



## Office of Children and Family Services

KATHY HOCHUL  
Governor

SUZANNE MILES-GUSTAVE, ESQ.  
Acting Commissioner

March 23, 2023

Dear Chief Executive Officer,

Thank you for submitting Orange County's Supervision and Treatment Services for Juveniles Program (STSJP) plan for Program Year (PY) 2022-2023. Your entire STSJP plan, including any amounts listed for PY 2022-2023 STSJP-RTA, has been **approved**.

The County is eligible to receive 62% State reimbursement for STSJP expenditures up to the capped STSJP allocation amount. Your municipality will continue to receive 49% State reimbursement for eligible detention services expenditures up to the capped allocation amount. If your municipality shifts a portion of its detention allocation into its STSJP plan, your municipality will receive 62% State reimbursement, up to the capped allocation, if such shifted funds are spent on STSJP eligible expenditures. A municipality may make a detention allocation shift at the time of the STSJP plan submission or up until June 30, 2023, unless otherwise approved by the Office of Children and Family Services.

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

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

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

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

All STSJP claims, inclusive of STSJP-RTA, must be submitted electronically via the Juvenile Detention Automated System (JDAS) for the service period of October 1, 2022 to September 30, 2023. Questions on all aspects of the claiming process should be directed to the STSJP mailbox at [stsjp@ocfs.ny.gov](mailto:stsjp@ocfs.ny.gov) with the subject line: "STSJP Claiming Questions".

If you have any STSJP plan questions, please also email us at [stsjp@ocfs.ny.gov](mailto:stsjp@ocfs.ny.gov) and write "STSJP Plan Questions" in the subject line or reach out to Geneva Hilliard at (518) 486-1819 or Lynn Tubbs at (518) 473-9116.

Thank you for your continued partnership as we reform the juvenile justice practices in New York State by safely engaging youth and their families through innovative programming to reduce out of home placement and detention of youth.

Sincerely,



Nina Aledort, PhD  
Deputy Commissioner

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



NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**SUPERVISION AND TREATMENT SERVICES**  
**FOR JUVENILES PROGRAM (STSJP) - WITH ROLLOVER**  
**ANNUAL PLAN FOR PROGRAM YEAR OCTOBER 1, 2022 – SEPTEMBER 30, 2023**

### SUBMITTING MUNICIPALITY CONTACT INFORMATION

|   |                               |                                      |
|---|-------------------------------|--------------------------------------|
| Name of applicant county, counties or jurisdiction: Orange County             |                               |                                      |
| Lead agency for STSJP submission: Orange County Department of Social Services |                               |                                      |
| Contact person's name: Anne Caldwell  | Title: Senior Case Supervisor |                                      |
| Phone: (845) 291-2802   | Ext:                          | Email: Anne.Caldwell@dfa.state.ny.us |

### PLAN SUBMISSION INSTRUCTIONS

**STSJP plans are due to the Office of Children and Family Services (OCFS) by 08 / 05 / 2022**

1. Once you have opened this form on your computer, please use the "Save As" function to save a copy with the following file name: "STSJP 2022-2023 Annual Plan – [ex. Municipality Name]."
2. Work from the copy saved in Step 1 as you record your municipality information. Save your work as you complete each section.
3. Email the completed application to OCFS at [stsjp@ocfs.ny.gov](mailto:stsjp@ocfs.ny.gov). Use the subject line "STSJP 2022-2023 Annual Plan – [Municipality Name]" to facilitate timely review of your plan.

**Please direct any STSJP plan questions to the STSJP mailbox at: [stsjp@ocfs.ny.gov](mailto:stsjp@ocfs.ny.gov), or you may contact Geneva Hilliard 518-486-1819 or Lynn Tubbs 518-473-9116.**

**NOTE: Cooperative Applications submitted jointly by two or more counties**

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

### PART I – MUNICIPALITY LEVEL DETAILS

#### A. Municipality Level Analysis

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

Orange County has a population of 384,940 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 - 28,834, Middletown - 30,452 and Port Jervis - 8754. A significant number of families living at or below the poverty line reside in the three cities. Census Bureau estimates in 2020 show the percentage of persons living in poverty as follows: Newburgh - 22%, Middletown - 14.8% and Port Jervis - 23.4%. The three cities have the highest number of JD petitions entering the juvenile justice system. Zipcodes 12550 (Newburgh) and 10940 (Middletown) have the largest representation within the juvenile justice system. Factors that may contribute to higher representation of youth living in these zipcodes and becoming involved in the juvenile justice system are unmet mental health needs, gang influence and poverty.

2. Resources available at the following link can help you answer these questions:

<https://www.ocfs.ny.gov/programs/youth/stsjp/planning.php>

(a) In the charts below, please provide the municipality's distributions by race, ethnicity, and sex assigned at birth for the general population of youth younger than 18, and for the detained and placed population of youth younger than 18. (**Note:** Every July, the National Center for Health Statistics releases population data for the previous year. The population data you are being asked to report on was the latest available at the time OCFS updated the contents of this plan. For the Placement Admissions data, please add together county data from Tables 1b, 6b, and 7b of the Annual Out of Home Placement Admissions Data Packet.)

| Race/Ethnicity          | 2020 General Population <18 years |     | 2021 Detention Admissions <18 years |     | 2021 Placement Admissions <18 years |     |
|-------------------------|-----------------------------------|-----|-------------------------------------|-----|-------------------------------------|-----|
|                         | #                                 | %   | #                                   | %   | #                                   | %   |
| Black/African American  | 11122                             | 11% | 10                                  | 48% | 1                                   | 25% |
| White                   | 57132                             | 58% | 2                                   | 10% | 2                                   | 50% |
| Native American/Alaskan | 238                               | 0%  | 0                                   | 0%  |                                     |     |
| Asian/Pacific Islander  | 2795                              | 3%  | 0                                   | 0%  |                                     |     |
| Hispanic                | 26997                             | 27% | 7                                   | 33% | 1                                   | 25% |

| Sex Assigned at Birth | 2020 General Population <18 years |     | 2021 Detention Admissions <18 years |     | 2021 Placement Admissions <18 years |     |
|-----------------------|-----------------------------------|-----|-------------------------------------|-----|-------------------------------------|-----|
|                       | #                                 | %   | #                                   | %   | #                                   | %   |
| Male                  | 50422                             | 51% | 16                                  | 76% | 1                                   | 25% |
| Female                | 47862                             | 49% | 5                                   | 24% | 3                                   | 75% |

b) If you identified any disparities when comparing youth representation in the general population and their representation in detention and placement, explain how this plan will address those disparities. If you did not identify any disparities, please note such.

Orange County's STSJP plan addresses the identified detention disparity by providing "front loaded" services to all youth entering the juvenile justice system in our three cities. Census estimates show City of Newburgh's population is 74.7% black and/or Hispanic and City Middletown is 60.6% black and/or Hispanic. By providing all youth upon arrest in both Newburgh and Middletown with local voluntary Family Engagement Specialist services to assist them in meeting needs and navigating the juvenile justice system we continue to see better outcomes for our youth within these cities. Additionally, our Children's Cross System Team considers cultural barriers when conferencing cases and assigns services best suited to address each individual family and youth needs. All juvenile justice statistics disseminated by the Children's Cross System Team/Raise the Age Coordinator are reported with race and ethnicity included to inform county decision makers of disparity issues.

**B. Local Collaboration**

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

Orange County continues to work collaboratively with all juvenile justice involved agencies. In response to changes in the PINS system, OC has implemented a Children's Cross System Team that meets regularly to conference cases and identify service gaps. Additionally, the Children's Cross System Coordinator (formerly JDAI Coordinator) updates members of the juvenile justice team (formally JDAI Collaborative) including law enforcement, Attorney for Children, courts, Probation, school districts, service providers on current trends in our system and elicits feedback and ideas including service needs.

2. How is your municipality gathering participant youth and family feedback as part of your STSJP plan development?

Our STSJP direct service programs elicit feedback through exit survey (Family Keys) and parent/guardian/youth engagement (Family Engagement Specialist MHJJ Program) at multiple points.

Describe how the plan incorporates that feedback; if you have not yet received youth and family feedback, please describe the barriers to implementation and the municipality's solutions to develop such feedback mechanisms during PY 2022-2023.

Program Directors and county monitors review the feedback received to tailor programs to best meet the needs of youth served. This information is utilized by the county collaborative when determining what programs are included in the plan.

3. Was community feedback in high-need ZIP codes (A.1.) sought as part of the STSJP plan development?

Yes. (If yes, please describe how the plan incorporates that feedback);

No. (If no, please describe the barriers to implementation and the municipality's solutions to develop such feedback mechanism during PY 2022-2023).

Orange County incorporates continuous community input through various means to inform the STSJP/STSJP RTA plan. Both 12550 (City of Newburgh) and 10940 (City of Middletown) have local community coalitions that are represented on juvenile related subcommittees that meet to strategize and discuss needs. The Youth Bureau Advisory Board has representatives from professional and community based organizations located in both zip codes that are involved in decision making. Service providers report youth/family/community feedback to the Children’s Cross System Team and county monitors. This feedback along with input from the local representatives listed are utilized to ensure this plan meets the needs of youth residing in 12550 and 10940.

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

1. Describe the provisions for the proportionate cost to be borne by each county.

2. Describe how personnel will be compensated across and between counties in the cooperative:

3. Will a single fiscal officer be the custodian of the funds made available for STSJP?

Yes. (If Yes, please provide their contact details below.)

No. (If No, skip to Q.4.)

Officer’s Name:

Title:

Phone: ( )

Ext:

Email:

4. Provide the name and email address of the person who will be responsible for collecting and submitting STSJP data for joint-funded programs, as well as the names and email addresses of the fiscal officers responsible for joint-funded programs:

**PART II – PROGRAM LEVEL DETAILS**

**PROGRAM 1**

**A. Program 1 Contact Information**

Program 1 Name: Family Engagement Specialist (MHJJ)

Operating Agency: RSS

Program Mailing Address: 30 Matthews St.

Address Line 2:

City: Goshen

State: NY

ZIP Code: 10924

Program Contact’s Name: Rebekah Feliciano

Title: Program Director

Phone: (845) 707-9114

Ext:

Email: rfeliciano@rehab.org

**B. Program 1 Description and Target Population**

1. A Family Support Services (FSS) program may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS; or, as of December 29, 2022, children under 12 years of age who do not meet the definition of a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the Family Court Act (FCA). This program meets the legal definition of an FSS program (Social Services Law Section 458-m) and will operate in this capacity for PY 2022-2023.

