		Program 4 Type: Early Intervention	
Program 4 Operating Agency: Youth Advocate Program			
Program Mailing Address 280 Broadway			
Address Line 2			
City Newburgh	State NY	Zip Code 12550	
Contact Person for Program Rhonda Green	Email rgreen@yapinc.org		
Title Regional Director	Phone (845) 565 - 5035	Ext	

**STSJP-RTA Program 4 Service Detailed Information**

1. The amount of STSJ-PRTA funds that your jurisdiction will devote to the services from this program? \$ 255,000

2. Please indicate the specific zip codes this program will target. All Orange County,

3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) YAP is a wraparound service utilizing credible messengers as mentors to clients. YAP provides preventative, educational and vocational services to juvenile justice RTA youth ages 16/17 . YAP utilizes Strengthening Families, Seeking Safety, Peaceful Alternatives to Tough Situations, Aggression Replacement Training, Thinking for Change, Seven Challenges, Girls Circle and Wise Guys within their program.

4. Does your municipality plan to replicate the program across multiple locations?  Yes  No

5. What is the projected number of youth who will receive services from this program? 30

**If the STSJ-PRTA Program 4 received STSJ-PRTA funds in the previous STSJ-PRTA PY, answer the questions below.**

6. Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.

7. What projected outcomes were met and how were they met? (100 word or less)

- 8. 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)**
- 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
- 10. Total number of youth served by this program during the previous STSJP-RTA PY:
- 11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program?

**STSJP-RTA Program 5**

Program 5 Name: JDAI/Raise the Age Coordinator		Program 5 Type: <b>Indirect Services Provider</b>	
Program 5 Operating Agency: Southwest Key Programs			
Program Mailing Address 1997 Route 17M			
Address Line 2			
City Goshen	State NY	Zip Code 10924	
Contact Person for Program Steven Pack	Email spack@swkey.org		
Title JDAI/Raise the Age Coordinator	Phone (845) 294 - 6917	Ext	

**STSJP-RTA Program 5 Service Detailed Information**

- 1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 44,948
- 2. Please indicate the specific zip codes this program will target. All Orange County,
- 3. How will the program be utilized to serve targeted youth in your municipality? **(100 words or less)** The JDAI/RTA Coordinator position works with all stakeholders throughout the county to increase and sustain collaboration among agencies working with RTA youth. The JDAI/RTA Coord. ensures information and data is shared across systems, informs policy/procedure development and trains systems on RTA process. The coordinator is responsible for RTA fiscal plan submission, updates and data tracking/reporting as well as all RTA Detention Risk Assessment Instrument preparation and submission.
- 4. Does your municipality plan to replicate the program across multiple locations?  Yes  No
- 5. What is the projected number of youth who will receive services from this program? NA
- If the STSJP-RTA Program 5 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.**
- 6. Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, **answer #7**; If No, **skip to #8**; If Partially, **answer #7 and #8**.
- 7. What projected outcomes were met and how were they met? **(100 word or less)** NA for JDAI/RTA Coordinator- Indirect Service Provider.
- 8. 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
- 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) NA
- 10. Total number of youth served by this program during the previous STSJP-RTA PY: NA
- 11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program? 0

**STSJP-RTA Program 6**

Program 6 Name:		Program 6 Type:	
Program 6 Operating Agency:			
Program Mailing Address			

Address Line 2		
City	State	Zip Code
Contact Person for Program	Email	
Title	Phone ( ) -	Ext

**STSJP-RTA Program 6 Service Detailed Information**

- The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$
- Please indicate the specific zip codes this program will target.
- How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
- Does your municipality plan to replicate the program across multiple locations?  Yes  No
- What is the projected number of youth who will receive services from this program?

**If the STSJP-RTA Program 6 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.**

- Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.
- What projected outcomes were met and how were they met? (100 word or less)
- 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)
- What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
- Total number of youth served by this program during the previous STSJP-RTA PY:
- What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program?

**PART III – STSJP-RTA PROGRAM ANALYSIS**

**SECTION 1 Overall Analysis**

**A. Overall Analysis of Communities**

Discuss and identify the neighborhoods or communities by zip codes or areas from which the highest number of Youthful Offenders (YO), Adolescent Offenders (AO), Juvenile Delinquents (JD) and Persons in Need of Supervision (PINS) enter the youth justice system, and the factors that may be contributing. Orange County has a population of 381,951 and covers 811.7 miles. There are 42 municipalities in the county including 20 towns, 19 villages and 3 cities. The three cities are Newburgh, Middletown and Port Jervis. The population of these cities are Newburgh - 28,866, Middletown - 28,086 and Port Jervis - 8,826. A significant number of families living at or below the poverty level reside in the three cities. Census Bureau estimates in 2018 show the percentage of persons living in poverty as follows: Newburgh 31.8%, Middletown 17.3% and Port Jervis 18%. Within the past four years, Newburgh has seen a decrease in violence partly due to the success of STSJP programming. The three cities, continue to have the highest number of JD and PINS petitions entering the juvenile justice system.

**B. Overall Analysis of Disparity**

Please provide information indicating whether there is evidence of racial/ethnic disparity in your local system's use of detention or residential placement. In Orange County, African-Americans represent 12.9% of the general population. However, African-American youth are over-represented at several key points in the juvenile justice system including new JD arrest petitions (33%), new PINS petitions (26%). Hispanic youth represent 21% of the overall Orange County population but are also over-represented with new PINS petitions (31%) and PINS detention admissions (48%).

