



## Office of Children and Family Services

ANDREW M. CUOMO  
Governor

SHEILA J. POOLE  
Commissioner

December 9, 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) 2019-20. Your plan has been reviewed by the Office of Children and Family Services (OCFS), and we are pleased to inform you that your STSJP plan has been **approved**.

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

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 non-Raise The Age detention services expenditures up to the capped allocation amount. If your municipality shifts a portion of its detention allocation into its STSJP plan, your municipality will receive 62% State reimbursement if such shifted funds are spent on STSJP eligible expenditures. A municipality may make a detention allocation shift at the time of the STSJP plan submission or up until 6/30/20, unless otherwise approved by the Office of Children and Family Services. If Rockland County plans to shift its detention allocation for STSJP eligible expenses, please submit a request on official letterhead to Lynn Tubbs and email it to [stsjp@ocfs.ny.gov](mailto:stsjp@ocfs.ny.gov) outlining the amount that will be shifted and the type of programming or services the re-purposed detention funds will be used for under STSJP. An amended STSJP plan will also need to be submitted.

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

All STSJP claims must be submitted electronically via the Juvenile Detention Automated System (JDAS) for the service period of October 1, 2019 to September 30, 2020. Questions on all aspects of the claiming process should be directed to Daniel Hulihan at (518) 473-4511 or at [Daniel.Hulihan@ocfs.ny.gov](mailto:Daniel.Hulihan@ocfs.ny.gov).

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

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

Sincerely,



Nina Aledort, PhD, LMSW  
Deputy Commissioner

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

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

**STSJP plans are due to the Office of Children and Family Services (OCFS) by 09 / 04 / 2019**

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

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

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

**Please direct any STSJP plan questions to:**

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

| <b>MUNICIPALITY INFORMATION</b>  |   |
|--|---|
| NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION:<br>Rockland County |   |
| PART I   |   |
| LEAD AGENCY FOR STSJP SUBMISSION:<br>Department of Social Services     | NAME OF CONTACT PERSON:<br>Barbara Gavin  |
| CONTACT PERSON'S PHONE NUMBER:<br>845-364-3554                         | CONTACT PERSON'S EMAIL ADDRESS:<br><a href="mailto:barbara.gavin@dfa.state.ny.us">barbara.gavin@dfa.state.ny.us</a> |

| <b>PLAN SUBMISSION INSTRUCTIONS</b>   |
|---|
| Instructions for submitting an STSJP plan for OCFS review: <ol style="list-style-type: none"> <li>a. Once you have opened this form on your computer, please immediately use the "Save As" function in Microsoft Word to save a copy;</li> <li>b. Save your application using the file name "STSJP 2019-2020 Annual Plan – (Name of County)";</li> <li>c. Work from the "saved" application document, using it to record all of your municipality information;</li> <li>d. Once you have completed entering the required data, save the document.</li> </ol> <p>Send the completed application to OCFS via the STSJP email address at: <a href="mailto:stsjp@ocfs.ny.gov">stsjp@ocfs.ny.gov</a></p> |

**PART I – STSJP PROGRAMS**

| <b>SECTION 1</b>  | <b>PLAN AMOUNTS</b> |
|---|---------------------|
| <b>EXPENSES</b>   |                     |
| 1. Total program expenses   | \$ 144,993.55       |
| 2. State reimbursement  | \$ 89,896           |
| 3. Local share amount   | \$ 55,097.55        |
| <b>Reimbursements for the plan (Enter all amounts that are applicable.)</b> |                     |
| 4. STSJP allocation amount  | \$ 44,948           |
| 5. STSJP local approved plan amount   | \$ 44,948           |
| 6. Detention approved amount shifted to STSJP                               | \$ 0                |
| 7. PY rollover approved amount  | \$ 44,948           |
| 8. Total approved amounts for state reimbursement                           | \$ 89,896           |

| <b>SECTION 2</b>   | <b>LIST OF STSJP PROGRAMS TO BE FUNDED</b> |                             |   |
|--|--|-----------------------------|---|
| Program Name   | Local Share<br>(38 percent)                | State Share<br>(62 percent) | Total Program Expenses<br>(100 percent) |
| STSJP Program 1<br>Adolescents In Motion<br>(AIM) Program for Younger<br>Youth –<br>Prevention | \$ 813.20                                  | \$ 1,326.80                 | \$ 2,140                                |