Yes  No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2022-2023:

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

**\*Note:** If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program. Additionally, as of December 29, 2022, children under 12 years of age who do not meet the definition of either a PINS or a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the FCA, may only be served through the Prevention and Early Intervention service domains.

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

All Orange County with additional services offered in 12550, 10940 and 12771

4. Describe the program, including how it is family focused. If you answered "Yes" to Q.1. Family Support Services program, be sure to demonstrate how your program meets each requirement of the legislation. Also, please explain how each of the service types selected in Q.2. will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them. (Please refer to the *STSJP Annual Plan Development Guide* for additional guidance.)

The FES MHJJ program is offered to JD/JO/AO youth arrested in Orange County. Contact is made by the program within days of arrest. The program provides a comprehensive assessment to identify needs and work with the youth/family to meet those needs and navigate the juvenile justice system. 24/7 crisis counseling is available to participating youth. The clinicians assigned to this program are embedded within the Probation Department located in our three cities and assist in providing "Strengthening Families" to high risk youth.

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

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

1. What, if any, funding did this program receive in PY 2021-2022? If the program was approved in PY 2021-2022 but was not implemented or is anticipated to serve no youth, please choose None.

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

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2021 and 3/31/2022. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     | Total |
|------------------|--------------|----|-----------|-----|-----|-------|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |       |
| STSJP            | 0            | 15 | 0         | 0   | 0   | 15    |
| STSJP-RTA        | 0            | 34 | 0         | 0   | 0   | 34    |
| Total            | 0            | 49 | 0         | 0   | 0   | 49    |

3. Based on the program's record of youth served, do you anticipate this program serving more or less than its projected capacity on 9/30/2022? Please explain:

Due to the resignation of one clinician the program will serve less than projected. The position has recently been filled.

4. Please use the table to record the **average length of service (days)** for youth who exited the program between 10/1/2021 and 3/31/2022. Enter zero (0) if not applicable.

| Approved Funding | Program Type |     |           |     |     |
|------------------|--------------|-----|-----------|-----|-----|
|                  | P            | EI  | ATD/ATPDP | ATP | R/A |
| STSJP            | 0            | 241 | 0         | 0   | 0   |
| STSJP-RTA        | 0            | 151 | 0         | 0   | 0   |
| Total            | 0            | 196 | 0         | 0   | 0   |

5. How does the average length of service compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length of stay for youth who were in detention and residential placements during the same time period.

This program has an increased LOS as the program continues throughout the pendency of the case. This program is utilized for JD youth and AO/JO youth receiving Voluntary Assessment and Case Planning Services through Probation.

6. Will this program's outcomes meet the PY 2021-2022 projected goals by 9/30/2022?

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

7. (a) What outcomes are on track to meet the goals set for PY 2021-2022?  
(b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2021-2022?  
(b) Please describe any contributing barriers.

9. What changes have been made to overcome the barriers identified in Q.8. so that the program can achieve its desired goals for PY 2022-2023?

**D. Program 1 Service Projections for PY 2022-2023**

1. Please use the table to indicate the **projected number of youth to be served** by the program for PY 2022-2023. Enter zero (0) if not applicable.

| Approved Funding | Program Type |     |           |     |     | Total |
|------------------|--------------|-----|-----------|-----|-----|-------|
|                  | P            | EI  | ATD/ATPDP | ATP | R/A |       |
| STSJP            | 0            | 65  | 0         | 0   | 0   | 65    |
| STSJP-RTA        | 0            | 75  | 0         | 0   | 0   | 75    |
| Total            | 0            | 140 | 0         | 0   | 0   | 140   |

**PROGRAM 2**

**A. Program 2 Contact Information**

Program 2 Name: Family Keys

Operating Agency: Southwest Key Programs

Program Mailing Address: 1997 Route 17M

Address Line 2:

City: Goshen

State: **NY**

ZIP Code: 10924

Program Contact's Name: Monica Recinos

Title: Program Director

Phone: (845) 294-6917

Ext:

Email: mrecinos@swkey.org

**B. Program 2 Description and Target Population**



1. A Family Support Services (FSS) program may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS; or, as of December 29, 2022, children under 12 years of age who do not meet the definition of a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the Family Court Act (FCA). This program meets the legal definition of an FSS program (Social Services Law Section 458-m) and will operate in this capacity for PY 2022-2023.

Yes  No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2022-2023:

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

\*Note: If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program. Additionally, as of December 29, 2022, children under 12 years of age who do not meet the definition of either a PINS or a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the FCA, may only be served through the Prevention and Early Intervention service domains.

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

All Orange County

4. Describe the program, including how it is family focused. If you answered "Yes" to Q.1. Family Support Services program, be sure to demonstrate how your program meets each requirement of the legislation. Also, please explain how each of the service types selected in Q.2. will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them. (Please refer to the *STSJP Annual Plan Development Guide* for additional guidance.)

All youth referred for PINS 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. One time additional STSJP allocation in the amount of \$15,410 will be utilized for Family Keys to provide services listed above.

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

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

1. What, if any, funding did this program receive in PY 2021-2022? If the program was approved in PY 2021-2022 but was not implemented or is anticipated to serve no youth, please choose None.

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

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2021 and 3/31/2022. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     | Total |
|------------------|--------------|----|-----------|-----|-----|-------|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |       |
| STSJP            | 0            | 45 | 0         | 0   | 0   | 45    |
| STSJP-RTA        | 0            | 0  | 0         | 0   | 0   | 0     |
| Total            | 0            | 45 | 0         | 0   | 0   | 45    |

3. Based on the program's record of youth served, do you anticipate this program serving more or less than its projected capacity on 9/30/2022? Please explain:

Family Keys will be under budgeted capacity due to staffing issues and less PINS diversion cases being requested.

4. Please use the table to record the **average length of service (days)** for youth who exited the program between 10/1/2021 and 3/31/2022. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     |
|------------------|--------------|----|-----------|-----|-----|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |
| STSJP            | 0            | 92 | 0         | 0   | 0   |
| STSJP-RTA        | 0            | 0  | 0         | 0   | 0   |
| Total            | 0            | 92 | 0         | 0   | 0   |

5. How does the average length of service compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length of stay for youth who were in detention and residential placements during the same time period.

The average length of stay is consistent with prior years and expectations.

6. Will this program's outcomes meet the PY 2021-2022 projected goals by 9/30/2022?

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

7. (a) What outcomes are on track to meet the goals set for PY 2021-2022?

(b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2021-2022?

(b) Please describe any contributing barriers.

9. What changes have been made to overcome the barriers identified in Q.8. so that the program can achieve its desired goals for PY 2022-2023?

**D. Program 2 Service Projections for PY 2022-2023**

1. Please use the table to indicate the **projected number of youth to be served** by the program for PY 2022-2023. Enter zero (0) if not applicable.

| Approved Funding | Program Type |     |           |     |     | Total |
|------------------|--------------|-----|-----------|-----|-----|-------|
|                  | P            | EI  | ATD/ATPDP | ATP | R/A |       |
| STSJP            | 0            | 120 | 0         | 0   | 0   | 120   |
| STSJP-RTA        | 0            | 0   | 0         | 0   | 0   | 0     |
| Total            | 0            | 120 | 0         | 0   | 0   | 120   |

