



Office of Children and Family Services

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Commissioner

May 11, 2020

Dear Chief Elected Official,

Thank you for submitting Rensselaer County's Supervision and Treatment Services for Juveniles Program (STSJP) plan for Program Year (PY) 2019-2020. Your entire STSJP plan, including the amounts listed for PY 2019-2020 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 if such shifted funds are spent on STSJP eligible expenditures. A municipality may make a detention allocation shift at any time during the program year.

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 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. Plan approval for 100% reimbursement is determined by the Office of Children and Family Services, the Department of Criminal Justice Services and the Division of Budget.

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, 2019 to September 30, 2020. Questions on all aspects of the claiming process should be directed to Daniel Hulihan at (518) 473-4511 or at Daniel.Hulihan@ocfs.ny.gov.

If you have any questions, please email us at 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.

Sincerely,

Nina Aledort, Ph.D., LMSW
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, 2019 - SEPTEMBER 30, 2020

STSJP plans are due to the Office of Children and Family Services (OCFS) by 08/19/2019

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

Please be sure that the title “**STSJP 2019-2020 Annual Plan-Municipality Name**” are in the **Subject Field** to facilitate the timely review of your STSJP plan.

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

Please direct any STSJP plan questions to:

- [Geneva Hilliard](mailto:Geneva.Hilliard@ocfs.ny.gov): 518-486-1819
- [Lynn Tubbs](mailto:Lynn.Tubbs@ocfs.ny.gov): 518-473-9116

MUNICIPALITY INFORMATION	
NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION: Rensselaer County	
LEAD AGENCY FOR STSJP SUBMISSION: Rensselaer County DSS	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 file name “STSJP 2019-2020 Annual Plan – (Name of County)”;
- c. Work from the “saved” application document, using it to record all of your municipality information;
- d. Once you have completed entering the required data, save the document.

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

PART I – STSJP PROGRAMS

SECTION 1		PLAN AMOUNTS
EXPENSES		
1. Total program expenses		\$ 135,440.48
2. State reimbursement		\$ 83,973.10
3. Local share amount		\$ 51,467.38
Reimbursements for the plan (Enter all amounts that are applicable.)		
4. STSJP allocation amount	\$ 75,093.00	
5. STSJP local approved plan amount		\$ 75,093.00
6. Detention approved amount shifted to STSJP		\$
7. PY rollover approved amount		\$ 8,880.10
8. Total approved amounts for state reimbursement		\$ 83,973.10

SECTION 2		LIST OF STSJP PROGRAMS TO BE FUNDED	
Program Name	Local Share (38 percent)	State Share (62 percent)	Total Program Expenses (100 percent)
STSJP Program 1 Berkshire Farm Stepping Stones	\$ 41,265.72	\$ 67,328.28	\$ 108,594.00
STSJP Program 2	\$ 10,201.66	\$ 16,644.82	\$ 26,846.48

Rensselaer County Department of Mental Health Transitions Program			
STSJP Program 3	\$	\$	\$
STSJP Program 4	\$	\$	\$
STSJP Program 5	\$	\$	\$
STSJP Program 6	\$	\$	\$
STSJP Program 7	\$	\$	\$
STSJP Program 8	\$	\$	\$
STSJP Program 9	\$	\$	\$
STSJP Program 10	\$	\$	\$
STSJP Program 11	\$	\$	\$
STSJP Program 12	\$	\$	\$
TOTAL			\$ 135,440.48

STSJP PROGRAMMING DETAILS

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

STSJP Program 1			
STSJP Program 1 Name: Berkshire Farm Stepping Stones		STSJP Program 1 Type: Alternative to Placement	
STSJP Program 1 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		Email jbedell@berkshirefarm.org	
Title Administrative Asst. to VP of Community Services		Phone (518) 346 - 6201	Ext 221

STSJP Program 1	Service Detailed Information
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 108,594.00	
2. Please indicate the specific zip codes this program will target. 12180, 12182, 12144,	
3. 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 a 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.	
4. Does your municipality plan to replicate the program across multiple locations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program? 30	

