



Office of Children
and Family Services

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Acting Commissioner

February 13, 2020

Dear Chief Executive Officer,

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

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

- Rensselaer County is eligible to receive 62% State reimbursement for STSJP expenditures up to the capped STSJP allocation amount. Your municipality will continue to receive 49% State reimbursement for eligible detention services expenditures up to the capped allocation amount. If your municipality shifts a portion of its detention allocation into its STSJP plan, your municipality will receive 62% State reimbursement if such shifted funds are spent on STSJP eligible expenditures. A municipality may make a detention allocation shift at the time of the STSJP plan submission or at any time during the program year. If Rensselaer County plans to shift its detention allocation for STSJP eligible expenses, please submit a request on official letterhead to John Johnson and email it to stsjp@ocfs.ny.gov outlining the amount that will be shifted and the type of programming or services the re-purposed detention funds will be used for under STSJP. An amended STSJP plan will also need to be submitted.

As a reminder, to access RTA reimbursement that a municipality may be eligible for, the expenditures must be specifically included in a locality's comprehensive RTA plan. Plan approval for 100% reimbursement will be determined on a case-by-case basis by the Office of Children and Family Services, the Department of Criminal Justice Services and the Division of Budget.

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

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

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

Sincerely,

Nina Aledort, PhD
Deputy Commissioner

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

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

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

STSJP Plans are due to the Office of Children and Family Services (OCFS) by 10 / 15 / 2018

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

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

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

Please direct any STSJP plan questions to:

John E. Johnson: Ph. 518-486-4665

MUNICIPALITY INFORMATION			
NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION: Rensselaer County			
LEAD AGENCY FOR STSJP SUBMISSION: Rensselaer County Department of Social Services		NAME OF CONTACT PERSON: Cara Brown	
CONTACT PERSON'S PHONE NUMBER: 518-833-6051		CONTACT PERSON'S EMAIL ADDRESS: Cara.Brown@dfa.state.ny.us	

Plan Submission instructions

Instructions for submitting an STSJP plan for OCFS review.

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

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

SECTION ONE - List of programs to be funded

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

Program Name	Total Program Expense (100 percent)	State Share (62 percent)	County Share (38 percent)
STSJP Program 1 Berkshire Farm Stepping Stones	\$ 106,795.00	\$ 66,212.90	\$ 40,582.10
STSJP Program 2 Rensselaer County Department of Mental Health Transitions Program	\$ 43,021.29	\$ 26,673.20	\$ 16,348.09
STSJP Program 3	\$	\$	\$
STSJP Program 4	\$	\$	\$
STSJP Program 5	\$	\$	\$
STSJP Program 6	\$	\$	\$

STSSJP Program 7	\$	\$	\$
STSSJP Program 8	\$	\$	\$
STSSJP Program 9	\$	\$	\$
STSSJP Program 10	\$	\$	\$
STSSJP Program 11	\$	\$	\$
STSSJP Program 12	\$	\$	\$
TOTAL	\$ 149,816.29	\$ 92,886.10	\$ 56,930.19
STSSJP RTA Program (for expenditures eligible for 100% state reimbursement) Berkshire Farm Enhanced Stepping Stones Program for RTA	\$ 0		
STSSJP RTA Program (for expenditures eligible for 100% state reimbursement) Berkshire Farm Functional Family Therapy	\$ 0		
STSSJP RTA Program (for expenditures eligible for 100% state reimbursement) Northeast Intensive Aftercare Prevention Program for RTA	\$ 0		
STSSJP RTA Program (for expenditures eligible for 100% state reimbursement) Rensselaer County Department of Mental Health Transitions Program	\$ 0		
STSSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
TOTAL	\$ 0	\$	\$

SECTION TWO – Overall analysis of communities

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

(500 words or less) Our plan targets zip codes 12180, 12182 and 12144. Rensselaer County is in the eastern part of New York State. The eastern boundary of Rensselaer County runs along the New York-Vermont and New York-Massachusetts borders. The U.S Census Bureau estimated Rensselaer County's population at 159,722 in 2017. In 2017, the racial makeup of the county was 86.5% white, 7.8% black or African-American, .3% Native American, 2.8% Asian and 2.6% from other races. Between 2012 and 2016, the median income for a household in the county was \$61,754. The county is served by sixteen school districts.

Troy is a city located in Rensselaer County. As of 2017, the population in Troy was approximately 49,565 with a racial makeup of 74.1% white, 16.0% black or African American, .1 % Native American, 3.9% Asian and 8.6% from other races.