|   |             |             |              |
|---|-------------|-------------|--------------|
| STSJP Program 2<br>Adolescents In Motion<br>(AIM) Program for Younger<br>Youth –<br>Early Intervention        | \$ 813.20   | \$ 1,326.80 | \$ 2,140.00  |
| STSJP Program 3<br>Adolescents In Motion<br>(AIM) Program for Younger<br>Youth –<br>Alternatives to Placement | \$ 813.20   | \$ 1,326.80 | \$ 2,140.00  |
| STSJP Program 4<br>Adolescents In Motion<br>(AIM) Program for Younger<br>Youth –<br>Aftercare/Reentry         | \$ 406.60   | \$ 663.40   | \$ 1,070.00  |
| STSJP Program 5<br>Rockland Bravehearts for<br>Younger Youth –<br>Prevention                                  | \$ 593.33   | \$ 968.07   | \$ 1,561.40  |
| STSJP Program 6<br>Rockland Bravehearts for<br>Younger Youth –<br>Early Intervention                          | \$ 1780     | \$ 2,904.20 | \$ 4,684.20  |
| STSJP Program 7<br>Rockland Bravehearts for<br>Younger Youth –<br>Alternatives to Placement                   | \$ 1,780    | \$ 2,904.20 | \$ 4,684.20  |
| STSJP Program 8<br>Rockland Bravehearts for<br>Younger Youth –<br>Aftercare/Reentry                           | \$ 593.33   | \$ 968.07   | \$ 1,561.40  |
| STSJP Program 9   | \$          | \$          | \$           |
| STSJP Program 10<br>Tutoring Services for<br>Younger Youth –<br>Prevention                                    | \$ 2,692.75 | \$ 4,393.45 | \$ 7,086.20  |
| STSJP Program 11<br>Tutoring Services for<br>Younger Youth –<br>Early Intervention                            | \$ 2,692.75 | \$ 4,393.45 | \$ 7,086.20  |
| STSJP Program 12<br>Tutoring Services for<br>Younger Youth –<br>Alternatives to Placement                     | \$ 2,154.20 | \$ 3,514.76 | \$ 5,668.96  |
| <b>TOTAL</b>  |             |             | \$ 39,822.56 |

**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**

|   |  |   |                   |
|---|--|---|-------------------|
| STSSJP Program 1 Name:<br>Adolescent's In Motion (AIM) Program for Younger Youth  |  | STSSJP Program 1 Type:<br><b>Prevention</b> |                   |
| STSSJP Program 1 Operating Agency:<br>Rockland County Department of Social Services, Children and Family Services & Rockland BOCES  |  |   |                   |
| Program Mailing Address<br>50 Sanatorium Road, Building C   |  |   |                   |
| Address Line 2<br>N/A   |  |   |                   |
| City<br>Pomona  |  | State<br>NY                                 | Zip Code<br>10974 |
| Contact Person for Program<br>Vanessa Torres  |  | Email<br>vanessa.torres@dfa.state.ny.us     |                   |
| Title<br>School Liaison Coordinator   |  | Phone<br>(845) 364 - 3553                   | Ext<br>N/A        |
| <b>STSSJP Program 1 Service Detailed Information</b>  |  |   |                   |
| 1. The amount of STSSJP funds that your jurisdiction will devote to the services from this program? \$ 2,140.00   |  |   |                   |
| 2. Please indicate the specific zip codes this program will target. 10977, 10994, 10927, but no Zip Codes will be excluded.   |  |   |                   |
| 3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b> DSS has partnered with Rockland BOCES to embed a comprehensive array of education and employment services into casework services. BOCES will be teaching a Customer Service and Sales program, resume building and provide career expert presenters. DSS will provide transportation, 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.   |  |   |                   |
| 4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  |   |                   |
| 5. What is the projected number of youth who will receive services from this program? 2   |  |   |                   |
| <b>If the STSSJP Program 1 received STSSJP funds in the previous STSSJP PY, answer the questions below.</b>   |  |   |                   |
| 6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially If Yes, <b>answer #7</b> ; If No, <b>skip to #8</b> ; If Partially, <b>answer #7 and #8</b> .  |  |   |                   |
| 7. What projected outcomes were met and how were they met? <b>(100 words or less)</b> Of the 21 youth referred to the Customer Services and Sales Program, 18 youth participated in the program and 15 youth completed the entire program. Of the 15 youth, only two were under 16 years old. Eight youth visited trade schools (1 youth was under 16 years old) and 3 youth visited colleges with a few more youth scheduled to attend a college visit before the end of September. Two of the youth started working with the BOCES Youth Connections Program and received summer internships. Two youth started college.  |  |   |                   |
| 8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? <b>(100 words or less)</b> A barrier included the fact that Rockland's plan was not approved until April 2018. Rockland is going to adapt our contract with BOCES to be more flexible and include the ability to hold more sessions and smaller classes as needed. More of the funding is going to be shifted to accommodate the older youth than the younger youth. The expectation is we will be able to scale the program up with the full year of implementation. After January 2020, youth who are receiving PINS Diversion services will also be able to be included. |  |   |                   |
| 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 63  |  |   |                   |
| 10. Total number of youth served by this program during the previous STSSJP PY: 2+  |  |   |                   |
| 11. What amount of rollover funds from the previous STSSJP PY will be spent on this program? 0  |  |   |                   |