If the STSJP Program 1 received STSJP funds in the previous STSJP PY, answer the questions below.	
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 .	
7. What projected outcomes were met and how were they met? (100 words or less) 85% of youth will avoid remand to detention. 2018 Performance: 20 out of 21 youth or 95% of identified youth avoided a remand to detention.	
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) Performance outcomes regarding an increase in parental involvement and aversion to placement were not met. Barriers included an increase in youths negative behaviors, truancy, suspensions, runaways, family functioning issues, substance abuse and mental health issues to name a few. There was lack of consistency with the Stepping Stones program and the Family Specialist in particular due to turnover. Since, a new Family Specialist has been hired who is working consistently/intensively with the the families the Stepping Stones program is serving. This will show an increase in percentages with respect to these performance outcomes.	
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 91.8	
10. Total number of youth served by this program during the previous STSJP PY: 70	
11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 0	

STSJP Program 2		
STSJP Program 2 Name: Rensselaer County Dept. of Mental Health Transitions Program		STSJP Program 2 Type: Alternative to Placement
STSJP Program 2 Operating Agency: Rensselaer County Department of Mental Health		
Program Mailing Address 1600 7th Avenue Floor 3		
Address Line 2		
City Troy	State NY	Zip Code 12180
Contact Person for Program Michelle Marte	Email MMarte@rensco.com	
Title Director of Children's Services	Phone (518) 270 - 2836	Ext

STSJP Program 2 Service Detailed Information	
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 26,846.48	
2. Please indicate the specific zip codes this program will target. 12180, 12182, 12144,	
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The Transitions Program will work with Probation, Renssealer County DSS, school personnel, medical staff, families and other service providers to identify children that they feel are at the highest risk of out of home placement. 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).	
4. Does your municipality plan to replicate the program across multiple locations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program? 8	
If the STSJP Program 2 received STSJP funds in the previous STSJP PY, answer the questions below.	
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 .	
7. What projected outcomes were met and how were they met? (100 words or less)	
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) The Transitions Program did not come to fruition for the 2018-2019 program year, but is ready to be implemented in 2019-2020.	

There was a need for a Cooperative Agreement between Rensselaer County DSS and Rensselaer County Mental Health. A Cooperative Agreement has since been sent to OTDA and we are awaiting approval.

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 0

10. Total number of youth served by this program during the previous STSJP PY: 0

11. What amount of rollover funds from the previous STSJP PY will be spent on this program? \$8880.10

STSJP Program 3		
STSJP Program 3 Name:		STSJP Program 3 Type:
STSJP Program 3 Operating Agency:		
Program Mailing Address		
Address Line 2		
City	State	Zip Code
Contact Person for Program	Email	
Title	Phone () -	Ext

STSJP Program 3 Service Detailed Information		
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$		
2. Please indicate the specific zip codes this program will target. , , ,		
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)		
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. What is the projected number of youth who will receive services from this program?		
If the STSJP Program 3 received STSJP funds in the previous STSJP PY, answer the questions below.		
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 .		
7. What projected outcomes were met and how were they met? (100 words or less)		
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)		
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)		
10. Total number of youth served by this program during the previous STSJP PY:		
11. What amount of rollover funds from the previous STSJP PY will be spent on this program?		

STSJP Program 4		
STSJP Program 4 Name:		STSJP Program 4 Type:
STSJP Program 4 Operating Agency:		
Program Mailing Address		
Address Line 2		
City	State	Zip Code
Contact Person for Program	Email	
Title	Phone () -	Ext

STSJP Program 4	Service Detailed Information
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$	
2. Please indicate the specific zip codes this program will target. , , ,	
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)	
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program?	
If the STSJP Program 4 received STSJP funds in the previous STSJP PY, answer the questions below.	
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 .	
7. What projected outcomes were met and how were they met? (100 words or less)	
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)	
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)	
10. Total number of youth served by this program during the previous STSJP PY:	
11. What amount of rollover funds from the previous STSJP PY will be spent on this program?	

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

STSJP Program 5	Service Detailed Information
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$	
2. Please indicate the specific zip codes this program will target. , , ,	
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)	
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program?	
If the STSJP Program 5 received STSJP funds in the previous STSJP PY, answer the questions below.	
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 . If Yes, answer #7 . If No, skip to #8 .	
7. What projected outcomes were met and how were they met? (100 words or less)	
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)	
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)	
10. Total number of youth served by this program during the previous STSJP PY:	
11. What amount of rollover funds from the previous STSJP PY will be spent on this program?	