Approximately 25.5% of the population in Troy is below the poverty level.

Crimes in Troy are concentrated in the western side of the city and are particularly dense north of Hoosick Street. This is the area where the largest number of youth on probation or placed residentially live with their families.

The largest number of youth placed in detention and out of home placements continues to be in the City of Troy. In 2017 thirty-six (36) youth were remanded to non-secure detention. Out of those 36 youth, 20 were from the City of Troy. Thirty-three (33) youth were remanded to secure detention in 2017. Out of those 33 youth, 19 were from the City of Troy.

SECTION THREE – Overall analysis of disparity

Please provide information indicating whether the use of detention or residential placement in your service area exhibits disparate outcomes for one racial/ethnic group as compared to outcomes for another racial/ethnic group.

(Please consult with the Detention and Placement data provided by OCFS and the County Profile data provided by DCJS as part of your STSJP plan support documentation).

(250 words or less) A total of twenty-nine (29) families with seventy-one (71) youth were served by the Stepping Stones program in 2017. There were fourteen (14) Caucasian families; two (2) Hispanic/Latino families; two (2) Bi-Racial families and eleven (11) African American families. Youth ages ranged from 0-17 and 53% of youth served were between the ages of 13-17 years old. Ethnicity Breakdown of the households served by Stepping Stones: 48% Caucasian, 7% Hispanic-Latino, 7% Bi-Racial and 38% African American. Total Non-Secure Detention admissions in 2017 was 36 with 61% being Caucasian, 31% being African-American and 8% Hispanic. Total Secure Detention admissions in 2017 was 33 with 55% being Caucasian, 42% being African-American and 3% being Hispanic. Total Residential placements for the JD/PINS population in Rensselaer County either in DSS custody or OCFS custody in 2017 is 20 with 55% being Caucasian, 30% being African-American and 15% being Bi-Racial.

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

(250 words or less) The Family Specialist has an excellent understanding of the the family dynamics, as well as any cultural differences, in order to assist the family in forming plans to resolve indentified issues. The Stepping Stones Family Specialist works with every family that is referred to them for services and to break down cultural barriers in order to get a successful outcome. The Family Specialist and Program Coordinator secured translation services through All Language Translations and interpreters from this agency were utilized for weekly home visits and family meetings in order to successfully conduct assessments and engage the family in treatment planning and interventions.

SECTION FOUR – Performance outcomes

For current program year, provide the projected performance outcomes for all of your proposed services and programs, being sure to include: An estimate of the anticipated reductions in detention utilization and residential placements.

(250 word or less) Performance Target: 85% of the youth will avoid a remand to detention.

2017 Performance: 23 out of 29 youth or 79% of identified youth avoided a remand to detention.

Performance Target: 90% of parents will increase their involvement in the school system, health services, community resources and Stepping Stones activities.

2017 Performance: 25 out of 29 or 86% of parents increased their involvement in the school system, mental health services, community resources and Stepping Stones activities as reflected in progress notes and treatment plans.

Performance Target: 90% of youth will avert residential placement.

2017 Performance: 29 out of 29 or 100% of the identified youth from the Rensselaer County Stepping Stones Prevention Program averted residential placement.

SECTION FIVE – Collaboration

As per STSJP legislation, collaboration is required please describe your municipality's activities in developing this year's STSJP plan in collaboration with local agencies responsible for probation, law enforcement, detention, diversion, and social services, as well as, with courts, service provider, schools, and youth development programs.

(250 words or less) Since 2010, Rensselaer County has contracted with Berkshire Farms' Stepping Stones Program to reduce the county's need to place youth in detention or other out of home placements. The staff from Stepping Stones have partnered with probation and social services in order to best plan and provide the necessary services to meet the needs of the youth and their family. The Family Specialist at Berkshire meets with DSS and probation weekly in an effort to keep the children in the program safe at home while addressing at risk behaviors. The Family Specialist also attends Family Court appearances, school meetings and mental health appointments with the youth and families served.

The Transitions Program will be comprised of a team of licensed MH professionals that serve the child/youth and families for 6-8 weeks of intensive in home evidence based treatment. In addition to these clinicians, the team will also include a skill builder, parent/peer partner, youth mentor, care manager and community specialist. Referrals can be made to the program by Rensselaer County Probation and regular meetings will be held between service providers that are involved with the family to discuss progress with projected goals.

