



Office of Children
and Family Services

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Acting Commissioner

July 23, 2019

Dear Chief Executive Officer,

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

Rockland 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 Rockland 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/Lynn.Tubbs@ocfs.ny.gov or Geneva Hilliard at (518) 486-1819/Geneva.Hilliard@ocfs.ny.gov

Sincerely,

Nina Aledort, Ph.D., LMSW
Deputy Commissioner
Division of Youth Development and Partnerships for Success

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**SUPERVISION AND TREATMENT SERVICES FOR JUVENILE PROGRAM (STSJP)
ANNUAL PLAN
FOR PROGRAM YEAR OCTOBER 1, 2018 - SEPTEMBER 30, 2019**

STSJP Plans are due to the Office of Children and Family Services (OCFS) by 10 / 26 / 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: Rockland			
LEAD AGENCY FOR STSJP SUBMISSION: Department of Social Services		NAME OF CONTACT PERSON: Barbara Gavin	
CONTACT PERSON'S PHONE NUMBER: (845) 364-3554		CONTACT PERSON'S EMAIL ADDRESS: barbara.gavin@dfa.state.ny.us	

Plan Submission instructions
<p>Instructions for submitting an STSJP plan for OCFS review.</p> <ol style="list-style-type: none"> Once you have opened this form on your computer, please immediately use the "Save As" function in Microsoft Word to save a copy; Save your application using the following name "PY 2018 - 2019 STSJP Plan – (Name of municipality)"; Work from the "saved" application document, using it to record all of your municipality's information; Once you have completed entering the required data, save the document; Prior to submission, review calculation in section eight for accuracy. Complete the "Approval and Certification" section before submission to OCFS; <p>Send the completed application to OCFS via the STSJP email address at: stsjp@ocfs.ny.gov</p>

SECTION ONE - List of programs to be funded			
In this section, list the exact name of each program and Indirect Service that will be funded with STSJP funds, along with the projected amount of Program Expense, State Share and County Share to be used for each. (Program List and Detail Sheet must match)			
Program Name	Total Program Expense (100 percent)	State Share (62 percent)	County Share (38 percent)
STSJP Program 1 Adolescent Intensive Motivator's (AIM) Program for Younger Youth	\$ 17569.35	\$ 10,893	\$ 6,676.35
STSJP Program 2 Rockland Bravehearts for Younger Youth	\$ 21859.68	\$ 13,553	\$ 8,306.68
STSJP Program 3 Staff Training for Trauma Informed Care and Services	\$ 35,000	\$ 21,700	\$ 13,300
STSJP Program 4 Tutoring Services for Younger Youth	\$ 24,500	\$ 15,190	\$ 9,310

STSJP Program 5 Prosocial Activities for Younger Youth	\$ 24,500	\$ 15,190	\$ 9,310
STSJP Program 6 Stipends & Wraparound Funds for Younger Youth	\$ 21,564.52	\$ 13,370	\$ 8,194.52
STSJP Program 7	\$	\$	\$
STSJP Program 8	\$	\$	\$
STSJP Program 9	\$	\$	\$
STSJP Program 10	\$	\$	\$
STSJP Program 11	\$	\$	\$
STSJP Program 12	\$	\$	\$
TOTAL	\$ 144,993.55	\$ 89,896	\$ 55,097.55
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Adolescent Intensive Motivator's (AIM) STSJP/RTA	\$ 3,765		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Rockland Bravehearts STSJP/RTA	\$ 4,684		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Tutoring STSJP/RTA	\$ 5,250		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Prosocial Activities for Older Youth STSJP/RTA	\$ 5,250		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Stipends & Wraparound Funds for Older Youths STSJP	\$ 4,621		
TOTAL	\$ 23,570	\$	\$

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)

As of July 2016, census estimates the Rockland County population to be 326,780. Twenty-seven percent of this population is youth under the age of 18 and 14.1 % of the population is below the poverty level.