STSJP Program 6	
STSJP Program 6 Name:	STSJP Program 6 Type:

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

STSJP Program 6 Service Detailed Information

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$
2. Please indicate the specific zip codes this program will target. , , ,
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. What is the projected number of youth who will receive services from this program?
If the STSJP Program 6 received STSJP funds in the previous STSJP PY, answer the questions below.
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 .
7. What projected outcomes were met and how were they met? (100 words or less)
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
10. Total number of youth served by this program during the previous STSJP PY:
11. What amount of rollover funds from the previous STSJP PY will be spent on this program?

STSJP Program 7

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

STSJP Program 7 Service Detailed Information

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$
2. Please indicate the specific zip codes this program will target. , , ,
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. What is the projected number of youth who will receive services from this program?
If the STSJP Program 7 received STSJP funds in the previous STSJP PY, answer the questions below.

6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 .
7. What projected outcomes were met and how were they met? (100 words or less)
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
10. Total number of youth served by this program during the previous STSJP PY:
11. What amount of rollover funds from the previous STSJP PY will be spent on this program?

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

STSJP Program 8 Service Detailed Information		
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$		
2. Please indicate the specific zip codes this program will target. , , ,		
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)		
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. What is the projected number of youth who will receive services from this program?		
If the STSJP Program 8 received STSJP funds in the previous STSJP PY, answer the questions below.		
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 .		
7. What projected outcomes were met and how were they met? (100 words or less)		
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)		
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)		
10. Total number of youth served by this program during the previous STSJP PY:		
11. What amount of rollover funds from the previous STSJP PY will be spent on this program?		

STSJP Program 9		
STSJP Program 9 Name:		STSJP Program 9 Type:
STSJP Program 9 Operating Agency:		
Program Mailing Address		
Address Line 2		
City	State	Zip Code
Contact Person for Program	Email	

Title	Phone () -	Ext
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STSJP Program 9 Service Detailed Information

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

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

- Did projected performance outcomes meet expected outcomes? Yes No Partially If Yes, **answer #7**; If No, **skip to #8**; If Partially, **answer #7 and #8**.
- What projected outcomes were met and how were they met? **(100 words or less)**
- What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? **(100 words or less)**
- What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
- Total number of youth served by this program during the previous STSJP PY:
- What amount of rollover funds from the previous STSJP PY will be spent on this program?

STSJP Program 10

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

STSJP Program 10 Service Detailed Information

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

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

- Did projected performance outcomes meet expected outcomes? Yes No Partially If Yes, **answer #7**; If No, **skip to #8**; If Partially, **answer #7 and #8**.
- What projected outcomes were met and how were they met? **(100 words or less)**
- What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? **(100 words or less)**
- What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
- Total number of youth served by this program during the previous STSJP PY:
- What amount of rollover funds from the previous STSJP PY will be spent on this program?

STSJP Program 11

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

STSJP Program 11 Service Detailed Information	
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$	
2. Please indicate the specific zip codes this program will target. , , ,	
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)	
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program?	
If the STSJP Program 11 received STSJP funds in the previous STSJP PY, answer the questions below.	
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 .	
7. What projected outcomes were met and how were they met? (100 words or less)	
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)	
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)	
10. Total number of youth served by this program during the previous STSJP PY:	
11. What amount of rollover funds from the previous STSJP PY will be spent on this program?	

STSJP Program 12

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

STSJP Program 12 Service Detailed Information	
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$	
2. Please indicate the specific zip codes this program will target. , , ,	
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)	
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program?	
If the STSJP Program 12 received STSJP funds in the previous STSJP PY, answer the questions below.	

6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 .
7. What projected outcomes were met and how were they met? (100 words or less)
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
10. Total number of youth served by this program during the previous STSJP PY:
11. What amount of rollover funds from the previous STSJP PY will be spent on this program?