|                         |   |
|-------------------------|---|
| <b>STSSJP Program 2</b> |   |
| STSSJP Program 2 Name:  | STSSJP Program 2 Type:<br><b>Early Intervention</b> |

|   |   |                   |
|---|---|-------------------|
| Adolescent's In Motion (AIM) Program for Younger Youth  |   |                   |
| STJSJ Program 2 Operating Agency:<br>Rockland County Department of Social Services, Children and Family Services & Rockland BOCES |   |                   |
| Program Mailing Address<br>50 Sanatorium Road, Building C   |   |                   |
| Address Line 2<br>N/A   |   |                   |
| City<br>Pomona  | State<br>NY                             | Zip Code<br>10970 |
| Contact Person for Program<br>Vanessa Torres  | Email<br>vanessa.torres@dfa.state.ny.us |                   |
| Title<br>School Liaison Coordinator   | Phone<br>(845) 364 - 3553               | Ext<br>N/A        |

|  |                                     |
|--|-------------------------------------|
| <b>STJSJ Program 2</b>   | <b>Service Detailed Information</b> |
| 1. The amount of STJSJ funds that your jurisdiction will devote to the services from this program? \$ 2,140.00   |                                     |
| 2. Please indicate the specific zip codes this program will target. 10977, 10994, 10927, but no Zip Codes will be excluded.  |                                     |
| 3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b> DSS has partnered with Rockland BOCES to embed a comprehensive array of education and employment services into casework services. BOCES will be teaching a Customer Service and Sales program, resume building and provide career expert presenters. DSS will provide transportation, 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.  |                                     |
| 4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |                                     |
| 5. What is the projected number of youth who will receive services from this program? 2  |                                     |
| <b>If the STJSJ Program 2 received STJSJ funds in the previous STJSJ PY, answer the questions below.</b>   |                                     |
| 6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially If Yes, <b>answer #7</b> ; If No, <b>skip to #8</b> ; If Partially, <b>answer #7 and #8</b> .   |                                     |
| 7. What projected outcomes were met and how were they met? <b>(100 words or less)</b> Of the 21 youth referred to the Customer Services and Sales Program, 18 youth participated in the program and 15 youth completed the entire program. Of the 15 youth, only two were under 16 years old. Eight youth visited trade schools (1 youth was under 16 years old) and 3 youth visited colleges with a few more youth scheduled to attend a college visit before the end of September. Two of the youth started working with the BOCES Youth Connections Program and received summer internships. Two youth started college.   |                                     |
| 8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? <b>(100 words or less)</b> A barrier included the fact that Rockland's plan was not approved until April 2018. Rockland is going to adapt our contract with BOCES to be more flexible and include the ability to hold more sessions and smaller classes as needed. More of the funding is going to be shifted to accommodate the older youth than the younger youth. The expectatiaon is we will be able to scale the program up with the full year of implementation. After January 2020, youth who are receiving PINS Diversion services will also be able to be included. |                                     |
| 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 63   |                                     |
| 10. Total number of youth served by this program during the previous STJSJ PY: 2+  |                                     |
| 11. What amount of rollover funds from the previous STJSJ PY will be spent on this program? \$2,000  |                                     |

|   |  |
|---|--|
| <b>STJSJ Program 3</b>  |  |
| STJSJ Program 3 Name:<br>Adolescent's In Motion (AIM) Program for Younger Youth | STJSJ Program 3 Type:<br><b>Alternative to Placement</b> |

|  |   |                   |
|--|---|-------------------|
| <b>STSJP Program 3 Operating Agency:</b><br>Rockland County Department of Social Services, Children and Family Services & Rockland BOCES |   |                   |
| Program Mailing Address<br>50 Sanatorium Road, Building C  |   |                   |
| Address Line 2<br>N/A  |   |                   |
| City<br>Pomona   | State<br>NY                             | Zip Code<br>10970 |
| Contact Person for Program<br>Vanessa Torres   | Email<br>vanessa.torres@dfa.state.ny.us |                   |
| Title<br>School Liaison Coordinator  | Phone<br>(845) 364 - 3553               | Ext<br>N/A        |