The Department of Social Services is currently providing services to 54 youth in the Adolescent Unit ranging in age of 10-18. The youth serviced have either been referred through the Rockland County Probation Department, Person in

Need of Supervision Diversion (PINS), the Rockland County Court system, the education system, or other community providers. Contributing factors that have been identified has largely been due to truancy issues, behavioral issues at school and in the home, substance/alcohol use, mental health, and gang involvement. These youth are adjudicated JD's, adjudicated PINS or they are identified as being at risk of being Juvenile Delinquents. In 2019, our AO's will be serviced by a specialized unit that is being formed as a part of our Raise the Age Plan. Both units will work closely together.

Of the population currently serviced, only 24% (13:54) of the youth had JD charges and 4% (2:54) of the youth had a juvenile offense and 72% (39:54) are identified as adjudicated PINS and/or at-risk of becoming Juvenile Delinquents. In 2017, 11 youth, including 4 JD's and 7 PINS were placed in LDSS custody and 3 youth were placed in OCFS custody. In 2018, Rockland had four youth placed in the current program year as a PINS (4) and we didn't place any JD's (0). Two youth resided in Spring Valley, 1 youth resided in Nyack, and 1 youth in Haverstraw.

The youth serviced through the Adolescent unit reside throughout various communities in Rockland County. The Spring Valley Community (10977) has the highest number of youth identified for services at approximately 35% (19:54). The second highest community served was North Rockland at 28% (16:54), Pearl River (10965) at 7% (4:54), Clarkstown (10956) at 6% (3:54), Nanuet at 2% (1:54), Nyack (10960) at 2% (1:54), Suffern (10952) at 9% (5:54), Orangetown (10913) at 9% (5:54), and 2% (1:54) were from outside of county.

SECTION THREE – Overall analysis of disparity

Please provide information indicating whether the use of detention or residential placement in your service area exhibits disparate outcomes for one racial/ethnic group as compared to outcomes for another racial/ethnic group. (Please consult with the Detention and Placement data provided by OCFS and the County Profile data provided by DCJS as part of your STSJP plan support documentation).

(250 words or less)

In 2017, 54 youth who were adjudicated as JD's, PINS and/or were at-risk of Juvenile Delinquency were serviced by Rockland's Adolescent Unit. Forty-three percent (23:54) of those youth identified as white with 11 reporting they were non-Hispanic and 12 reporting to be Hispanic. Fifty-six percent (30:54) reported as Latino/Hispanic only, and 44% (24:54) identified as Black. Of the 24 who identified as being Black, 14 identified as Hispanic. Four percent (2:54) identified as being multiple races and 9% (5:54) did not report race.

Of the nine youth placed on a PINS or JD petition in 2017, 5 youth were African American, 2 youth were White with Hispanic Origin and 1 youth was Biracial (African American and White).

The data demonstrates a disparity amongst the racial groups identified and a need for work by the Department. To improve our Race Equity and Cultural Competency work, we are looking to expand our staff training in regards to becoming trauma-informed in our responses to working with families, youth, children and adults.

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

(250 words or less)

Rockland County Department of Social Services has a Race Equity and Cultural Competence (RECC) workgroup that provides on-going training and discussions surrounding the over-representation of Black and Hispanic children and youth in our system. They strategize and develop stop-gaps in practice to reduce disparate treatment. One of the stop-gaps in practice includes a Removal Board that blindly reviews cases without the demographic information. To date, Rockland has been successful with significantly reducing the over-representation of Black children and youth in our foster care system.

Our collaborative stakeholders at the Partnership for Safe Youth (PSY), who work with cross-over youth, are also working with a Cultural and Linguistic Lead to address over-representations in our cross-systems work.

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)

- 85% of Youth who receive STSJP services will make progress toward their educational, life skills and/or technical training goals
- 80% of youth with a PINS/JD petition filed will cooperate with STSJP Services and will avoid placement
- 80% of youth with a PINS/JD Placement who participate in STSJP services will be diverted from replacement

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) Rockland is working diligently on developing a coordinated system to reduce exposure of youth to all levels of the justice and foster care systems. Primary stakeholders that make up our system of care, which is called called the Partnership for Safe Youth (PSY), include the District Attorney's Office, Mental Health, Probation, BOCES and DSS. Secondary stakeholders include Family Court, Justice Court, police, schools and community providers. Stakeholders are collaborating by sharing information, resources and influences to keep youth in school, coordinating cross-system referrals of high risk youth, coordinating cross-system referrals of youth already touching the system(s), diverting youth from going deeper into the systems, and incorporating the support of evidenced based mental health programs. During a Raise the Age planning meeting, the PSY Executive Board members identified a gap in services for at-risk and system exposed youths having equitable access to oportunties for the development of a larger worldview and avenues for career development and advancement.