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

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

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

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

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

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

SECTION SEVEN– Plan amounts

Expenses

1. Total Program expenses		\$ 149,816.29
2. State reimbursement (Program expenses*.62)		\$ 92,886.10
3. State share amount (Program expenses*.38)		\$ 56,930.19
Add in Reimbursements for the plan (fill out all that are applicable)		
4. STSJP allocation	\$ 75,093.00	
5. STSJP approved		\$ 75,093.00
6. JDAI allocation	\$	
7. JDAI approved		\$
8. Detention approved amount shifted to STSJP		\$
9. PY rollover approved		\$ 17,793.10
10. Total approved amounts for state reimbursement		\$ 92,886.10
11. Total amount of approved STSJP-RTA 100% state reimbursement		\$ 0

Program detail inserts

List the name of each service and program who you expect will received STSJP funds, along with the projected amount of STSJP funds to be used for each: As a Guide to providing the information needed to properly review your

plan, please provide programmatic information in the format listed below; Provide the Name of the Provider of the Service/Program. **Please note there are now 6 types of programming to choose from.**

Program one name:	Stepping Stones Program	Type of program:	ATP
Program operating agency:	Berkshire Farm Center and Services for Youth		
Program mailing address 945 Palmer Avenue			
Address line 2			
City Schenectady		State NY	Zip code 12309
Contact person for program Joanne Bedell			
Title Administrative Asst. to VP of Community Services		Phone number (518) 346-6201	Ext. 221
Email jbedell@berkshirefarm.org			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 106,795.00			
1. Please indicate the specific zip codes this program will target? Zip Codes 12180, 12182, 12144			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The Stepping Stones program will be used as an ATP program by providing families and youth with intensive services to reduce the likelihood that the youth will commit another crime including but not limited to immediate assessments and recommendations, home and community-based services, 24/7 crisis intervention and support to the family and youth when going to Family Court.			
3. Does your municipality plan to replicate program across multiple locations? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 30			
If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input checked="" type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less) Performance Target: 90% of youth will avert residential placement. 2017 Performance: 29 out of 29 or 100% of the identified youth from the Rensselaer County Stepping Stones Prevention Program averted residential placement.			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) Performance outcomes regarding an increase in parental involvement and remands to detention were not met. Barriers included an increase in youths negative behaviors, truancy, suspensions, runaways and family functioning issues to name a few. The Family Specialist will continue to work intensively with the youths and their families and provide interventions focused on increasing parental involvement.			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 83.8 days			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 80			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0			
Program two name:	The Transitions Program	Type of program:	ATD
Program operating agency:	Rensselaer County Department of Mental Health		
Program mailing address 1600 7th Avenue, 3rd Floor			
Address line 2			
City Troy		State NY	Zip code 12180

Contact person for program Michelle Marte		
Title Director of Children's Services	Phone number (518) 270-2836	Ext.
Email MMarte@renesco.com		
Program service detailed information		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 43,021.29		
1. Please indicate the specific zip codes this program will target? Zip Codes 12180, 12182, 12144		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The ATD program will work with Probation, Rensselaer County DSS, school personnel, medical staff, families and other service providers to identify children that they feel are at the highest risk of being remanded to detention. Once appropriate youth are identified, evidence based treatment models will be used to meet the unique needs of each child and family (ability to provide therapy, skill building, referrals to community supports and mentoring).		
3. Does your municipality plan to replicate program across multiple locations? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no)		
4. What is the projected number of youth who will receive service from this program? (4-character number) 4		
If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.		
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input checked="" type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.		
6. What projected outcomes were met and how were they met? (100 word or less) The Transitions Program did not come to fruition for the 2017-2018 program year, but is ready to be implemented in 2018-2019.		
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) The Transitions Program did not come to fruition for the 2017-2018 program year, but is ready to be implemented in 2018-2019.		
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 0		
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 0		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 17,793.1		

Program three name:		Type of program:	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ()	Ext.	
Email			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$			
1. Please indicate the specific zip codes this program will target? Zip Codes			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)			
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number)			
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less)			

7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

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

Program five name:		Type of program:	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ()	Ext.	
Email			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$			
1. Please indicate the specific zip codes this program will target? Zip Codes			

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input type="checkbox"/> no)
4. What is the projected number of youth who will receive service from this program? (4-character number)
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.
6. What projected outcomes were met and how were they met? (100 word or less)
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

Program six name:		Type of program:	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ()	Ext.	
Email			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$			
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If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.			
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10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)			

Program seven name:		Type of program:	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	