**STSJP Program 3 Service Detailed Information**

|  |
|--|
| 1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 2,140.00   |
| 2. Please indicate the specific zip codes this program will target. 10977, 10994, 10927, but no zip codes will be excluded.  |
| 3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b> DSS has partnered with Rockland BOCES to embed a comprehensive array of education and employment services into casework services. BOCES will be teaching a Customer Service and Sales program, resume building and provide career expert presenters. DSS will provide transportation, 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.  |
| 4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |
| 5. What is the projected number of youth who will receive services from this program? 2  |
| <b>If the STSJP Program 3 received STSJP funds in the previous STSJP PY, answer the questions below.</b>   |
| 6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially If Yes, <b>answer #7</b> ; If No, <b>skip to #8</b> ; If Partially, <b>answer #7 and #8</b> .   |
| 7. What projected outcomes were met and how were they met? <b>(100 words or less)</b> Of the 21 youth referred to the Customer Services and Sales Program, 18 youth participated in the program and 15 youth completed the entire program. Of the 15 youth, only two were under 16 years old. Eight youth visited trade schools (1 youth was under 16 years old) and 3 youth visited colleges with a few more youth scheduled to attend a college visit before the end of September. Two of the youth started working with the BOCES Youth Connections Program and received summer internships. Two youth started college.   |
| 8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? <b>(100 words or less)</b> A barrier included the fact that Rockland's plan was not approved until April 2018. Rockland is going to adapt our contract with BOCES to be more flexible and include the ability to hold more sessions and smaller classes as needed. More of the funding is going to be shifted to accommodate the older youth than the younger youth. The expectatiaon is we will be able to scale the program up with the full year of implementation. After January 2020, youth who are receiving PINS Diversion services will also be able to be included. |
| 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 63   |
| 10. Total number of youth served by this program during the previous STSJP PY: 2+  |
| 11. What amount of rollover funds from the previous STSJP PY will be spent on this program? \$2,000  |

|   |   |
|---|---|
| <b>STSJP Program 4</b>  |   |
| STSJP Program 4 Name:<br>Adolescent's In Motion (AIM) Program for Younger Youth   | STSJP Program 4 Type:<br><b>Aftercare</b> |
| STSJP Program 4 Operating Agency:<br>Rockland County Department of Social Services, Children and Family Services & Rockland BOCES |   |

|   |   |                   |
|---|---|-------------------|
| Program Mailing Address<br>50 Sanatorium Road, Building C |   |                   |
| Address Line 2<br>N/A                                     |   |                   |
| City<br>Pomona  | State<br>NY                             | Zip Code<br>10970 |
| Contact Person for Program<br>Vanessa Torres              | Email<br>vanessa.torres@dfa.state.ny.us |                   |
| Title<br>School Liaison Coordinator                       | Phone<br>(845) 364 - 3553               | Ext<br>N/A        |

### STSJP Program 4 Service Detailed Information

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 1,070.00

2. Please indicate the specific zip codes this program will target. 10977, 10994, 10927, but no zip codes will be excluded

3. 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. BOCES will be teaching a Customer Service and Sales program, resume building and provide career expert presenters. DSS will provide transportation, 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.

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? 1

**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?  Yes  No  Partially If Yes, **answer #7**; If No, **skip to #8**; If Partially, **answer #7 and #8**.

7. What projected outcomes were met and how were they met? **(100 words or less)** Of the 21 youth referred to the Customer Services and Sales Program, 18 youth participated in the program and 15 youth completed the entire program. Of the 15 youth, only two were under 16 years old. Eight youth visited trade schools (1 youth was under 16 years old) and 3 youth visited colleges with a few more youth scheduled to attend a college visit before the end of September. Two of the youth started working with the BOCES Youth Connections Program and received summer internships. Two youth started college.