SECTION SIX – Cooperative applications submitted jointly by two or more counties

(Complete this section only if this is a joint application)

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

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

N/A

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

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

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

SECTION SEVEN– Plan amounts

Expenses

1. Total Program expenses		\$ 144,993.55
2. State reimbursement (Program expenses*.62)		\$ 89,896
3. State share amount (Program expenses*.38)		\$ 55,097.55

Add in Reimbursements for the plan (fill out all that are applicable)

4. STSJP allocation	\$ 44,948	
5. STSJP approved		\$ 44,948
6. JDAI allocation	\$	
7. JDAI approved		\$
8. Detention approved amount shifted to STSJP		\$

9. PY rollover approved		\$ 44,948
10. Total approved amounts for state reimbursement		\$ 89,896
11. Total amount of approved STSJ-P-RTA 100% state reimbursement		\$ 23,570

Program detail inserts

List the **name of each service and program** who you expect will received STSJ-P funds, along with the **projected amount of STSJ-P 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:	Adolescent Intensive Motivators (AIM) Program for Younger Youth	Type of program:	Prevention
Program operating agency:	Department of Social Services		
Program mailing address Rockland County Department of Social Services, Children and Family Services			
Address line 2 50 Sanatorium Road, Building C			
City Pomona	State NY	Zip code 10970	
Contact person for program Vanessa Torres			
Title School Liaison Coordinator	Phone number (845) 364-3553	Ext. N/A	
Email vanessa.torres@dfa.state.ny.us			

Program service detailed information

The amount of STSJ-P funds that your jurisdiction will devote to the services from this program? \$ 17,570

1. Please indicate the specific zip codes this program will target? Zip Codes 10927, 10977 but no exclusions

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) DSS has partnered with Rockland BOCES to embed a comprehensive array of education and employment services into casework services. A Caseworker, under the mentorship of BOCES will be teaching a Customer Service and Sales program, resume building, exposure to colleges, trade schools, and career paths to help youth gain insight into choosing a career that fits his/her skillset and interests. The program will be flexible and adaptable with youth who may be resistant to other structured programs.

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) 21

If the program received STSJ-P funds in the previous program year 2017 - 2018, 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) Rockland intentionally slowed down the implementation of the AIM Program to make sure the concept would align with NY State's plan of approved services for Raise the Age. We wanted to make sure our STSJ-P and RTA plans were coordinated so we would be able to provide a continuum of diversion services leading youth away from the Juvenile Justice and Foster Care Systems. Once we confirmed that our program aligned with our cross-system RTA plan, we started training staff and building the program.

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) Staff has been trained to begin the trainings to youth. The new contract with Rockland BOCES is in the final processes of approval. The curriculum has been purchased and the relationship has been developed. So, we are positioned to meet our goal of training 20 youth over the course of the next year.

8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) N/A		
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) N/A		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 15,000		
Program two name:	Rockland Bravehearts for Younger Youth (Peer Mentoring)	Type of program: Prevention
Program operating agency:	Rockland County Department of Social Services	
Program mailing address Rockland County Department of Social Services, Children and Family Services		
Address line 2 50 Sanatorium Road, Building C		
City Pomona	State NY	Zip code 10970
Contact person for program Barbara Gavin		
Title Director of Social Services	Phone number (845) 364-3554	Ext. N/A
Email barbara.gavin@dfa.state.ny.us		
Program service detailed information		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 21,860		
1. Please indicate the specific zip codes this program will target? Zip Codes 10927 & 10977 but no exclusions		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Bravehearts, in partnership with Children's Village, will groom Peer Navigators and DSS Youth Peer Advocates to sustain a Rockland Chapter. Together they will develop and operate peer led programming and motivational meetings. These young professionals, with "lived experience," will develop and operate peer led programming and motivational meetings to improve engagement rates and long-term outcomes for youth.		
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) 14		
If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.		
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6. If no, skip to #7.		
6. What projected outcomes were met and how were they met? (100 word or less) N/A		
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) N/A		
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) N/A		
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) N/A		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) \$10,000		