| <b>PROGRAM</b>   | <b>3</b>   |  |           |  |                          |                          |                |                          |                          |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                                     |                                     |                   |
|--|--|--|-----------|--|--------------------------|--------------------------|----------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|-------------------------|-------------------------------------|-------------------------------------|-------------------|
| <b>A. Program 3 Contact Information</b>  |  |  |           |  |                          |                          |                |                          |                          |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                                     |                                     |                   |
| Program 3 Name: Orange County Children's Cross Systems Team Coordinator/ Raise the Age Coordinator   |  |  |           |  |                          |                          |                |                          |                          |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                                     |                                     |                   |
| Operating Agency: Southwest Key Programs   |  |  |           |  |                          |                          |                |                          |                          |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                                     |                                     |                   |
| Program Mailing Address: 1997 Route 17M  |  |  |           |  |                          |                          |                |                          |                          |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                                     |                                     |                   |
| Address Line 2:  |  |  |           |  |                          |                          |                |                          |                          |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                                     |                                     |                   |
| City: Goshen   | State: <b>NY</b> ZIP Code: 10924                         |  |           |  |                          |                          |                |                          |                          |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                                     |                                     |                   |
| Program Contact's Name: Steven Pack  | Title: OC Children's Cross Systems Team Coordinator/ RTA |  |           |  |                          |                          |                |                          |                          |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                                     |                                     |                   |
| Phone: (845) 825-2833      Ext:  | Email: spack@swkey.org                                   |  |           |  |                          |                          |                |                          |                          |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                                     |                                     |                   |
| <b>B. Program 3 Description and Target Population</b>  |  |  |           |  |                          |                          |                |                          |                          |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                                     |                                     |                   |
| <p>1 A Family Support Services (FSS) program may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS; or, as of December 29, 2022, children under 12 years of age who do not meet the definition of a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the Family Court Act (FCA). This program meets the legal definition of an FSS program (Social Services Law Section 458-m) and will operate in this capacity for PY 2022-2023. <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>   |  |  |           |  |                          |                          |                |                          |                          |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                                     |                                     |                   |
| <p>2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2022-2023:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">STSJP</th> <th style="width: 10%;">STSJP-RTA</th> <th style="width: 80%;"></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Prevention (P)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Early Intervention (EI)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Alternative to Detention/Pre-Dispositional Placement (ATD/ATPDP)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Alternative to Placement (ATP)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Reentry/Aftercare (R/A)</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Indirect Services</td> </tr> </tbody> </table>  |  | STSJP  | STSJP-RTA |  | <input type="checkbox"/> | <input type="checkbox"/> | Prevention (P) | <input type="checkbox"/> | <input type="checkbox"/> | Early Intervention (EI) | <input type="checkbox"/> | <input type="checkbox"/> | Alternative to Detention/Pre-Dispositional Placement (ATD/ATPDP) | <input type="checkbox"/> | <input type="checkbox"/> | Alternative to Placement (ATP) | <input type="checkbox"/> | <input type="checkbox"/> | Reentry/Aftercare (R/A) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Indirect Services |
| STSJP  | STSJP-RTA  |  |           |  |                          |                          |                |                          |                          |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                                     |                                     |                   |
| <input type="checkbox"/>   | <input type="checkbox"/>                                 | Prevention (P)   |           |  |                          |                          |                |                          |                          |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                                     |                                     |                   |
| <input type="checkbox"/>   | <input type="checkbox"/>                                 | Early Intervention (EI)  |           |  |                          |                          |                |                          |                          |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                                     |                                     |                   |
| <input type="checkbox"/>   | <input type="checkbox"/>                                 | Alternative to Detention/Pre-Dispositional Placement (ATD/ATPDP) |           |  |                          |                          |                |                          |                          |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                                     |                                     |                   |
| <input type="checkbox"/>   | <input type="checkbox"/>                                 | Alternative to Placement (ATP)                                   |           |  |                          |                          |                |                          |                          |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                                     |                                     |                   |
| <input type="checkbox"/>   | <input type="checkbox"/>                                 | Reentry/Aftercare (R/A)  |           |  |                          |                          |                |                          |                          |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                                     |                                     |                   |
| <input checked="" type="checkbox"/>  | <input checked="" type="checkbox"/>                      | Indirect Services  |           |  |                          |                          |                |                          |                          |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                                     |                                     |                   |
| <p>*Note: If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program. Additionally, as of December 29, 2022, children under 12 years of age who do not meet the definition of either a PINS or a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the FCA, may only be served through the Prevention and Early Intervention service domains.</p>   |  |  |           |  |                          |                          |                |                          |                          |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                                     |                                     |                   |
| <p>3. Please list the ZIP codes this program will target:<br/>All Orange County</p>  |  |  |           |  |                          |                          |                |                          |                          |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                                     |                                     |                   |
| <p>4. Describe the program, including how it is family focused. If you answered "Yes" to Q.1. Family Support Services program, be sure to demonstrate how your program meets each requirement of the legislation. Also, please explain how each of the service types selected in Q.2. will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them. (Please refer to the <i>STSJP Annual Plan Development Guide</i> for additional guidance.)</p> <p style="margin-left: 40px;">The OC Children's Cross System Team Coordinator (formally JDAI Coordinator) / RTA Coordinator has two separate functions.</p> <p style="margin-left: 40px;">The OC Children's Cross System Team Coordinator is tasked with the following:</p> <ul style="list-style-type: none"> <li>- Leading a team of Probation, Mental Health and Social Service representatives addressing PINS situations</li> <li>- Coordinating case conferences on youth exhibiting PINS like behavior with a goal of assigning effective and appropriate community based services to address the needs of the youth/family</li> <li>- Completing all Detention Risk Assessment Instruments (DRAI) for youth petitioned to Family Court</li> <li>- Conducting training for schools, law enforcement and county agencies on juvenile justice legislative changes</li> <li>- Representing Orange County on various state and local juvenile justice collaboratives</li> <li>- Collecting, analyzing and disseminating multiple data sets to inform county decision makers</li> <li>- Completing funding applications</li> </ul> |  |  |           |  |                          |                          |                |                          |                          |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                                     |                                     |                   |

- Monitor and make recommendations on racial and ethnic disparities within the local juvenile justice system
- Monitor and make recommendations on the unnecessary use of detention
- Plan for Raise the Lower Age legislative changes

The OC Raise the Age Coordinator is tasked with the following:

- RTA Fiscal Plan preparation
- RTA data collection, review and dissemination
- RTA Detention Risk Assessment Instrument preparation
- Informs and makes recommendations on policy/procedure development
- On call for RTA questions regarding new arrests, detention, funding, etc.

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

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

1. What, if any, funding did this program receive in PY 2021-2022? If the program was approved in PY 2021-2022 but was not implemented or is anticipated to serve no youth, please choose None.

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

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2021 and 3/31/2022. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     | Total |
|------------------|--------------|----|-----------|-----|-----|-------|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |       |
| STSJP            | 0            | 0  | 0         | 0   | 0   | 0     |
| STSJP-RTA        | 0            | 0  | 0         | 0   | 0   | 0     |
| Total            | 0            | 0  | 0         | 0   | 0   | 0     |

3. Based on the program's record of youth served, do you anticipate this program serving more or less than its projected capacity on 9/30/2022? Please explain:

N/A Indirect Service Provider

4. Please use the table to record the **average length of service (days)** for youth who exited the program between 10/1/2021 and 3/31/2022. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     |
|------------------|--------------|----|-----------|-----|-----|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |
| STSJP            | 0            | 0  | 0         | 0   | 0   |
| STSJP-RTA        | 0            | 0  | 0         | 0   | 0   |
| Total            | 0            | 0  | 0         | 0   | 0   |

5. How does the average length of service compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length of stay for youth who were in detention and residential placements during the same time period.

N/A Indirect Service Provider

6. Will this program's outcomes meet the PY 2021-2022 projected goals by 9/30/2022?

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

7. (a) What outcomes are on track to meet the goals set for PY 2021-2022?

(b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2021-2022?

(b) Please describe any contributing barriers.

9. What changes have been made to overcome the barriers identified in Q.8. so that the program can achieve its desired goals for PY 2022-2023?

**D. Program 3 Service Projections for PY 2022-2023**

1. Please use the table to indicate the **projected number of youth to be served** by the program for PY 2022-2023. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     | Total |
|------------------|--------------|----|-----------|-----|-----|-------|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |       |
| STSJP            | 0            | 0  | 0         | 0   | 0   | 0     |
| STSJP-RTA        | 0            | 0  | 0         | 0   | 0   | 0     |
| Total            | 0            | 0  | 0         | 0   | 0   | 0     |

| <b>PROGRAM</b>  | <b>4</b>  |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
|---|---|--|-----------|--|--------------------------|--------------------------|----------------|--------------------------|-------------------------------------|-------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|-------------------|
| <b>A. Program 4 Contact Information</b>   |   |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| Program 4 Name: Astor Family Services and Support   |   |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| Operating Agency: Astor Children's Services   |   |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| Program Mailing Address: 390 Crystal Run Road, Suite 101  |   |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| Address Line 2:   |   |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| City: Middletown  | State: <b>NY</b>  |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| ZIP Code: 10940   |   |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| Program Contact's Name: Zoryn Lazarus-Theodore  | Title: Supervising Social Worker                              |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| Phone: (845) 673-4260   | Ext:                      Email: zitheodore@astorservices.org |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <b>B. Program 4 Description and Target Population</b>   |   |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <p>1. A Family Support Services (FSS) program may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS; or, as of December 29, 2022, children under 12 years of age who do not meet the definition of a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the Family Court Act (FCA). This program meets the legal definition of an FSS program (Social Services Law Section 458-m) and will operate in this capacity for PY 2022-2023.</p> <p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>  |   |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <p>2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2022-2023:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9d9e9;"> <th style="width: 10%;">STSJP</th> <th style="width: 10%;">STSJP-RTA</th> <th style="width: 80%;"></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Prevention (P)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Early Intervention (EI)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Alternative to Detention/Pre-Dispositional Placement (ATD/ATPDP)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Alternative to Placement (ATP)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Reentry/Aftercare (R/A)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Indirect Services</td> </tr> </tbody> </table> |   | STSJP  | STSJP-RTA |  | <input type="checkbox"/> | <input type="checkbox"/> | Prevention (P) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Early Intervention (EI) | <input type="checkbox"/> | <input type="checkbox"/> | Alternative to Detention/Pre-Dispositional Placement (ATD/ATPDP) | <input type="checkbox"/> | <input type="checkbox"/> | Alternative to Placement (ATP) | <input type="checkbox"/> | <input type="checkbox"/> | Reentry/Aftercare (R/A) | <input type="checkbox"/> | <input type="checkbox"/> | Indirect Services |
| STSJP   | STSJP-RTA   |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <input type="checkbox"/>  | <input type="checkbox"/>                                      | Prevention (P)   |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/>                           | Early Intervention (EI)  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <input type="checkbox"/>  | <input type="checkbox"/>                                      | Alternative to Detention/Pre-Dispositional Placement (ATD/ATPDP) |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <input type="checkbox"/>  | <input type="checkbox"/>                                      | Alternative to Placement (ATP)                                   |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <input type="checkbox"/>  | <input type="checkbox"/>                                      | Reentry/Aftercare (R/A)  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <input type="checkbox"/>  | <input type="checkbox"/>                                      | Indirect Services  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <p>*Note: If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program. Additionally, as of December 29, 2022, children under 12 years of age who do not meet the definition of either a PINS or a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the FCA, may only be served through the Prevention and Early Intervention service domains.</p>  |   |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <p>3. Please list the ZIP codes this program will target:</p> <p style="padding-left: 20px;">All Orange County</p>  |   |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <p>4. Describe the program, including how it is family focused. If you answered "Yes" to Q.1. Family Support Services program, be sure to demonstrate how your program meets each requirement of the legislation. Also, please explain how each of the service types selected in Q.2. will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them. (Please refer to the <i>STSJP Annual Plan Development Guide</i> for additional guidance.)</p> <p style="padding-left: 20px;">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. Parent education and support is also provided for each family. Astor operates in conjunction with adjustment or court intervention as a means to eliminate further penetration into the juvenile justice system</p>   |   |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <p>5. Is the program capable of being replicated across multiple locations?    <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>   |   |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <b>C. Program 4 Performance History (Refer to your municipality's STSJP data files.)</b>  |   |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |

1. What, if any, funding did this program receive in PY 2021-2022? If the program was approved in PY 2021-2022 but was not implemented or is anticipated to serve no youth, please choose None.  
 None (If none, skip to section D.)     STSJP     STSJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2021 and 3/31/2022. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     | Total |
|------------------|--------------|----|-----------|-----|-----|-------|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |       |
| STSJP            | 0            | 0  | 0         | 0   | 0   | 0     |
| STSJP-RTA        | 0            | 0  | 0         | 0   | 0   | 0     |
| Total            | 0            | 0  | 0         | 0   | 0   | 0     |

3. Based on the program's record of youth served, do you anticipate this program serving more or less than its projected capacity on 9/30/2022? Please explain:  
 This program is under budgeted capacity due to less RTA arrests than projected.