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)** A barrier included the fact that Rockland's plan was not approved until April 2018. Rockland is going to adapt our contract with BOCES to be more flexible and include the ability to hold more sessions and smaller classes as needed. More of the funding is going to be shifted to accommodate the older youth than the younger youth. The expectation is we will be able to scale the program up with the full year of implementation. After January 2020, youth who are receiving PINS Diversion services will also be able to be included.

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 63

10. Total number of youth served by this program during the previous STSJP PY: 2+

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

### STSJP Program 5

|   |  |
|---|--|
| STSJP Program 5 Name:<br>Rockland Bravehearts For Younger Youth (Peer Mentoring)                        | STSJP Program 5 Type:<br><b>Prevention</b> |
| STSJP Program 5 Operating Agency:<br>Rockland County Department of Social Services, Children's Services |  |
| Program Mailing Address<br>50 Sanatorium Road, Building C   |  |

|   |  |                   |
|---|--|-------------------|
| Address Line 2<br>N/A   |  |                   |
| City<br>Pomona  | State<br>NY                            | Zip Code<br>10970 |
| Contact Person for Program<br>Barbara Gavin   | Email<br>barbara.gavin@dfa.state.ny.us |                   |
| Title<br>Director of Social Services  | Phone<br>(845) 364 - 3554              | Ext<br>N/A        |
| <b>STSJP Program 5 Service Detailed Information</b>   |  |                   |
| 1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 1,561.40  |  |                   |
| 2. Please indicate the specific zip codes this program will target. 10977, 10994, 10927, but no zip codes to be excluded.   |  |                   |
| 3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b> 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.  |  |                   |
| 4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  |                   |
| 5. What is the projected number of youth who will receive services from this program? 1   |  |                   |
| <b>If the STSJP Program 5 received STSJP funds in the previous STSJP PY, answer the questions below.</b>  |  |                   |
| 6. Did projected performance outcomes meet expected outcomes? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, <b>answer #7</b> ; If No, <b>skip to #8</b> ; If Partially, <b>answer #7 and #8</b> .<br>If Yes, <b>answer #7</b> . If No, <b>skip to #8</b> .   |  |                   |
| 7. What projected outcomes were met and how were they met? <b>(100 words or less)</b> The contract with Children's Village, Bravehearts Program, began in January 2019. Weekly Bravehearts Meetings are held every Thursday evening at the Haverstraw Center. A total of 19 youth are participating in the program including 8 youth under the age of 16 and 11 youth over the age of 16. Numerous leadership events and engagement activities have taken place throughout the year (ex: MH awareness month and bake sale at the mall, a national conference, SAMHSA Review, leadership boards etc). Bravehearts has representation on 2 county boards and is developing youth leadership and youth voice in county level policy decisions. |  |                   |
| 8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? <b>(100 words or less)</b> It was projected that more of the younger youth than the older youth would become engaged with the Bravehearts. However, more older youth are becoming engaged. This will switch the need for more funding to the STSJP-RTA Populations. Rockland is pleased that more of the older youth are participating in this prosocial and skill based development programming.   |  |                   |
| 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 90  |  |                   |
| 10. Total number of youth served by this program during the previous STSJP PY: 8+   |  |                   |
| 11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 0   |  |                   |

|   |  |                   |
|---|--|-------------------|
| <b>STSJP Program 6</b>  |  |                   |
| STSJP Program 6 Name:<br>Rockland Bravehearts For Younger Youth (Peer Mentoring)                        | STSJP Program 6 Type:<br><b>Early Intervention</b> |                   |
| STSJP Program 6 Operating Agency:<br>Rockland County Department of Social Services, Children's Services |  |                   |
| Program Mailing Address<br>50 Sanatorium Road, Building C   |  |                   |
| Address Line 2<br>N/A   |  |                   |
| City<br>Pomona  | State<br>NY  | Zip Code<br>10970 |
| Contact Person for Program  | Email  |                   |

|                                      |                               |            |
|--------------------------------------|-------------------------------|------------|
| Barbara Gavin                        | barbara.gavin@dfa.state.ny.us |            |
| Title<br>Director of Social Services | Phone<br>(845) 364 - 3554     | Ext<br>N/A |

**STSJP Program 6 Service Detailed Information**

- The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 4,684.20
- Please indicate the specific zip codes this program will target. 10977, 10994, 10927, but no zip codes to be excluded.
- 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.
- 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? 3