Program three name:	Staff Training for Trauma Informed Care and Services	Type of program: Prevention
Program operating agency:	Rockland County Department of Social Services	
Program mailing address Rockland County Department of Social Services, Staff Development		
Address line 2 50 Sanatorium Road, Building L		
City Pomona	State NY	Zip code 10970
Contact person for program Simone Parris-McGuane		
Title Director of Staff Development	Phone number (845) 364-3241	Ext. N/A

Email simone.parris-mcguane@dfa.state.ny.us
Program service detailed information
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 35,000
1. Please indicate the specific zip codes this program will target? Zip Codes All Zipcodes
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Rockland plans to develop an organizational culture that is rooted in Trauma-Informed Services. Staff will be trained to respect and appropriately respond to the effects of trauma at all levels. The goal is have Trauma-Informed Care practice and awareness become second nature and pervasive in all service responses. This work will be tied to the Race Equity and Cultural Competence(RECC) efforts Rockland is doing to improve outcomes for families, youth and children who are Black and/or Hispanic.
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) ALL
If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.
6. What projected outcomes were met and how were they met? (100 word or less) N/A
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) N/A
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) N/A
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) N/A
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) \$19,948

Program four name:	Tutoring Services for Younger Youth	Type of program:	Prevention
Program operating agency:	Rockland County Department of Social Services		
Program mailing address Rockland County Department of Social Services, Children and Family Services			
Address line 2 50 Sanatorium Road, Building C			
City Pomona		State NY	Zip code 10970
Contact person for program Vanessa Torres			
Title School Liaison Coordinator		Phone number (845) 364-3553	Ext. N/A
Email vanessa.torres@dfa.state.ny.us			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 24,500			
1. Please indicate the specific zip codes this program will target? Zip Codes 10927 & 10977 but no exclusions			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Rockland County is leveraging many of its resources to keep youth in school and moving forward to high school graduation and beyond. Youth who qualify for STSJP services will be assessed to see if they are on target and/or would benefit from support with his/her educational goals. As needed, tutoring will be provided to help these youth catch up and/or support their educational progress.			
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) 17			
If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.			

5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.
6. What projected outcomes were met and how were they met? (100 word or less) N/A
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) N/A
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) N/A
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) N/A
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) N/A

Program five name:	Prosocial Activities for Younger Youth	Type of program:	Prevention
Program operating agency:	Rockland County Department of Social Services		
Program mailing address Rockland County Department of Social Services, Children and Family Services			
Address line 2 50 Sanatorium Road, Building C			
City Pomona		State NY	Zip code 10970
Contact person for program Barbara Gavin			
Title Director of Social Services		Phone number (845) 364-3554	Ext. N/A
Email barbara.gavin@dfa.state.ny.us			

Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 24,500			
1. Please indicate the specific zip codes this program will target? Zip Codes 10927 & 10977 but no exclusions			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) We want to increase the likelihood that youth who qualify for STSJP services will have more structure and supervision added to their days. We will work with youth to assess their interests and strengths and engage & pay for them be in sports, clubs and other pro-social activities where they will have the opportunity to develop healthy peer groups. Increased engagement with pro-social activities can increase engagement with school and improve school outcomes. Payments will be based on need.			
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) 35			
If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less) N/A			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) N/A			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) N/A			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) N/A			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) N/A			

Program six name:	Stipends and Wraparound Funds for Younger Youth	Type of program:	Prevention
Program operating agency:	Rockland County Department of Social Services		
Program mailing address Rockland County Department of Social Services, Children and Family Services			