4. Please use the table to record the **average length of service (days)** for youth who exited the program between 10/1/2021 and 3/31/2022. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     |
|------------------|--------------|----|-----------|-----|-----|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |
| STSJP            | 0            | 0  | 0         | 0   | 0   |
| STSJP-RTA        | 0            | 0  | 0         | 0   | 0   |
| Total            | 0            | 0  | 0         | 0   | 0   |

5. How does the average length of service compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length of stay for youth who were in detention and residential placements during the same time period.  
 N/A

6. Will this program's outcomes meet the PY 2021-2022 projected goals by 9/30/2022?  
 Yes (If Yes, skip to section D.)     Partially     No

7. (a) What outcomes are on track to meet the goals set for PY 2021-2022?  
 (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2021-2022?  
 (b) Please describe any contributing barriers.

9. What changes have been made to overcome the barriers identified in Q.8. so that the program can achieve its desired goals for PY 2022-2023?

**D. Program 4 Service Projections for PY 2022-2023**

1. Please use the table to indicate the **projected number of youth to be served** by the program for PY 2022-2023. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     | Total |
|------------------|--------------|----|-----------|-----|-----|-------|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |       |
| STSJP            | 0            | 0  | 0         | 0   | 0   | 0     |
| STSJP-RTA        | 0            | 15 | 0         | 0   | 0   | 15    |
| Total            | 0            | 15 | 0         | 0   | 0   | 15    |





| <b>PROGRAM</b>   | <b>5</b>                            |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
|--|-------------------------------------|--|-----------|--|--------------------------|--------------------------|----------------|--------------------------|-------------------------------------|-------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|-------------------|
| <b>A. Program 5 Contact Information</b>  |                                     |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| Program 5 Name: Intensive Clinical Case Management (ICCM)  |                                     |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| Operating Agency: Rehabilitation Support Services  |                                     |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| Program Mailing Address: 30 Matthews St.   |                                     |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| Address Line 2:  |                                     |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| City: Goshen   | State: <b>NY</b> ZIP Code: 10924    |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| Program Contact's Name: Shirley Johnson  | Title: Program Director             |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| Phone: (845) 6159020      Ext:   | Email: sjohnson@rehab.org           |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <b>B. Program 5 Description and Target Population</b>  |                                     |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <p>1. A Family Support Services (FSS) program may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS; or, as of December 29, 2022, children under 12 years of age who do not meet the definition of a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the Family Court Act (FCA). This program meets the legal definition of an FSS program (Social Services Law Section 458-m) and will operate in this capacity for PY 2022-2023. <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>  |                                     |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <p>2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2022-2023:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">STSJP</th> <th style="width: 10%;">STSJP-RTA</th> <th style="width: 80%;"></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Prevention (P)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Early Intervention (EI)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Alternative to Detention/Pre-Dispositional Placement (ATD/ATPDP)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Alternative to Placement (ATP)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Reentry/Aftercare (R/A)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Indirect Services</td> </tr> </tbody> </table> |                                     | STSJP  | STSJP-RTA |  | <input type="checkbox"/> | <input type="checkbox"/> | Prevention (P) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Early Intervention (EI) | <input type="checkbox"/> | <input type="checkbox"/> | Alternative to Detention/Pre-Dispositional Placement (ATD/ATPDP) | <input type="checkbox"/> | <input type="checkbox"/> | Alternative to Placement (ATP) | <input type="checkbox"/> | <input type="checkbox"/> | Reentry/Aftercare (R/A) | <input type="checkbox"/> | <input type="checkbox"/> | Indirect Services |
| STSJP  | STSJP-RTA                           |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <input type="checkbox"/>   | <input type="checkbox"/>            | Prevention (P)   |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/> | Early Intervention (EI)  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <input type="checkbox"/>   | <input type="checkbox"/>            | Alternative to Detention/Pre-Dispositional Placement (ATD/ATPDP) |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <input type="checkbox"/>   | <input type="checkbox"/>            | Alternative to Placement (ATP)                                   |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <input type="checkbox"/>   | <input type="checkbox"/>            | Reentry/Aftercare (R/A)  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <input type="checkbox"/>   | <input type="checkbox"/>            | Indirect Services  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <p>*Note: If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program. Additionally, as of December 29, 2022, children under 12 years of age who do not meet the definition of either a PINS or a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the FCA, may only be served through the Prevention and Early Intervention service domains.</p>   |                                     |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <p>3. Please list the ZIP codes this program will target:</p> <p style="padding-left: 20px;">All Orange County</p>   |                                     |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <p>4. Describe the program, including how it is family focused. If you answered "Yes" to Q.1. Family Support Services program, be sure to demonstrate how your program meets each requirement of the legislation. Also, please explain how each of the service types selected in Q.2. will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them. (Please refer to the <i>STSJP Annual Plan Development Guide</i> for additional guidance.)</p> <p style="padding-left: 20px;">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. Smaller caseloads enable for a high level of service that are focused on family preservation.</p>   |                                     |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <p>5. Is the program capable of being replicated across multiple locations?    <input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>  |                                     |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <b>C. Program 5 Performance History (Refer to your municipality's STSJP data files.)</b>   |                                     |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <p>1. What, if any, funding did this program receive in PY 2021-2022? If the program was approved in PY 2021-2022 but was not implemented or is anticipated to serve no youth, please choose None.</p> <p><input checked="" type="checkbox"/> None (If none, skip to section D.)    <input type="checkbox"/> STSJP    <input type="checkbox"/> STSJP-RTA</p>   |                                     |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2021 and 3/31/2022. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     | Total |
|------------------|--------------|----|-----------|-----|-----|-------|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |       |
| STSJP            | 0            | 0  | 0         | 0   | 0   | 0     |
| STSJP-RTA        | 0            | 0  | 0         | 0   | 0   | 0     |
| Total            | 0            | 0  | 0         | 0   | 0   | 0     |

3. Based on the program's record of youth served, do you anticipate this program serving more or less than its projected capacity on 9/30/2022? Please explain:

This program is under budgeted capacity due to less RTA arrests than projected.

4. Please use the table to record the **average length of service (days)** for youth who exited the program between 10/1/2021 and 3/31/2022. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     |
|------------------|--------------|----|-----------|-----|-----|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |
| STSJP            | 0            | 0  | 0         | 0   | 0   |
| STSJP-RTA        | 0            | 0  | 0         | 0   | 0   |
| Total            | 0            | 0  | 0         | 0   | 0   |

5. How does the average length of service compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length of stay for youth who were in detention and residential placements during the same time period.

NA - Program was not utilized during this time period.

6. Will this program's outcomes meet the PY 2021-2022 projected goals by 9/30/2022?

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

7. (a) What outcomes are on track to meet the goals set for PY 2021-2022?

(b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2021-2022?

(b) Please describe any contributing barriers.

9. What changes have been made to overcome the barriers identified in Q.8. so that the program can achieve its desired goals for PY 2022-2023?

**D. Program 5 Service Projections for PY 2022-2023**

1. Please use the table to indicate the **projected number of youth to be served** by the program for PY 2022-2023. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     | Total |
|------------------|--------------|----|-----------|-----|-----|-------|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |       |
| STSJP            | 0            | 0  | 0         | 0   | 0   | 0     |
| STSJP-RTA        | 0            | 10 | 0         | 0   | 0   | 10    |
| Total            | 0            | 10 | 0         | 0   | 0   | 10    |

| <b>PROGRAM</b>   | <b>6</b>                            |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
|--|-------------------------------------|--|-----------|--|--------------------------|--------------------------|----------------|--------------------------|-------------------------------------|-------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|-------------------------|--------------------------|--------------------------|-------------------|
| <b>A. Program 6 Contact Information</b>  |                                     |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| Program 6 Name: YAP Residential Services   |                                     |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| Operating Agency: Youth Advocate Program   |                                     |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| Program Mailing Address: 280 Broadway  |                                     |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| Address Line 2:  |                                     |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| City: Newburgh   | State: <b>NY</b> ZIP Code: 12550    |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| Program Contact's Name: Rhonda Green   | Title: Regional Director            |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| Phone: (845) 565-5035      Ext:  | Email: rgreen@yapinc.org            |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <b>B. Program 6 Description and Target Population</b>  |                                     |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <p>1. A Family Support Services (FSS) program may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS; or, as of December 29, 2022, children under 12 years of age who do not meet the definition of a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the Family Court Act (FCA). This program meets the legal definition of an FSS program (Social Services Law Section 458-m) and will operate in this capacity for PY 2022-2023.</p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p>   |                                     |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <p>2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2022-2023:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">STSJP</th> <th style="width: 10%;">STSJP-RTA</th> <th style="width: 80%;"></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Prevention (P)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Early Intervention (EI)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Alternative to Detention/Pre-Dispositional Placement (ATD/ATPDP)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Alternative to Placement (ATP)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Reentry/Aftercare (R/A)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Indirect Services</td> </tr> </tbody> </table> |                                     | STSJP  | STSJP-RTA |  | <input type="checkbox"/> | <input type="checkbox"/> | Prevention (P) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Early Intervention (EI) | <input type="checkbox"/> | <input type="checkbox"/> | Alternative to Detention/Pre-Dispositional Placement (ATD/ATPDP) | <input type="checkbox"/> | <input type="checkbox"/> | Alternative to Placement (ATP) | <input type="checkbox"/> | <input type="checkbox"/> | Reentry/Aftercare (R/A) | <input type="checkbox"/> | <input type="checkbox"/> | Indirect Services |
| STSJP  | STSJP-RTA                           |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <input type="checkbox"/>   | <input type="checkbox"/>            | Prevention (P)   |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/> | Early Intervention (EI)  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <input type="checkbox"/>   | <input type="checkbox"/>            | Alternative to Detention/Pre-Dispositional Placement (ATD/ATPDP) |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <input type="checkbox"/>   | <input type="checkbox"/>            | Alternative to Placement (ATP)                                   |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <input type="checkbox"/>   | <input type="checkbox"/>            | Reentry/Aftercare (R/A)  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <input type="checkbox"/>   | <input type="checkbox"/>            | Indirect Services  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <p>*Note: If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program. Additionally, as of December 29, 2022, children under 12 years of age who do not meet the definition of either a PINS or a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the FCA, may only be served through the Prevention and Early Intervention service domains.</p>   |                                     |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <p>3. Please list the ZIP codes this program will target:</p> <p style="padding-left: 20px;">All Orange County</p>   |                                     |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <p>4. Describe the program, including how it is family focused. If you answered "Yes" to Q.1. Family Support Services program, be sure to demonstrate how your program meets each requirement of the legislation. Also, please explain how each of the service types selected in Q.2. will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them. (Please refer to the <i>STSJP Annual Plan Development Guide</i> for additional guidance.)</p> <p style="padding-left: 20px;">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. An advocate is assigned to each youth providing the guidance of a credible messenger to help meet the needs of the client and family. These strategies are utilized in an effort to prevent youth from further penetration into the juvenile justice system.</p>  |                                     |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <p>5. Is the program capable of being replicated across multiple locations?      <input checked="" type="checkbox"/> Yes      <input type="checkbox"/> No</p>  |                                     |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <b>C. Program 6 Performance History (Refer to your municipality's STSJP data files.)</b>   |                                     |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |
| <p>1. What, if any, funding did this program receive in PY 2021-2022? If the program was approved in PY 2021-2022 but was not implemented or is anticipated to serve no youth, please choose None.</p>   |                                     |  |           |  |                          |                          |                |                          |                                     |                         |                          |                          |  |                          |                          |                                |                          |                          |                         |                          |                          |                   |