**If the STSJP Program 6 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)** The contract with Children's Village, Bravehearts Program, began in January 2019. Weekly Bravehearts Meetings are held every Thursday evening at the Haverstraw Center. A total of 19 youth are participating in the program including 8 youth under the age of 16 and 11 youth over the age of 16. Numerous leadership events and engagement activities have taken place throughout the year (ex: MH awareness month and bake sale at the mall, a national conference, SAMHSA Review, leadership boards etc). Bravehearts has representation on 2 county boards and is developing youth leadership and youth voice in county level policy decisions.
- 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)** It was projected that more of the younger youth than the older youth would become engaged with the Bravehearts. However, more older youth are becoming engaged. This will switch the need for more funding to the STSJP-RTA Populations. Rockland is pleased that more of the older youth are participating in this prosocial and skill based development programming.
- What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 90
- Total number of youth served by this program during the previous STSJP PY: 8+
- What amount of rollover funds from the previous STSJP PY will be spent on this program? \$3,000

**STSJP Program 7**

|   |  |  |  |
|---|--|--|--|
| STSJP Program 7 Name:<br>Rockland Bravehearts For Younger Youth (Peer Mentoring)                        |  | STSJP Program 7 Type:<br><b>Alternative to Placement</b> |  |
| STSJP Program 7 Operating Agency:<br>Rockland County Department of Social Services, Children's Services |  |  |  |
| Program Mailing Address<br>50 Sanatorium Road, Building C   |  |  |  |
| Address Line 2<br>N/A   |  |  |  |
| City<br>Pomona  | State<br>NY                            | Zip Code<br>10970  |  |
| Contact Person for Program<br>Barbara Gavin   | Email<br>barbara.gavin@dfa.state.ny.us |  |  |
| Title<br>Director of Social Services  | Phone<br>(845) 364 - 3554              | Ext<br>N/A   |  |

**STSJP Program 7 Service Detailed Information**

- The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 4,684.20

2. Please indicate the specific zip codes this program will target. 10977, 10994, 10927, but no zipcodes to be excluded

3. 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.

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? 3

**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?  Yes  No  Partially If Yes, **answer #7**; If No, **skip to #8**; If Partially, **answer #7 and #8**.

7. What projected outcomes were met and how were they met? **(100 words or less)** The contract with Children's Village, Bravehearts Program, began in January 2019. Weekly Bravehearts Meetings are held every Thursday evening at the Haverstraw Center. A total of 19 youth are participating in the program including 8 youth under the age of 16 and 11 youth over the age of 16. Numerous leadership events and engagement activities have taken place throughout the year (ex: MH awareness month and bake sale at the mall, a national conference, SAMHSA Review, leadership boards etc). Bravehearts has representation on 2 county boards and is developing youth leadership and youth voice in county level policy decisions.

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)** It was projected that more of the younger youth than the older youth would become engaged with the Bravehearts. However, more older youth are becoming engaged. This will switch the need for more funding to the STSJP-RTA Populations. Rockland is pleased that more of the older youth are participating in this prosocial and skill based development programming.

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 90

10. Total number of youth served by this program during the previous STSJP PY: 8+

11. What amount of rollover funds from the previous STSJP PY will be spent on this program? \$3,000

|   |  |   |
|---|--|---|
| <b>STSJP Program 8</b>  |  |   |
| STSJP Program 8 Name:<br>Rockland Bravehearts For Younger Youth (Peer Mentoring)                        |  | STSJP Program 8 Type:<br><b>Aftercare</b> |
| STSJP Program 8 Operating Agency:<br>Rockland County Department of Social Services, Children's Services |  |   |
| Program Mailing Address<br>50 Sanatorium Road, Building C   |  |   |
| Address Line 2<br>N/A   |  |   |
| City<br>Pomona  | State<br>NY                            | Zip Code<br>10970                         |
| Contact Person for Program<br>Barbara Gavin   | Email<br>barbara.gavin@dfa.state.ny.us |   |
| Title<br>Director of Social Services  | Phone<br>(845) 364 - 3554              | Ext<br>N/A                                |

|  |                                     |
|--|-------------------------------------|
| <b>STSJP Program 8</b>   | <b>Service Detailed Information</b> |
| 1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 1,561.40   |                                     |
| 2. Please indicate the specific zip codes this program will target. 10977, 10994, 10927, but no zipcodes to be excluded.   |                                     |
| 3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b> 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. |                                     |