PART II – STSJP-RTA PROGRAMS

SECTION 1 STSJP RTA PLAN AMOUNTS

Expenses	
1. RTA-approved plan amount	\$ 303,265
2. Total program expenses	\$ 303,265

SECTION 2 LIST OF STSJP-RTA PROGRAMS TO BE FUNDED

Program Name	Total Program Expenses
STSJP-RTA Program 1 Dept of Employment & Training- Youth Dev Specialist (STSJP-RTA)	\$ 38,373
STSJP-RTA Program 2 Functional Family Therapy (STSJP- RTA)	\$ 120,760.00
STSJP-RTA Program 3 Berkshire - Stepping Stones (STSJP- RTA)	\$ 121,559.00
STSJP-RTA Program 4 Rensselaer County Mental Health Transitions Program (STSJP-RTA)	\$ 20,000.00
STSJP-RTA Program 5 Dept of Employment & Training- Youth Dev Specialist (STSJP-RTA)-Equipment	\$ 1500.00
STSJP-RTA Program 6 Dept of Employment & Training- Youth Dev Specialist (STSJP-RTA)-Travel	\$ 1073.00
TOTAL	\$ 303,265

STSJP-RTA PROGRAMMING DETAILS

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

STSJP-RTA Program 1

Program 1 Name: Dept of Employment & Training- Youth Dev Specialist (STSJP-RTA)		Program 1 Type: Prevention	
Program 1 Operating Agency: Rensselaer County Department of Employment and Training			
Program Mailing Address 1600 7th Avenue Floor 4			
Address Line 2			
City Troy	State NY	Zip Code 12180	
Contact Person for Program Brian Williams		Email Brian@capreg.org	
Title Commissioner Rensselaer County One Stop Career Center at the Department of Employment and Training		Phone (518) 270 - 2878	Ext

STSJP-RTA Program 1 Service Detailed Information

1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 38,373
2. Please indicate the specific zip codes this program will target. 12180, 12182, 12144,
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The Youth Development Specialist work with youth that are 16 and 17 years of age to bridge the gap between the youth workforce development and the juvenile justice reform systems by helping youth obtain employment. Helping youth obtain employment should decrease the likelihood that they will become involved with the juvenile justice system.
4. Does your municipality plan to replicate the program across multiple locations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. What is the projected number of youth who will receive services from this program? 150
If the STSJP-RTA Program 1 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 .
7. What projected outcomes were met and how were they met? (100 word or less)
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
10. Total number of youth served by this program during the previous STSJP-RTA PY:
11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program?

STSJP-RTA Program 2

Program 2 Name: Functional Family Therapy (STSJP- RTA)	Program 2 Type: Alternative to Placement
Program 2 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	Email jbedell@berkshirefarm.org	
Title Administrative Asst. to VP of Community Services	Phone (518) 346 - 6201	Ext 221
STSJP-RTA Program 2 Service Detailed Information		
1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 120,760.00		
2. Please indicate the specific zip codes this program will target. 12180, 12182, 12144,		
3. 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 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. The ages of youth served will be 16-17.		
4. Does your municipality plan to replicate the program across multiple locations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. What is the projected number of youth who will receive services from this program? 40		
If the STSJP-RTA Program 2 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.		
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 .		
7. What projected outcomes were met and how were they met? (100 word or less)		
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)		
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)		
10. Total number of youth served by this program during the previous STSJP-RTA PY:		
11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program?		

STSJP-RTA Program 3		
Program 3 Name: Berkshire - Stepping Stones (STSJP- RTA)	Program 3 Type: Alternative to Placement	
Program 3 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	Email jbedell@berkshirefarm.org	
Title Administrative Asst. to VP of Community Services	Phone (518) 346 - 6201	Ext 221
STSJP-RTA Program 3 Service Detailed Information		
1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 121,559.00		
2. Please indicate the specific zip codes this program will target. 12180, 12182, 12144,		
3. 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 risk of out of home 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.

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

5. What is the projected number of youth who will receive services from this program? 20

If the STSJP-RTA Program 3 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.