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

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2021 and 3/31/2022. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     | Total |
|------------------|--------------|----|-----------|-----|-----|-------|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |       |
| STSJ             | 0            | 0  | 0         | 0   | 0   | 0     |
| STSJ-RTA         | 0            | 10 | 0         | 0   | 0   | 10    |
| Total            | 0            | 10 | 0         | 0   | 0   | 10    |

3. Based on the program's record of youth served, do you anticipate this program serving more or less than its projected capacity on 9/30/2022? Please explain:

This program is under budgeted capacity due to less RTA arrests than projected.

4. Please use the table to record the **average length of service (days)** for youth who exited the program between 10/1/2021 and 3/31/2022. Enter zero (0) if not applicable.

| Approved Funding | Program Type |     |           |     |     |
|------------------|--------------|-----|-----------|-----|-----|
|                  | P            | EI  | ATD/ATPDP | ATP | R/A |
| STSJ             | 0            | 0   | 0         | 0   | 0   |
| STSJ-RTA         | 0            | 197 | 0         | 0   | 0   |
| Total            | 0            | 197 | 0         | 0   | 0   |

5. How does the average length of service compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length of stay for youth who were in detention and residential placements during the same time period.

Average length of stay is consistent with expectations. This program will run beyond adjustment or court proceedings if necessary.

6. Will this program's outcomes meet the PY 2021-2022 projected goals by 9/30/2022?

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

7. (a) What outcomes are on track to meet the goals set for PY 2021-2022?

(b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2021-2022?

(b) Please describe any contributing barriers.

9. What changes have been made to overcome the barriers identified in Q.8. so that the program can achieve its desired goals for PY 2022-2023?

**D. Program 6 Service Projections for PY 2022-2023**

1. Please use the table to indicate the **projected number of youth to be served** by the program for PY 2022-2023. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     | Total |
|------------------|--------------|----|-----------|-----|-----|-------|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |       |
| STSJ             | 0            | 0  | 0         | 0   | 0   | 0     |
| STSJ-RTA         | 0            | 25 | 0         | 0   | 0   | 25    |
| Total            | 0            | 25 | 0         | 0   | 0   | 25    |



**PROGRAM 7**

**A. Program 7 Contact Information**

Program 7 Name: NAFI Parenting with Love and Limits Program

Operating Agency: North American Family Institute

Program Mailing Address: 30 Mulberry Street

Address Line 2:

|                                       |                  |                              |
|---------------------------------------|------------------|------------------------------|
| City: Middletown                      | State: <b>NY</b> | ZIP Code: 10940              |
| Program Contact's Name: Shatema Smith | Title: Director  |                              |
| Phone: (845) 652-7273                 | Ext:             | Email: shatemasmith@nafi.com |

**B. Program 7 Description and Target Population**

1. A Family Support Services (FSS) program may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS; or, as of December 29, 2022, children under 12 years of age who do not meet the definition of a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the Family Court Act (FCA). This program meets the legal definition of an FSS program (Social Services Law Section 458-m) and will operate in this capacity for PY 2022-2023.

Yes     No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2022-2023:

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

\*Note: If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program. Additionally, as of December 29, 2022, children under 12 years of age who do not meet the definition of either a PINS or a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the FCA, may only be served through the Prevention and Early Intervention service domains.

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

All Orange County

4. Describe the program, including how it is family focused. If you answered "Yes" to Q.1. Family Support Services program, be sure to demonstrate how your program meets each requirement of the legislation. Also, please explain how each of the service types selected in Q.2. will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them. (Please refer to the *STSJP Annual Plan Development Guide* for additional guidance.)

NAFI PLL is an evidenced-based family education, skill building and therapeutic intervention model which has demonstrated effectiveness in significantly reducing aggressive behaviors, depression, ADD, externalizing problems and substance abuse while also reducing recidivism and improving family communication. The program targets specific risk and protective factors related to delinquency and other emotional and behavioral problems. PLL utilizes assessment, group sessions and individual coaching sessions throughout the program. PLL will work with appropriate RTA youth to meet the needs of the child/family and prevent further penetration into the juvenile justice system.

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

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

1. What, if any, funding did this program receive in PY 2021-2022? If the program was approved in PY 2021-2022 but was not implemented or is anticipated to serve no youth, please choose None.

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

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2021 and 3/31/2022. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     | Total |
|------------------|--------------|----|-----------|-----|-----|-------|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |       |
| STSJP            | 0            | 0  | 0         | 0   | 0   | 0     |
| STSJP-RTA        | 0            | 0  | 0         | 0   | 0   | 0     |
| Total            | 0            | 0  | 0         | 0   | 0   | 0     |

3. Based on the program's record of youth served, do you anticipate this program serving more or less than its projected capacity on 9/30/2022? Please explain:

We anticipate this program being below budgeted capacity due to a less RTA arrests.

4. Please use the table to record the **average length of service (days)** for youth who exited the program between 10/1/2021 and 3/31/2022. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     |
|------------------|--------------|----|-----------|-----|-----|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |
| STSJP            | 0            | 0  | 0         | 0   | 0   |
| STSJP-RTA        | 0            | 0  | 0         | 0   | 0   |
| Total            | 0            | 0  | 0         | 0   | 0   |

5. How does the average length of service compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length of stay for youth who were in detention and residential placements during the same time period.

NA - This program was not utilized during the time frame listed.

6. Will this program's outcomes meet the PY 2021-2022 projected goals by 9/30/2022?

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

7. (a) What outcomes are on track to meet the goals set for PY 2021-2022?

(b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2021-2022?

(b) Please describe any contributing barriers.

9. What changes have been made to overcome the barriers identified in Q.8. so that the program can achieve its desired goals for PY 2022-2023?

**D. Program 7 Service Projections for PY 2022-2023**

1. Please use the table to indicate the **projected number of youth to be served** by the program for PY 2022-2023. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     | Total |
|------------------|--------------|----|-----------|-----|-----|-------|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |       |
| STSJP            | 0            | 0  | 0         | 0   | 0   | 0     |
| STSJP-RTA        | 0            | 2  | 0         | 0   | 0   | 2     |
| Total            | 0            | 2  | 0         | 0   | 0   | 2     |

**PROGRAM 8**

**A. Program 8 Contact Information**

Program 8 Name: NAFI Orange County Family Wrap Around Program

Operating Agency: North American Family Institute

Program Mailing Address: 30 Mulberry Street

Address Line 2:

|                                      |                  |                             |
|--------------------------------------|------------------|-----------------------------|
| City: Middletown                     | State: <b>NY</b> | ZIP Code: 10940             |
| Program Contact's Name: Tyler Jansen |                  | Title: Director             |
| Phone: (914) 343-4317                | Ext:             | Email: tylerjansen@nafi.com |

**B. Program 8 Description and Target Population**

1 A Family Support Services (FSS) program may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS; or, as of December 29, 2022, children under 12 years of age who do not meet the definition of a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the Family Court Act (FCA). This program meets the legal definition of an FSS program (Social Services Law Section 458-m) and will operate in this capacity for PY 2022-2023.

Yes     No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2022-2023:

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

\*Note: If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program. Additionally, as of December 29, 2022, children under 12 years of age who do not meet the definition of either a PINS or a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the FCA, may only be served through the Prevention and Early Intervention service domains.

3. Please list the ZIP codes this program will target:  
All Orange County

4. Describe the program, including how it is family focused. If you answered "Yes" to Q.1. Family Support Services program, be sure to demonstrate how your program meets each requirement of the legislation. Also, please explain how each of the service types selected in Q.2. will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them. (Please refer to the *STSJP Annual Plan Development Guide* for additional guidance.)

NAFI Orange County Family Wrap Around utilizes a family preservation model and includes a strong clinical component for family and individual treatment. The program is designed to ensure that birth parents and relative caregivers of RTA youth have the skills and supports needed to maintain their children in their homes and in their communities while addressing each child's need for safety and well being. Each RTA family is assigned a team of staff members working together for the family's success with a goal of preventing further penetration into the juvenile justice system for RTA youth.

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

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

1. What, if any, funding did this program receive in PY 2021-2022? If the program was approved in PY 2021-2022 but was not implemented or is anticipated to serve no youth, please choose None.



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

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2021 and 3/31/2022. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     | Total |
|------------------|--------------|----|-----------|-----|-----|-------|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |       |
| STSJP            | 0            | 0  | 0         | 0   | 0   | 0     |
| STSJP-RTA        | 0            | 0  | 0         | 0   | 0   | 0     |
| Total            | 0            | 0  | 0         | 0   | 0   | 0     |

3. Based on the program’s record of youth served, do you anticipate this program serving more or less than its projected capacity on 9/30/2022? Please explain:

We anticipate this program being below budgeted capacity due to a less RTA arrests

4. Please use the table to record the **average length of service (days)** for youth who exited the program between 10/1/2021 and 3/31/2022. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     |
|------------------|--------------|----|-----------|-----|-----|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |
| STSJP            | 0            | 0  | 0         | 0   | 0   |
| STSJP-RTA        | 0            | 0  | 0         | 0   | 0   |
| Total            | 0            | 0  | 0         | 0   | 0   |

5. How does the average length of service compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length of stay for youth who were in detention and residential placements during the same time period.