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

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

Program twelve name:		Type of program:	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ()		Ext.
Email			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$			
1. Please indicate the specific zip codes this program will target? Zip Codes			

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input type="checkbox"/> no)
4. What is the projected number of youth who will receive service from this program? (4-character number)
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.
6. What projected outcomes were met and how were they met? (100 word or less)
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

STSJP/RTA Program name:	Berkshire Farm Enhanced Stepping Stones Program for RTA	Type of program:	STSJP-RTA
Program operating agency:	Berkshire Farm Center and Services for Youth		
Program mailing address 945 Palmer Avenue			
Address line 2			
City Schenectady		State NY	Zip code 12309
Contact person for program Joann Bedell			
Title Administrative Assistant to VP of Community Services		Phone number (518) 346-6201	Ext. 221
Email Jbedell@berkshirefarm.org			

Program service detailed information
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 0
1. Please indicate the specific zip codes this program will target? Zip Codes 12180, 12182, 12144
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The Enhanced Stepping Stones program is an intensive home based prevention program that works with high risk RTA youth to prevent out of home placement. The program's goals are: to reduce the use of detention; reduce risk of placement; increase family preservation; provide services to support the least restrictive environment for youth needing placement; reduce the risk of future contact with the juvenile justice system; and prevent return to placement.
3. Does your municipality plan to replicate program across multiple locations? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no)
4. What is the projected number of youth who will receive service from this program? (4-character number) 20
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.
6. What projected outcomes were met and how were they met? (100 word or less)
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

STSJP/RTA Program name:	Berkshire Farm Functional Family Therapy (FFT)	Type of program:	New Program STSJP-RTA
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Program operating agency: Berkshire Farm Center and Services for Youth		
Program mailing address 945 Palmer Avenue		
Address line 2		
City Schenectady	State NY	Zip code 12309
Contact person for program Joanne Bedell		
Title Administrative Assistant to VP of Community Services	Phone number (518) 346-6201	Ext. 221
Email jbedell@berkshirefarm.org		
Program service detailed information		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 0		
1. Please indicate the specific zip codes this program will target? Zip Codes 12180, 12182, 12144		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The program is an evidence based family intervention program for at risk youth and their families. The program works intensively to prevent out of home placement, shorten the length of placement and to reduce the need for dependence upon DSS. The FFT program will identify risk factors, create safety and treatment plans that focus on empowering and strengthening families to problem solve, plan for safety, increase independence, productivity and family functioning within their home community.		
3. Does your municipality plan to replicate program across multiple locations? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no)		
4. What is the projected number of youth who will receive service from this program? (4-character number) 40		
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.		
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.		
6. What projected outcomes were met and how were they met? (100 word or less)		
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)		
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)		
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)		

STSJP/RTA Program name:	Northeast Intensive Aftercare Prevention Program (IAPP) for RTA	Type of program:	STSJP-RTA
Program operating agency: Northeast Parent and Child Society			
Program mailing address 1 Genium Plaza			
Address line 2			
City Schenectady	State NY	Zip code 12304	
Contact person for program Tanya Starker			
Title Director of Family Services	Phone number (518) 346-1285	Ext. 7542	
Email Tanya.Starker@neparentchild.org			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 0			
1. Please indicate the specific zip codes this program will target? Zip Codes 12180, 12182, 12144			

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The Northeast IAPP team will work with RTA youth and families to prevent out of home placement. The IAPP program provides intensive home-based services to youth and families including respite, skill building, community assistance, school advocacy, and therapeutic recreation.

3. Does your municipality plan to replicate program across multiple locations? (yes or no)

4. What is the projected number of youth who will receive service from this program? (4-character number) 12

If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.

5. Did projected performance outcome meet expected outcomes? (yes or no) If yes, answer # 6, If no, skip to #7.

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

7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)

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

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

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

SECTION EIGHT – Plan Approval

Approval of the Chief Executive Officer

As STSJP Lead for Rensselaer County municipality, I certify that the CEO

Steven F. McLaughlin has reviewed and approved the 2018 - 2019 STSJP plan.

Date: 01 / 29 / 2020 STSJP Lead User ID 38A894

STSJP Lead printed name: Cara Brown

Approval of the OCFS STSJP Program Lead

As OCFS STSJP reviewer. I certify that I approve of this STSJP plan for Rensselaer municipality, for 2018- 2019.

Date: 2 / 12 / 20 User ID: IT0911 Printed name Lynn Tibbbs