|   |
|---|
| 4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |
| 5. What is the projected number of youth who will receive services from this program? 1   |
| <b>If the STSJP Program 8 received STSJP funds in the previous STSJP PY, answer the questions below.</b>  |
| 6. Did projected performance outcomes meet expected outcomes? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, <b>answer #7</b> ; If No, <b>skip to #8</b> ; If Partially, <b>answer #7 and #8</b> .  |
| 7. What projected outcomes were met and how were they met? <b>(100 words or less)</b> The contract with Children's Village, Bravehearts Program, began in January 2019. Weekly Bravehearts Meetings are held every Thursday evening at the Haverstraw Center. A total of 19 youth are participating in the program including 8 youth under the age of 16 and 11 youth over the age of 16. Numerous leadership events and engagement activities have taken place throughout the year (ex: MH awareness month and bake sale at the mall, a national conference, SAMHSA Review, leadership boards etc). Bravehearts has representation on 2 county boards and is developing youth leadership and youth voice in county level policy decisions. |
| 8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? <b>(100 words or less)</b> It was projected that more of the younger youth than the older youth would become engaged with the Bravehearts. However, more older youth are becoming engaged. This will switch the need for more funding to the STSJP-RTA Populations. Rockland is pleased that more of the older youth are participating in this prosocial and skill based development programming.   |
| 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 90  |
| 10. Total number of youth served by this program during the previous STSJP PY: 8+   |
| 11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 0   |

|                                   |                          |                       |
|-----------------------------------|--------------------------|-----------------------|
| <b>STSJP Program 9</b>            |                          |                       |
| 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<br>(      )      - | Ext                   |

|   |                                     |
|---|-------------------------------------|
| <b>STSJP Program 9</b>  | <b>Service Detailed Information</b> |
| 1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$   |                                     |
| 2. Please indicate the specific zip codes this program will target.   |                                     |
| 3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b>  |                                     |
| 4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                     |
| 5. What is the projected number of youth who will receive services from this program?   |                                     |
| <b>If the STSJP Program 9 received STSJP funds in the previous STSJP PY, answer the questions below.</b>  |                                     |
| 6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, <b>answer #7</b> ; If No, <b>skip to #8</b> ; If Partially, <b>answer #7 and #8</b> . |                                     |
| 7. What projected outcomes were met and how were they met? <b>(100 words or less)</b>   |                                     |
| 8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? <b>(100 words or less)</b>  |                                     |
| 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? 0

**STSJP Program 10**

|   |  |   |                   |
|---|--|---|-------------------|
| STSJP Program 10 Name:<br>Tutoring Services for Younger Youth   |  | STSJP Program 10 Type:<br><b>Prevention</b> |                   |
| STSJP Program 10 Operating Agency:<br>Rockland County Department of Social Services, Children and Family Services |  |   |                   |
| Program Mailing Address<br>50 Sanatorium Road, Building C   |  |   |                   |
| Address Line 2<br>N/A   |  |   |                   |
| City<br>Pomona  |  | State<br>NY                                 | Zip Code<br>10970 |
| Contact Person for Program<br>Vanessa Torres  |  | Email<br>vanessa.torres@dfa.state.ny.us     |                   |
| Title<br>School Liaison Coordinator   |  | Phone<br>(845) 364 - 3553                   | Ext<br>N/A        |

**STSJP Program 10 Service Detailed Information**

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 7,086.20

2. Please indicate the specific zip codes this program will target. 10977, 10994, 10927, but no zip codes to be excluded.

3. 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.

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? 4

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

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

7. What projected outcomes were met and how were they met? **(100 words or less)** In August 2019, Rockland contracted with a provider for tutoring services to our youth. To date 6 younger youth are receiving tutoring services. It is expected that this number will increase before the end of September.

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)** Rockland's STSJP plan was not approved until April 2018, which delayed the ability to contract for services. There were complications with finding a provider due to the liability insurance requirements for the service providers. Rockland completed an RFP process and contracted with a provider in August 2019.

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

10. Total number of youth served by this program during the previous STSJP PY: 6+

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

**STSJP Program 11**

|   |  |   |  |
|---|--|---|--|
| STSJP Program 11 Name:<br>Tutoring Services for Younger Youth   |  | STSJP Program 11 Type:<br><b>Early Intervention</b> |  |
| STSJP Program 11 Operating Agency:<br>Rockland County Department of Social Services, Children and Family Services |  |   |  |
| Program Mailing Address<br>50 Sanatorium Road, Building C   |  |   |  |