Address line 2 50 Sanatorium Road, Building C		
City Pomona	State NY	Zip code 10970
Contact person for program Barbara Gavin		
Title Director of Social Services	Phone number (845) 364-3554	Ext. N/A
Email barbara.gavin@dfa.state.ny.us		
Program service detailed information		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 21,564		
1. Please indicate the specific zip codes this program will target? Zip Codes 10927 & 10977 but no exclusions		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Wraparound funds will be used for stipends for things like the completion of AIM's Customer Service Certificate Program, Completion of the College/Trade School visiting Plan, Braveheart Leadership Opportunities and other STSJP approved programs that would benefit from a stipend to increase youth participation. Money can also be used to support youth with barriers to being able to participate in STSJP programming or succeed in school (ex: clothing, uniforms, tools, equipment, laptops, etc.).		
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)		
4. What is the projected number of youth who will receive service from this program? (4-character number) 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 type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.		
6. What projected outcomes were met and how were they met? (100 word or less) N/A		
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) N/A		
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) N/A		
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) N/A		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) N/A		

Program seven name:	N/A	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 eight name:	N/A	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 nine name:	N/A	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 ten name:	N/A	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 eleven name:	STSJP/RTA Program: Adolescent Intensive Motivators (AIM) Program for Older Youth - Career Readiness	Type of program:	Prevention
Program operating agency:	Rockland County Department of Social Services		

Program mailing address Rockland County Department of Social Services, Children and Family Services		
Address line 2 50 Sanatorium Road, Building C		
City Pomona	State NY	Zip code 10970
Contact person for program Vanessa Torres		
Title School Liaison Coordinator	Phone number (845) 364-3553	Ext. N/A
Email vanessa.torres@dfa.state.ny.us		
Program service detailed information		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 3,765		
1. Please indicate the specific zip codes this program will target? Zip Codes 10927 & 10970 but no exclusions		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) DSS has partnered with Rockland BOCES to embed a comprehensive array of education and employment services into casework services. A Caseworker, under the mentorship of BOCES will be teaching a Customer Service and Sales program, resume building, exposure to colleges, trade schools, and career paths to help youth gain insight into choosing a career that fits his/her skillset and interests. The program will be flexible and adaptable with youth who may be resistant to other structured programs.		
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)		
4. What is the projected number of youth who will receive service from this program? (4-character number) 9		
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) Rockland intentionally slowed down the implementation of the AIM Program to make sure the concept would align with NY State's plan of approved services for Raise the Age. We wanted to make sure our STSJP and RTA plans were coordinated so we would be able to provide a continuum of diversion services leading youth away from the Juvenile Justice and Foster Care Systems. Once we confirmed that our program aligned with our cross-system RTA plan, we started training staff and building the program.		
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) Staff has been trained to begin the trainings to youth. The new contract with Rockland BOCES is in the final processes of approval. The curriculum has been purchased and the relationship has been developed. So, we are positioned to meet our goal of training 20 youth over the course of the next year.		
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) N/A		
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) N/A		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) N/A		

Program twelve name:	STSJP-RTA Program: Rockland Bravehearts for Older Youth (Peer Mentoring)	Type of program:	Prevention
Program operating agency:	Rockland County Department of Social Services		
Program mailing address Rockland County Department of Social Services, Children & Family Services			
Address line 2 50 Sanatorium Road, Building C			
City Pomona	State NY	Zip code 10970	

Contact person for program Barbara Gavin		
Title Director of Social Services	Phone number (845) 364-3554	Ext. N/A
Email barbara.gavin@dfa.state.ny.us		
Program service detailed information		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 4,684		
1. Please indicate the specific zip codes this program will target? Zip Codes 10927 & 10970 but no exclusions		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Bravehearts, in partnership with Children's Village, will groom Peer Navigators and DSS Youth Peer Advocates to sustain a Rockland Chapter. These young professionals, with "lived experience," will develop and operate peer led programming and motivational meetings to improve engagement rates and long-term outcomes for youth.		
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) 6		
If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.		
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.		
6. What projected outcomes were met and how were they met? (100 word or less) N/A		
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) N/A		
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) N/A		
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) N/A		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) N/A		