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

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

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

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

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

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

STSJP-RTA Program 4			
Program 4 Name: Rensselaer County Mental Health Transitions Program (STSJP-RTA)		Program 4 Type: JO/JD-Alternative to Detention	
Program 4 Operating Agency: Rensselaer County Department of Mental Health			
Program Mailing Address 1600 7th Avenue Floor 3			
Address Line 2			
City Troy	State NY	Zip Code 12180	
Contact Person for Program Michelle Marte	Email MMarte@rensco.com		
Title Director of Children's Services	Phone (518) 270 - 2836	Ext	

STSJP-RTA Program 4	Service Detailed Information
1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 20,000.00	
2. Please indicate the specific zip codes this program will target. 12180, 12182, 12144,	
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The Transitions 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). The program will work with youth that are 16 and 17 years of age.	
4. Does your municipality plan to replicate the program across multiple locations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program? 2-4	
If the STSJP-RTA Program 4 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.	
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 .	
7. What projected outcomes were met and how were they met? (100 word or less)	
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)	

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

STSJP-RTA Program 5		
Program 5 Name: Dept of Employment & Training- Youth Dev Specialist (STSJP-RTA)- Equipment	Program 5 Type: Indirect Services Provider	
Program 5 Operating Agency: Rensselaer County Department of Employment and Training		
Program Mailing Address 1600 7th Avenue Floor 4		
Address Line 2		
City Troy	State NY	Zip Code 12180
Contact Person for Program Brian Williams	Email Brian@capreg.org	
Title Commissioner Rensselaer County One Stop Career Center at the Department of Employment and Training	Phone (518) 270 - 2878	Ext

STSJP-RTA Program 5	Service Detailed Information
1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 1500.00	
2. Please indicate the specific zip codes this program will target. 12180, 12182, 12144,	
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The Youth Development Specialist work with youth that are 16 and 17 years of age to bridge the gap between the youth workforce development and the juvenile justice reform systems by helping youth obtain employment. Helping youth obtain employment should decrease the likelihood that they will become involved with the juvenile justice system.	
4. Does your municipality plan to replicate the program across multiple locations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program? 150	
If the STSJP-RTA Program 5 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.	
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 .	
7. What projected outcomes were met and how were they met? (100 word or less)	
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)	
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)	
10. Total number of youth served by this program during the previous STSJP-RTA PY:	
11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program?	

STSJP-RTA Program 6		
Program 6 Name: Dept of Employment & Training- Youth Dev Specialist (STSJP-RTA)- Travel	Program 6 Type: Indirect Services Provider	
Program 6 Operating Agency: Rensselaer County Department of Employment and Training		
Program Mailing Address 1600 7th Avenue Floor 4		

Address Line 2		
City Troy	State NY	Zip Code 12180
Contact Person for Program Brian Williams	Email Brian@capreg.org	
Title Commissioner Rensselaer County One Stop Career Center at the Department of Employment and Training	Phone (518) 270 - 2878	Ext

STSJP-RTA Program 6	Service Detailed Information
1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 1073.00	
2. Please indicate the specific zip codes this program will target. 12180, 12182, 12144,	
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The Youth Development Specialist work with youth that are 16 and 17 years of age to bridge the gap between the youth workforce development and the juvenile justice reform systems by helping youth obtain employment. Helping youth obtain employment should decrease the likelihood that they will become involved with the juvenile justice system.	
4. Does your municipality plan to replicate the program across multiple locations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program? 150	
If the STSJP-RTA Program 6 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.	
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 .	
7. What projected outcomes were met and how were they met? (100 word or less)	
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)	
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)	
10. Total number of youth served by this program during the previous STSJP-RTA PY:	
11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program?	

PART III – STSJP-RTA PROGRAM ANALYSIS

SECTION 1	Overall Analysis
A. Overall Analysis of Communities	
<p>Discuss and identify the neighborhoods or communities by zip codes or areas from which the highest number of Youthful Offenders (YO), Adolescent Offenders (AO), Juvenile Delinquents (JD) and Persons in Need of Supervision (PINS) enter the youth justice system, and the factors that may be contributing. 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 159,442 in 2018. In 2018, the racial makeup of the county was 86.4% white, 7.9% black or African-American, .3% Native American, 2.8% Asian and 2.6% from other races. Between 2013 and 2017, the median income for a household in the county was \$63,166. The county is served by sixteen school districts.</p> <p>Troy is a city located in Rensselaer County. As of 2018, the population in Troy was approximately 49,374 with a racial makeup of 69.8% white, 17.1% black or African American, .1 % Native American, 4.1% Asian and 8.9% from other races.</p> <p>Approximately 26.1% of the population in Troy is below the poverty level.</p>	

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 youths on probation or placed residentially live with their families.