NA - This program was not utilized during the time frame listed.

6. Will this program’s outcomes meet the PY 2021-2022 projected goals by 9/30/2022?

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

7. (a) What outcomes are on track to meet the goals set for PY 2021-2022?

(b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2021-2022?

(b) Please describe any contributing barriers.

9. What changes have been made to overcome the barriers identified in Q.8. so that the program can achieve its desired goals for PY 2022-2023?

**D. Program 8 Service Projections for PY 2022-2023**

1. Please use the table to indicate the **projected number of youth to be served** by the program for PY 2022-2023. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     | Total |
|------------------|--------------|----|-----------|-----|-----|-------|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |       |
| STSJP            | 0            | 0  | 0         | 0   | 0   | 0     |
| STSJP-RTA        | 0            | 2  | 0         | 0   | 0   | 2     |
| Total            | 0            | 2  | 0         | 0   | 0   | 2     |

**PROGRAM 9**

**A. Program 9 Contact Information**

Program 9 Name: Safe Harbor Trafficking Prevention Program

Operating Agency: Fearless! Hudson Valley, Inc.

Program Mailing Address: PO Box 649

Address Line 2:

|  |                  |                                 |
|--|------------------|---------------------------------|
| City: Newburgh                         | State: <b>NY</b> | ZIP Code: 12551                 |
| Program Contact's Name: Caryn Steffens |                  | Title: Safe Harbor Coordinator  |
| Phone: (845) 562-5365                  | Ext:             | Email: csteffens@fearlesshv.org |

**B. Program 9 Description and Target Population**

1. A Family Support Services (FSS) program may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS; or, as of December 29, 2022, children under 12 years of age who do not meet the definition of a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the Family Court Act (FCA). This program meets the legal definition of an FSS program (Social Services Law Section 458-m) and will operate in this capacity for PY 2022-2023.

Yes     No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2022-2023:

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

\*Note: If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program. Additionally, as of December 29, 2022, children under 12 years of age who do not meet the definition of either a PINS or a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the FCA, may only be served through the Prevention and Early Intervention service domains.

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

All Orange County

4. Describe the program, including how it is family focused. If you answered "Yes" to Q.1. Family Support Services program, be sure to demonstrate how your program meets each requirement of the legislation. Also, please explain how each of the service types selected in Q.2. will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them. (Please refer to the *STSJP Annual Plan Development Guide* for additional guidance.)

The Safe Harbor Trafficking Prevention Program staff provide supportive and comprehensive services to youth in Orange County who are identified as being trafficked or vulnerable to trafficking. Fearless! Anti- Trafficking staff lead the Orange County Safe Harbor program with a primary focus of 'Eliminating Exploitation, Empowering Our Youth'. Vulnerable and trafficked youth are at high risk for runaway behavior and subsequently PINS runaway petitions. Safe Harbor works with this high risk population by providing safety plans, access to services and overall support to trafficked youth and families to decrease instances of runaway behavior and Family Court intervention.

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

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

1. What, if any, funding did this program receive in PY 2021-2022? If the program was approved in PY 2021-2022 but was not implemented or is anticipated to serve no youth, please choose None.

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

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2021 and 3/31/2022. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     | Total |
|------------------|--------------|----|-----------|-----|-----|-------|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |       |
| STSJP            | 102          | 0  | 0         | 0   | 0   | 102   |
| STSJP-RTA        | 0            | 0  | 0         | 0   | 0   | 0     |
| Total            | 102          | 0  | 0         | 0   | 0   | 102   |

3. Based on the program’s record of youth served, do you anticipate this program serving more or less than its projected capacity on 9/30/2022? Please explain:

All Orange County

4. Please use the table to record the **average length of service (days)** for youth who exited the program between 10/1/2021 and 3/31/2022. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     |
|------------------|--------------|----|-----------|-----|-----|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |
| STSJP            | 43           | 0  | 0         | 0   | 0   |
| STSJP-RTA        | 0            | 0  | 0         | 0   | 0   |
| Total            | 43           | 0  | 0         | 0   | 0   |

5. How does the average length of service compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length of stay for youth who were in detention and residential placements during the same time period.

Average length of stay is consistent with expectations.

6. Will this program’s outcomes meet the PY 2021-2022 projected goals by 9/30/2022?

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

7. (a) What outcomes are on track to meet the goals set for PY 2021-2022?

(b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2021-2022?

(b) Please describe any contributing barriers.

9. What changes have been made to overcome the barriers identified in Q.8. so that the program can achieve its desired goals for PY 2022-2023?

**D. Program 9 Service Projections for PY 2022-2023**

1. Please use the table to indicate the **projected number of youth to be served** by the program for PY 2022-2023. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     | Total |
|------------------|--------------|----|-----------|-----|-----|-------|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |       |
| STSJP            | 75           | 0  | 0         | 0   | 0   | 75    |
| STSJP-RTA        | 0            | 0  | 0         | 0   | 0   | 0     |
| Total            | 75           | 0  | 0         | 0   | 0   | 75    |

**PROGRAM 10**

**A. Program 10 Contact Information**

Program 10 Name:

Operating Agency:

Program Mailing Address:

Address Line 2:

City: State: **NY** ZIP Code:

Program Contact's Name: Title:

Phone: ( ) Ext: Email:

**B. Program 10 Description and Target Population**

1. A Family Support Services (FSS) program may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS; or, as of December 29, 2022, children under 12 years of age who do not meet the definition of a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the Family Court Act (FCA). This program meets the legal definition of an FSS program (Social Services Law Section 458-m) and will operate in this capacity for PY 2022-2023.

Yes  No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2022-2023:

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

\*Note: If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program. Additionally, as of December 29, 2022, children under 12 years of age who do not meet the definition of either a PINS or a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the FCA, may only be served through the Prevention and Early Intervention service domains.

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

4. Describe the program, including how it is family focused. If you answered "Yes" to Q.1. Family Support Services program, be sure to demonstrate how your program meets each requirement of the legislation. Also, please explain how each of the service types selected in Q.2. will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them. (Please refer to the *STSJP Annual Plan Development Guide* for additional guidance.)

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

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

1. What, if any, funding did this program receive in PY 2021-2022? If the program was approved in PY 2021-2022 but was not implemented or is anticipated to serve no youth, please choose None.

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

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2021 and 3/31/2022. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     | Total |
|------------------|--------------|----|-----------|-----|-----|-------|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |       |
| STSJP            |              |    |           |     |     |       |
| STSJP-RTA        |              |    |           |     |     |       |
| Total            |              |    |           |     |     |       |

3. Based on the program's record of youth served, do you anticipate this program serving more or less than its projected capacity on 9/30/2022? Please explain:

4. Please use the table to record the **average length of service (days)** for youth who exited the program between 10/1/2021 and 3/31/2022. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     |
|------------------|--------------|----|-----------|-----|-----|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |
| STSJP            |              |    |           |     |     |
| STSJP-RTA        |              |    |           |     |     |
| Total            |              |    |           |     |     |

5. How does the average length of service compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length of stay for youth who were in detention and residential placements during the same time period.

6. Will this program's outcomes meet the PY 2021-2022 projected goals by 9/30/2022?

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

7. (a) What outcomes are on track to meet the goals set for PY 2021-2022?  
 (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2021-2022?  
 (b) Please describe any contributing barriers.

9. What changes have been made to overcome the barriers identified in Q.8. so that the program can achieve its desired goals for PY 2022-2023?

**D. Program 10 Service Projections for PY 2022-2023**

1. Please use the table to indicate the **projected number of youth to be served** by the program for PY 2022-2023. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     | Total |
|------------------|--------------|----|-----------|-----|-----|-------|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |       |
| STSJP            |              |    |           |     |     |       |
| STSJP-RTA        |              |    |           |     |     |       |
| Total            |              |    |           |     |     |       |

**PROGRAM 11**

**A. Program 11 Contact Information**

Program 11 Name:

Operating Agency:

Program Mailing Address:

Address Line 2:

City: State: **NY** ZIP Code:

Program Contact's Name: Title:

Phone: ( ) Ext: Email:

**B. Program 11 Description and Target Population**

1. A Family Support Services (FSS) program may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS; or, as of December 29, 2022, children under 12 years of age who do not meet the definition of a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the Family Court Act (FCA). This program meets the legal definition of an FSS program (Social Services Law Section 458-m) and will operate in this capacity for PY 2022-2023.

Yes  No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2022-2023:

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

\*Note: If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program. Additionally, as of December 29, 2022, children under 12 years of age who do not meet the definition of either a PINS or a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the FCA, may only be served through the Prevention and Early Intervention service domains.

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

4. Describe the program, including how it is family focused. If you answered "Yes" to Q.1. Family Support Services program, be sure to demonstrate how your program meets each requirement of the legislation. Also, please explain how each of the service types selected in Q.2. will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them. (Please refer to the *STSJP Annual Plan Development Guide* for additional guidance.)

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

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

1. What, if any, funding did this program receive in PY 2021-2022? If the program was approved in PY 2021-2022 but was not implemented or is anticipated to serve no youth, please choose None.

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

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2021 and 3/31/2022. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     | Total |
|------------------|--------------|----|-----------|-----|-----|-------|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |       |
| STSJP            |              |    |           |     |     |       |
| STSJP-RTA        |              |    |           |     |     |       |
| Total            |              |    |           |     |     |       |

3. Based on the program's record of youth served, do you anticipate this program serving more or less than its projected capacity on 9/30/2022? Please explain:

4. Please use the table to record the **average length of service (days)** for youth who exited the program between 10/1/2021 and 3/31/2022. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     |
|------------------|--------------|----|-----------|-----|-----|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |
| STSJP            |              |    |           |     |     |
| STSJP-RTA        |              |    |           |     |     |
| Total            |              |    |           |     |     |

5. How does the average length of service compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length of stay for youth who were in detention and residential placements during the same time period.