STSJP/RTA Program name:	Tutoring Services for Older Youth	Type of program:	STSJP-RTA
Program operating agency:	Rockland County Department of Social Services		
Program mailing address Rockland County Department of Social Services, Children and Family Services			
Address line 2 50 Sanatorium Road, Building C			
City Pomona		State NY	Zip code 10970
Contact person for program Vanessa Torres			
Title School Liaison Coordinator	Phone number (845) 364-3553	Ext. N/A	
Email vanessa.torres@dfa.state.ny.us			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 5,250			
1. Please indicate the specific zip codes this program will target? Zip Codes 10977 and 10927, but no exclusions			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Rockland County is leveraging many of its resources to keep youth in school and moving forward to high school graduation and beyond. Youth who qualify for STSJP and/or RTA services will be assessed to see if they are on target and/or would benefit from support with his/her educational goals. As needed, tutoring will be provided to help these youth catch up and/or support their educational progress.			
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 8			

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? (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) N/A

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

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

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

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

STSJP/RTA Program name:	Prosocial Activities for Older Youth	Type of program:	New Program STSJP-RTA
Program operating agency:	Rockland County Department of Social services		
Program mailing address Rockland County Department of Social Services, Children and Family Services			
Address line 2 50 Sanatorium Road, Building C			
City Pomona		State NY	Zip code 10970
Contact person for program Barbara Gavin			
Title Director of Social Services		Phone number (845) 364-3554	Ext. N/A
Email barbara.gavin@dfa.state.ny.us			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 5,250			
1. Please indicate the specific zip codes this program will target? Zip Codes 10927 & 10970 but no exclusions			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) We want to increase the likelihood that youth who qualify for STSJP-RTA services will have more structure and supervision added to their days. We will work with youth to assess their interests/strengths and engage them to participate in sports, clubs and other pro-social activities where they will have the opportunity to develop healthy peer groups. Increased engagement with pro-social activities can increase engagement with school and improve school outcomes. Payments will be based on need.			
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 15			

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? (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) N/A

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

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

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

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

STSJP/RTA Program name:	Stipends and Wraparound Funds for Older Youth	Type of program:	STSJP-RTA
Program operating agency:	Rockland County Department of Social Services		
Program mailing address			

Rockland County Department of Social Services, Children and Family Services		
Address line 2 50 Sanatorium Road		
City Pomona	State NY	Zip code 10970
Contact person for program Barbara Gavin		
Title Director of Social Services	Phone number (845) 364-3554	Ext. N/A
Email barbara.gavin@dfa.state.ny.us		
Program service detailed information		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 4,621		
1. Please indicate the specific zip codes this program will target? Zip Codes 10927 & 10970 but no exclusions		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Wraparound funds will be used for stipends for things like the completion of AIM's Customer Service Certificate Program, Completion of the College/Trade School visiting Plan, Braveheart Leadership Opportunities and other STSJP approved programs that would benefit from a stipend to increase youth participation. Money can also be used to support youth with barriers to being able to participate in STSJP programming or succeed in school (ex: clothing, uniforms, tools, equipment, laptops, etc.).		
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)		
4. What is the projected number of youth who will receive service from this program? (4-character number) 13		
If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.		
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.		
6. What projected outcomes were met and how were they met? (100 word or less) N/A		
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) N/A		
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) N/A		
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) N/A		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) N/A		

SECTION EIGHT – Plan Approval		
Approval of the Chief Executive Officer		
As STSJP Lead for Rockland County		municipality, I certify that the CEO
Commissioner Joan M. Silvestri		has reviewed and approved the 2018 - 2019 STSJP plan.
Date: 11 / 7 / 2018	STSJP Lead User ID: joan.silvestri@dfa.state.ny.us	
STSJP Lead printed name: Joan M. Silvestri		
Approval of the OCFS STSJP Program Lead		
As OCFS STSJP reviewer. I certify that I approve of this STSJP plan for <u>Rockland</u>		
municipality, for 2018 - 2019.		
Date: 7 / 22 / 19	User ID: ITO911	Printed name Lynn Tubbs