The largest number of youths placed in detention and out of home placements continues to be in the City of Troy. In 2018, 23 out of 31 youth remanded to Non-Secure Detention were from Troy. 13 out of 19 youth remanded to Secure Detention were from Troy and the only youth remanded to Specialized Secure Detention was from Troy.

B. Overall Analysis of Disparity

Please provide information indicating whether there is evidence of racial/ethnic disparity in your local system's use of detention or residential placement. A total of 21 families with 49 youth were served by the Stepping Stones program in 2018. There were 6 Caucasian families; 1 Hispanic/Latino familie; 4 Bi-Racial families and 9 African American families and 1 Native American family. Youth ages ranged from 0-17 and 51% of youth served were between the ages of 13-17 years old. Ethnicity Breakdown of the households served by Stepping Stones: 28% Caucasian, 5% Hispanic-Latino, 19% Bi-Racial, 43% African American and 5% Native American. Total Non-Secure Detention admissions in 2018 was 31 with 16% being Caucasian, 48% being African-American, 16% Bi-Racial and 20% unreported. Total Secure Detention admissions in 2018 was 19 with 26% being Caucasian, 53% being African-American and 21% being Bi-Racial. Total Specialized Secure Detention Admissions in 2018 was 1 with 100% being African-American. Total Residential placements for the JD/PINS population in Rensselaer County either in DSS custody or OCFS custody in 2018 is 16 with 56% being Caucasian and 44% being African-American.

If such disparity exists, describe how this STSJP plan addresses the issues of disparity. The Family Specialists and teams associated with the programs have an excellent understanding of the family dynamics, as well as any cultural differences, to assist the family in forming plans to resolve identified issues. Currently, the Stepping Stones Family Specialist works with every family that is referred to them for services and to break down cultural barriers 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 to successfully conduct assessments and engage the family in treatment planning and interventions.

SECTION 2 PERFORMANCE OUTCOMES

For current program year, provide the projected performance outcomes for all of your proposed services and programs. Be sure to include an estimate of the anticipated reductions in detention utilization and residential placements. **(250 words or less)** Performance Target: 85% of the youth will avoid a remand to detention. 2018 Performance: 20 out of 21 youth or 95% 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 program activities. 2018 Performance: 18 out of 21 or 86% of parents increased their involvement in the school system, mental health services, community resources and program activities as reflected in progress notes and treatment plans.

Performance Target: 90% of youth will avert residential placement. 2018 Performance: 18 out of 21 or 86% of the identified youth from the Rensselaer County Stepping Stones Prevention Program averted residential placement.

SECTION 3 COLLABORATION SECTION

As per STSJP legislation, collaboration is required. Please describe your municipality's activities in developing this year's STSJP plan in collaboration with local agencies responsible for probation, law enforcement, detention, diversion, social services, courts, services providers, schools, and youth development programs. 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 4 COOPERATIVE APPLICATIONS SUBMITTED JOINTLY BY TWO OR MORE COUNTIES
(Complete this section only if this is a joint application.)

Two or more eligible local jurisdictions (counties) may join together to establish, operate and maintain Supervision and treatment services for juvenile programs, and may enter into agreements in connection therewith.

Counties submitting such applications must provide the following information:

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

PART IV – PLAN APPROVAL

SECTION 1 APPROVAL OF THE CHIEF EXECUTIVE OFFICER

As STSJP Lead for Rensselaer municipality, I certify that the CEO Steven McLaughlin has reviewed and approved the 2019 STSJP plan.

Date: 08 / 19 / 2019 User ID: 38A894

Print name: Cara Brown

SECTION 2 APPROVAL OF THE OCFS PROGRAM LEAD

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

Date: 05 / 11 / 2020 User ID: IT1619

Print name: Geneva M. Hilliard