6. Will this program's outcomes meet the PY 2021-2022 projected goals by 9/30/2022?

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

7. (a) What outcomes are on track to meet the goals set for PY 2021-2022?

(b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2021-2022?

(b) Please describe any contributing barriers.

9. What changes have been made to overcome the barriers identified in Q.8. so that the program can achieve its desired goals for PY 2022-2023?

**D. Program 11 Service Projections for PY 2022-2023**

1. Please use the table to indicate the **projected number of youth to be served** by the program for PY 2022-2023. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     | Total |
|------------------|--------------|----|-----------|-----|-----|-------|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |       |
| STSJP            |              |    |           |     |     |       |
| STSJP-RTA        |              |    |           |     |     |       |
| Total            |              |    |           |     |     |       |

**PROGRAM 12**

**A. Program 12 Contact Information**

Program 12 Name:

Operating Agency:

Program Mailing Address:

Address Line 2:

City: State: **NY** ZIP Code:

Program Contact's Name: Title:

Phone: ( ) Ext: Email:

**B. Program 12 Description and Target Population**

1. A Family Support Services (FSS) program may ONLY serve youth at risk of becoming, alleged to be, or adjudicated as PINS; or, as of December 29, 2022, children under 12 years of age who do not meet the definition of a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the Family Court Act (FCA). This program meets the legal definition of an FSS program (Social Services Law Section 458-m) and will operate in this capacity for PY 2022-2023.

Yes  No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2022-2023:

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

\*Note: If you indicated this program will operate as an FSS, it cannot provide STSJP-RTA services under this program. Additionally, as of December 29, 2022, children under 12 years of age who do not meet the definition of either a PINS or a JD and whose behavior, but for their age, would bring them within the jurisdiction of the family court under Article 3 of the FCA, may only be served through the Prevention and Early Intervention service domains.

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

4. Describe the program, including how it is family focused. If you answered "Yes" to Q.1. Family Support Services program, be sure to demonstrate how your program meets each requirement of the legislation. Also, please explain how each of the service types selected in Q.2. will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them. (Please refer to the *STSJP Annual Plan Development Guide* for additional guidance.)

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

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

1. What, if any, funding did this program receive in PY 2021-2022? If the program was approved in PY 2021-2022 but was not implemented or is anticipated to serve no youth, please choose None.

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



2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2021 and 3/31/2022. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     | Total |
|------------------|--------------|----|-----------|-----|-----|-------|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |       |
| STSJP            |              |    |           |     |     |       |
| STSJP-RTA        |              |    |           |     |     |       |
| Total            |              |    |           |     |     |       |

3. Based on the program's record of youth served, do you anticipate this program serving more or less than its projected capacity on 9/30/2022? Please explain:

4. Please use the table to record the **average length of service (days)** for youth who exited the program between 10/1/2021 and 3/31/2022. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     |
|------------------|--------------|----|-----------|-----|-----|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |
| STSJP            |              |    |           |     |     |
| STSJP-RTA        |              |    |           |     |     |
| Total            |              |    |           |     |     |

5. How does the average length of service compare to what you would expect for that service type? For ATD/ATPDP and ATP service types, compare with the average length of stay for youth who were in detention and residential placements during the same time period.

6. Will this program's outcomes meet the PY 2021-2022 projected goals by 9/30/2022?

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

7. (a) What outcomes are on track to meet the goals set for PY 2021-2022?  
 (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2021-2022?  
 (b) Please describe any contributing barriers.

9. What changes have been made to overcome the barriers identified in Q.8. so that the program can achieve its desired goals for PY 2022-2023?

**D. Program 12 Service Projections for PY 2022-2023**

1. Please use the table to indicate the **projected number of youth to be served** by the program for PY 2022-2023. Enter zero (0) if not applicable.

| Approved Funding | Program Type |    |           |     |     | Total |
|------------------|--------------|----|-----------|-----|-----|-------|
|                  | P            | EI | ATD/ATPDP | ATP | R/A |       |
| STSJP            |              |    |           |     |     |       |
| STSJP-RTA        |              |    |           |     |     |       |
| Total            |              |    |           |     |     |       |

**PART III – Goals for PY 2022-2023**

Please set the municipality’s goals for its programs to achieve in PY 2022-2023. State-required outcomes have been included with space for you to identify which programs in **Part II-Program Level Details** will serve youth within each service domain. Goals are focused by service type and should reflect the percentage of youth expected to achieve the outcome described. **Note:** Outcomes are only recorded for youth once they have left the program; this may represent a subset of all the youth served during the period. Goals should reflect high, yet realistic, expectations for the programs.

**Prevention**

(Programs  1  2  3  4  5  6  7  8  9  10  11  12  N/A)

| STSJP | STSJP RTA | Outcomes   |
|-------|-----------|--|
| 90 %  | %         | of youth will have no PINS referrals during service engagement                       |
| 75 %  | %         | of youth will have no trancies during service engagement                             |
| 75 %  | %         | of youth will have no school suspensions during service engagement                   |
| 90 %  | %         | of youth will have no arrests or probation intakes during service engagement         |
| 90 %  | %         | of youth will be able to identify at least one accessible, positive adult connection |
| 90 %  | %         | of youth will be engaged in at least one positive community activity                 |
| 75 %  | %         | of youth will comply with program rules  |
| 75 %  | %         | of youth will attend at least 90% of programming                                     |

If goal is set below 70% for any outcome please explain:

**Early Intervention**

(Programs  1  2  3  4  5  6  7  8  9  10  11  12  N/A)

| STSJP | STSJP RTA | Outcomes  |
|-------|-----------|---|
| 90 %  | 90 %      | of youth will have no PINS referrals during service engagement                          |
| 75 %  | 75 %      | of youth will have no trancies during service engagement                                |
| 75 %  | 75 %      | of youth will have no school suspensions during service engagement                      |
| 90 %  | 90 %      | of youth will have no arrests or probation intakes during service engagement            |
| 90 %  | 90 %      | of youth will have their cases successfully adjusted/diverted during service engagement |
| 90 %  | 90 %      | of youth will be able to identify at least one accessible, positive adult connection    |
| 80 %  | 80 %      | of youth will be engaged in at least one positive community activity                    |
| 90 %  | 90 %      | of youth will comply with program rules   |
| 75 %  | 75 %      | of youth will attend at least 90% of programming  |


If goal is set below 70% for any outcome please explain:

**Alternative to Detention/Pre-Dispositional Placement**


(Programs  1  2  3  4  5  6  7  8  9  10  11  12  N/A)

| STSJP | STSJP RTA | Outcomes   |
|-------|-----------|--|
| %     | %         | of youth will have no missed court appearances during service engagement             |
| %     | %         | of youth will have no warrants issued during service engagement                      |
| %     | %         | of youth will have no arrests or probation intakes during service engagement         |
| %     | %         | of youth will have no detention or jail admissions during service engagement         |
| %     | %         | of PINS will have no pre-dispositional placements during service engagement          |
| %     | %         | of youth will be able to identify at least one accessible, positive adult connection |
| %     | %         | of youth will be engaged in at least one positive community activity                 |
| %     | %         | of youth will comply with program rules  |
| %     | %         | of youth will attend at least 90% of programming                                     |

If goal is set below 70% for any outcome please explain:

| <b>Alternative to Placement</b><br>(Programs <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> N/A) |   |  |
|---|---|--|
| <b>STSJP</b>  | <b>STSJP RTA</b>  | <b>Outcomes</b>  |
| %   | %   | of youth will have no warrants issued during service engagement                      |
| %   | %   | of youth will have no arrests or probation intakes during service engagement         |
| %   | %   | of youth will have no detention or jail admissions during service engagement         |
| %   |  | of PINS will have no pre-dispositional placements during service engagement          |
| %   | %   | of youth will have no violations of probation filed during service engagement        |
| %   | %   | of youth will have no new placements during service engagement                       |
| %   | %   | of youth will be able to identify at least one accessible, positive adult connection |
| %   | %   | of youth will be engaged in at least one positive community activity                 |
| %   | %   | of youth will comply with program rules  |
| %   | %   | of youth will attend at least 90% of programming                                     |

If goal is set below 70% for any outcome please explain:

| <b>Reentry/Aftercare</b><br>(Programs <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> N/A) |  |  |
|--|--|--|
| <b>STSJP</b>   | <b>STSJP RTA</b>   | <b>Outcomes</b>  |
| %  | %  | of youth will have no warrants issued during service engagement                      |
| %  | %  | of youth will have no arrests or probation intakes during service engagement         |
| %  | %  | of youth will have no detention or jail admissions during service engagement         |
| %  |  | of PINS will have no pre-dispositional placements during service engagement          |
| %  | %  | of youth will have no new placements during service engagement                       |
| %  | %  | of youth will have no returns to their previous placements during service engagement |
| %  | %  | of youth will be able to identify at least one accessible, positive adult connection |
| %  | %  | of youth will be engaged in at least one positive community activity                 |
| %  | %  | of youth will comply with program rules  |
| %  | %  | of youth will attend at least 90% of programming                                     |