If such disparity exists, describe how this STSJP plan addresses the issues of disparity. Middletown and Newburgh both have a higher percentage of youth of color than Orange County as a whole. The MHJJ program targets youth in the 3 cities to ensure better outcomes and reduced recidivism. In 2018 the MHJJ program statistics show 64% of

enrolled youth were youth of color: Within Family Keys, both the clinician and Program Director are bi-lingual which enhances the services provided to spanish speaking families.

JDAI reports monthly to juvenile justice stakeholders the demographic information of all RTA youth. This information is utilized by county departments to make effective decisions with reducing racial and ethnic disparities as a priority.

**SECTION 2 PERFORMANCE OUTCOMES**

For current program year, provide the projected performance outcomes for all of your proposed services and programs. Be sure to include an estimate of the anticipated reductions in detention utilization and residential placements. **(250 words or less)** Family Keys: 90% of youth will remain in parent/guardian custody in the community and 98% of youth and families will receive a face to face visit within 72 hours. Family Engagement Specialist Program (MHJJ): 80% of youth served will not be re-arrested while engaged with the program; ; other outcomes include: reduction of racial/ethnic disparity through targeted services by MHJJ to youth arrested in the three cities. 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 community. Orange County continues to experience extremely low detention admissions. With the removal of PINS from NSD in 2020, it is anticipated that AO/JD admissions will continue to be very low even with the implementation of RTA for 17 year old youth on 10/1/19.

**SECTION 3 COLLABORATION SECTION**

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, social services, courts, services providers, schools, and youth development programs. Orange County has been a JDAI county since 2013 and continues to make collaboration amongst juvenile justice stakeholders the basis of our decision making process. 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. The RTA Planning Committee and subcommittees that include all county departments involved with Juvenile Justice, Family Court, multiple law enforcement agencies, Sheriff's Office, BOCES, Children's Rights Society continues to meet as needed. Monthly, all members receive a statistical update compiled by the JDAI/RTA Coordinator. Now that PINS reform has been enacted, a PINS subcommittee has been formed which includes Family Court, OC DSS, OC Mental Health, OC Probation, OC County Attorney's Office, contracted service providers and JDAI Coordinator. The JDAI/RTA Coordinator is tasked with the responsibility to coordinate these meetings, provide all needed information, advise on decision making and policy implementation, provide training and evaluation. All members of the different committees are kept current on progress and other pertinent information.

**SECTION 4 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 juvenile programs, and may enter into agreements in connection therewith. Counties submitting such applications must provide the following information:

1. Describe the provisions for the proportionate cost to be borne by each county: NA
2. Describe how personnel will be compensated across and between counties in the cooperative: NA
3. If a single fiscal officer will be the custodian of the funds made available for STSJP, please provide the officer's name and contact information: NA

**PART IV – PLAN APPROVAL**

**SECTION 1 APPROVAL OF THE CHIEF EXECUTIVE OFFICER**

As STSJP Lead for Orange County municipality, I certify that the CEO Steven Neuhaus, County Executive has reviewed and approved the 2020 STSJP plan.

Date: 9 / 10 / 19 User ID: 33a896

Print name: Anne Caldwell

**SECTION 2 APPROVAL OF THE OCFS PROGRAM LEAD**

As OCFS STSJP reviewer, I certify that I approve of this STSJP plan for Orange municipality, for 20 19 - 20

Date: 11/06/19 User ID: JM19737

Print name: Karen Sessions, Karen Sessions

<b>Enhanced STSJP Funding--PINS</b>	
<b>Orange County</b>	
<b>Program Expenses</b>	\$57,580.65
<b>State Reimbursement</b>	\$35,700.00
<b>Local Share</b>	\$21,880.65



# DEPARTMENT OF SOCIAL SERVICES

---

Darcie M. Miller, LCSW-R  
*Commissioner*

Irene E. Kuriander  
*Deputy Commissioner*

Steven M. Neuhaus  
*County Executive*

Box Z, 11 Quarry Road  
Goshen, NY 10924  
Tel: (845) 291-4000 • Fax: (845) 291-4338  
[www.orangecountygov.com](http://www.orangecountygov.com)

Lynn Tubbs, Director of Cross System Supports  
Division of Youth Development and Partnerships for Success  
New York State Office of Children and Family Services  
52 Washington Street, 338 North, Rensselaer, NY 12144

October 10, 2019

Dear Ms. Tubbs:

May this letter serve as a formal request to use the one-time additional STSJP funds for the following purpose:

Orange County will be utilizing the one-time additional \$35,700 STSJP funding for the Juvenile Detention Alternatives Initiative (JDAI) Coordinator position. JDAI has been tasked with coordinating the PINS Committee consisting of Orange County Departments of Social Services, Probation, Mental Health, Youth Bureau, County Attorney's Office, Family Court, contracted prevention agencies, and BOCES, as we plan for the upcoming changes. This coordination includes: PINS data review and reporting, process design and implementation, and eventual plan evaluation. JDAI will also take the lead on training county departments, law enforcement, court personnel and contracted agencies on new local policies and procedures as they relate to PINS reform.

Thank you for the additional funding to further our Juvenile Justice reform efforts.

Sincerely,

Anne Caldwell, LCSW