If goal is set below 70% for any outcome please explain:

| <b>PART IV – FUNDING</b>  |                                     |                          |                                 |                              |                          |                          |                           |
|---|-------------------------------------|--------------------------|---------------------------------|------------------------------|--------------------------|--------------------------|---------------------------|
| <b>A. Anticipated Program Expenses and Funding Distribution</b>                           |                                     |                          |                                 |                              |                          |                          |                           |
| <b>Program Name and Service Types</b>   | <b>STSJP</b>                        |                          |                                 |                              |                          |                          | <b>STSJP-RTA</b>          |
|   | <b>Detention Allocation Shifted</b> | <b>Approved Rollover</b> | <b>PY22-23 STSJP Allocation</b> | <b>Total Expenses (100%)</b> | <b>Local Share (38%)</b> | <b>State Share (62%)</b> | <b>State Share (100%)</b> |
| <b>1</b> Family Engagement Specialist (MHJJ)  | \$37,235.65                         | \$20,210.67              | \$33,131.96                     | \$146,094.00                 | \$55,515.72              | \$90,578.28              | \$146,094.00              |
| Prevention  |                                     |                          |                                 |                              |                          |                          |                           |
| Early Intervention  | \$37,235.65                         | \$20,210.67              | \$33,131.96                     | \$146,094.00                 | \$55,515.72              | \$90,578.28              | \$146,094.00              |
| ATD/ATPDP   |                                     |                          |                                 |                              |                          |                          |                           |
| ATP   |                                     |                          |                                 |                              |                          |                          |                           |
| Reentry/Aftercare   |                                     |                          |                                 |                              |                          |                          |                           |
| Indirect  |                                     |                          |                                 |                              |                          |                          |                           |
| <b>2</b> Family Keys  | \$83,029.56                         | \$45,066.55              | \$73,878.91                     | \$325,766.16                 | \$123,791.14             | \$201,975.02             |                           |
| Prevention  |                                     |                          |                                 |                              |                          |                          |                           |
| Early Intervention  | \$83,029.56                         | \$45,066.55              | \$73,878.91                     | \$325,766.16                 | \$123,791.14             | \$201,975.02             |                           |
| ATD/ATPDP   |                                     |                          |                                 |                              |                          |                          |                           |
| ATP   |                                     |                          |                                 |                              |                          |                          |                           |
| Reentry/Aftercare   |                                     |                          |                                 |                              |                          |                          |                           |
| Indirect  |                                     |                          |                                 |                              |                          |                          |                           |
| <b>3</b> Orange County Children's Cross System Team Coordinator/Raise the Age Coordinator | \$26,886.38                         | \$14,593.31              | \$23,923.24                     | \$105,488.59                 | \$40,085.66              | \$65,402.93              | \$51,932.00               |
| Prevention  |                                     |                          |                                 |                              |                          |                          |                           |
| Early Intervention  |                                     |                          |                                 |                              |                          |                          |                           |
| ATD/ATPDP   |                                     |                          |                                 |                              |                          |                          |                           |
| ATP   |                                     |                          |                                 |                              |                          |                          |                           |
| Reentry/Aftercare   |                                     |                          |                                 |                              |                          |                          |                           |
| Indirect  | \$26,886.38                         | \$14,593.31              | \$23,923.24                     | \$105,488.59                 | \$40,085.66              | \$65,402.93              | \$51,932.00               |
| <b>4</b> Astor Family Services and Support  |                                     |                          |                                 |                              |                          |                          | \$75,000.00               |
| Prevention  |                                     |                          |                                 |                              |                          |                          |                           |
| Early Intervention  |                                     |                          |                                 |                              |                          |                          | \$75,000.00               |
| ATD/ATPDP   |                                     |                          |                                 |                              |                          |                          |                           |
| ATP   |                                     |                          |                                 |                              |                          |                          |                           |
| Reentry/Aftercare   |                                     |                          |                                 |                              |                          |                          |                           |
| Indirect  |                                     |                          |                                 |                              |                          |                          |                           |

|          |   |  |  |  |  |  |  |                    |
|----------|---|--|--|--|--|--|--|--------------------|
| <b>5</b> | <b>Intensive Clinical Case Management</b> |  |  |  |  |  |  | <b>\$25,000.00</b> |
|          | Prevention                                |  |  |  |  |  |  |                    |
|          | Early Intervention                        |  |  |  |  |  |  | \$25,000.00        |
|          | ATD/ATPDP                                 |  |  |  |  |  |  |                    |
|          | ATP                                       |  |  |  |  |  |  |                    |
|          | Reentry/Aftercare                         |  |  |  |  |  |  |                    |
|          | Indirect                                  |  |  |  |  |  |  |                    |

| Program Name and Service Types | STSJP  |                   |                          |                       |                    |                    | STSJP-RTA           |
|--------------------------------|--|-------------------|--------------------------|-----------------------|--------------------|--------------------|---------------------|
|                                | Detention Allocation Shifted                         | Approved Rollover | PY22-23 STSJP Allocation | Total Expenses (100%) | Local Share (38%)  | State Share (62%)  | State Share (100%)  |
| <b>6</b>                       | <b>YAP Residential Services</b>                      |                   |                          |                       |                    |                    | <b>\$212,500.00</b> |
|                                | Prevention   |                   |                          |                       |                    |                    |                     |
|                                | Early Intervention                                   |                   |                          |                       |                    |                    | \$212,500.00        |
|                                | ATD/ATPDP  |                   |                          |                       |                    |                    |                     |
|                                | ATP  |                   |                          |                       |                    |                    |                     |
|                                | Reentry/Aftercare                                    |                   |                          |                       |                    |                    |                     |
|                                | Indirect   |                   |                          |                       |                    |                    |                     |
| <b>7</b>                       | <b>NAFI Parenting with Love and Limits Program</b>   |                   |                          |                       |                    |                    | <b>\$31,381.00</b>  |
|                                | Prevention   |                   |                          |                       |                    |                    |                     |
|                                | Early Intervention                                   |                   |                          |                       |                    |                    | \$31,381.00         |
|                                | ATD/ATPDP  |                   |                          |                       |                    |                    |                     |
|                                | ATP  |                   |                          |                       |                    |                    |                     |
|                                | Reentry/Aftercare                                    |                   |                          |                       |                    |                    |                     |
|                                | Indirect   |                   |                          |                       |                    |                    |                     |
| <b>8</b>                       | <b>NAFI Orange County Family Wrap Around Program</b> |                   |                          |                       |                    |                    | <b>\$41,729.00</b>  |
|                                | Prevention   |                   |                          |                       |                    |                    |                     |
|                                | Early Intervention                                   |                   |                          |                       |                    |                    | \$41,729.00         |
|                                | ATD/ATPDP  |                   |                          |                       |                    |                    |                     |
|                                | ATP  |                   |                          |                       |                    |                    |                     |
|                                | Reentry/Aftercare                                    |                   |                          |                       |                    |                    |                     |
|                                | Indirect   |                   |                          |                       |                    |                    |                     |
| <b>9</b>                       | <b>Safe Harbor Trafficking Prevention Program</b>    | <b>\$9,450.42</b> | <b>\$5,129.47</b>        | <b>\$8,408.89</b>     | <b>\$37,078.67</b> | <b>\$14,089.89</b> | <b>\$22,988.78</b>  |
|                                | Prevention   | \$9,450.42        | \$5,129.47               | \$8,408.89            | \$37,078.67        | \$14,089.89        | \$22,988.78         |
|                                | Early Intervention                                   |                   |                          |                       |                    |                    |                     |

|                    |  |  |  |  |  |  |  |
|--------------------|--|--|--|--|--|--|--|
| ATD/ATPDP          |  |  |  |  |  |  |  |
| ATP                |  |  |  |  |  |  |  |
| Reentry/Aftercare  |  |  |  |  |  |  |  |
| Indirect           |  |  |  |  |  |  |  |
| <b>10</b>          |  |  |  |  |  |  |  |
| Prevention         |  |  |  |  |  |  |  |
| Early Intervention |  |  |  |  |  |  |  |
| ATD/ATPDP          |  |  |  |  |  |  |  |
| ATP                |  |  |  |  |  |  |  |
| Reentry/Aftercare  |  |  |  |  |  |  |  |
| Indirect           |  |  |  |  |  |  |  |

| Program Name and Service Types  | STSJP                        |                   |                          |                       |                   |                   | STSJP-RTA          |
|---------------------------------|------------------------------|-------------------|--------------------------|-----------------------|-------------------|-------------------|--------------------|
|                                 | Detention Allocation Shifted | Approved Rollover | PY22-23 STSJP Allocation | Total Expenses (100%) | Local Share (38%) | State Share (62%) | State Share (100%) |
| <b>11</b>                       |                              |                   |                          |                       |                   |                   |                    |
| Prevention                      |                              |                   |                          |                       |                   |                   |                    |
| Early Intervention              |                              |                   |                          |                       |                   |                   |                    |
| ATD/ATPDP                       |                              |                   |                          |                       |                   |                   |                    |
| ATP                             |                              |                   |                          |                       |                   |                   |                    |
| Reentry/Aftercare               |                              |                   |                          |                       |                   |                   |                    |
| Indirect                        |                              |                   |                          |                       |                   |                   |                    |
| <b>12</b>                       |                              |                   |                          |                       |                   |                   |                    |
| Prevention                      |                              |                   |                          |                       |                   |                   |                    |
| Early Intervention              |                              |                   |                          |                       |                   |                   |                    |
| ATD/ATPDP                       |                              |                   |                          |                       |                   |                   |                    |
| ATP                             |                              |                   |                          |                       |                   |                   |                    |
| Reentry/Aftercare               |                              |                   |                          |                       |                   |                   |                    |
| Indirect                        |                              |                   |                          |                       |                   |                   |                    |
| <b>► Sum of Program Totals:</b> | \$156,602.01                 | \$85,000.00       | \$139,343.00             | \$614,427.42          | \$233,482.41      | \$380,945.01      | \$583,636.00       |

| B. STSJP Reimbursement Summary                           |                     |
|--|---------------------|
| STSJP Allocation Amount                                  | \$139,343.00        |
| Locally Approved Amount of PY 2022-2023 STSJP Allocation | \$139,343.00        |
| Approved Detention Allocation Shifted                    | \$156,602.01        |
| Approved Rollover Amount                                 | \$85,000.00         |
| <b>Total Approved for State Reimbursement</b>            | <b>\$380,945.01</b> |
| <b>C. STSJP-RTA Reimbursement Summary</b>                |                     |

|   |                     |
|---|---------------------|
| STSJP-RTA Approved Plan Amount                | \$583,636.00        |
| <b>Total Approved for State Reimbursement</b> | <b>\$583,636.00</b> |

**PART V – PLAN APPROVAL**

**A. Municipality Level Approval – Chief Executive/Administrative Official**

As STSJP Lead for Orange County, I certify that the Chief Executive/Administrative Official, [Name and Title] Steven Neuhaus, County Executive, has reviewed and approved the 2022-2023 STSJP Plan.

|                 |                           |                 |
|-----------------|---------------------------|-----------------|
| User ID: 33a896 | Print Name: Anne Caldwell | Date: 8/19/2022 |
|-----------------|---------------------------|-----------------|

**B. State Level Approval – OCFS Program Reviewer**

As OCFS STSJP reviewer, I certify that I approve of this STSJP plan for Orange County for 2022-2023.

|                 |                            |                |
|-----------------|----------------------------|----------------|
| User ID: JM9737 | Print Name: Karen Sessions | Date: 1/6/2023 |
|-----------------|----------------------------|----------------|