|  |   |                   |
|--|---|-------------------|
| Address Line 2<br>N/A  |   |                   |
| City<br>Pomona   | State<br>NY                             | Zip Code<br>10970 |
| Contact Person for Program<br>Vanessa Torres   | Email<br>vanessa.torres@dfa.state.ny.us |                   |
| Title<br>School Liaison Coordinator  | Phone<br>(845) 365 - 3554               | Ext<br>N/A        |
| <b>STSJP Program 11 Service Detailed Information</b>   |   |                   |
| 1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 7,086.20   |   |                   |
| 2. Please indicate the specific zip codes this program will target. 10977, 10994, 10927, but no zip codes to be excluded   |   |                   |
| 3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b> 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.                  |   |                   |
| 4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |   |                   |
| 5. What is the projected number of youth who will receive services from this program? 4  |   |                   |
| <b>If the STSJP Program 11 received STSJP funds in the previous STSJP PY, answer the questions below.</b>  |   |                   |
| 6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially If Yes, <b>answer #7</b> ; If No, <b>skip to #8</b> ; If Partially, <b>answer #7 and #8</b> .   |   |                   |
| 7. What projected outcomes were met and how were they met? <b>(100 words or less)</b> In August 2019, Rockland contracted with a provider for tutoring services to our youth. To date 6 younger youth are receiving tutoring services. It is expected that this number will increase before the end of September.  |   |                   |
| 8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? <b>(100 words or less)</b> Rockland's STSJP plan was not approved until April 2018, which delayed the ability to contract for services. There were complications with finding a provider due to the liability insurance requirements for the service providers. Rockland completed an RFP process and contracted with a provider in August 2019. |   |                   |
| 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) N/A  |   |                   |
| 10. Total number of youth served by this program during the previous STSJP PY: 6+  |   |                   |
| 11. What amount of rollover funds from the previous STSJP PY will be spent on this program? \$3,000  |   |                   |

|   |   |                   |
|---|---|-------------------|
| <b>STSJP Program 12</b>   |   |                   |
| STSJP Program 12 Name:<br>Tutoring Services for Younger Youth   | STSJP Program 12 Type:<br><b>Alternative to Placement</b> |                   |
| STSJP Program 12 Operating Agency:<br>Rockland County Department of Social Services, Children and Family Services |   |                   |
| Program Mailing Address<br>50 Sanatorium Road, Building C   |   |                   |
| Address Line 2<br>N/A   |   |                   |
| City<br>Pomona  | State<br>NY   | Zip Code<br>10970 |
| Contact Person for Program<br>Vanessa Torres  | Email<br>vanessa.torres@dfa.state.ny.us                   |                   |
| Title<br>School Liaison Coordinator   | Phone<br>(845) 364 - 3553                                 | Ext<br>N/A        |
| <b>STSJP Program 12 Service Detailed Information</b>  |   |                   |
| 1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 5,668.96    |   |                   |

|  |
|--|
| 2. Please indicate the specific zip codes this program will target. 10977, 10994, 10927, but no zip codes to be excluded.  |
| 3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b> 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.                  |
| 4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |
| 5. What is the projected number of youth who will receive services from this program? 4  |
| <b>If the STSJP Program 12 received STSJP funds in the previous STSJP PY, answer the questions below.</b>  |
| 6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially If Yes, <b>answer #7</b> ; If No, <b>skip to #8</b> ; If Partially, <b>answer #7 and #8</b> .   |
| 7. What projected outcomes were met and how were they met? <b>(100 words or less)</b> In August 2019, Rockland contracted with a provider for tutoring services to our youth. To date 6 younger youth are receiving tutoring services. It is expected that this number will increase before the end of September.  |
| 8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? <b>(100 words or less)</b> Rockland's STSJP plan was not approved until April 2018, which delayed the ability to contract for services. There were complications with finding a provider due to the liability insurance requirements for the service providers. Rockland completed an RFP process and contracted with a provider in August 2019. |
| 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) N/A  |
| 10. Total number of youth served by this program during the previous STSJP PY: 6+  |
| 11. What amount of rollover funds from the previous STSJP PY will be spent on this program? \$3,000  |

| <b>PART II – STSJP-RTA PROGRAMS</b>  |                               |
|--|-------------------------------|
| <b>SECTION 1 STSJP RTA PLAN AMOUNTS</b>  |                               |
| <b>Expenses</b>  |                               |
| 1. RTA-approved plan amount  | \$ 83,188.00                  |
| 2. Total program expenses  | \$ 83,188.00                  |
| <b>SECTION 2 LIST OF STSJP-RTA PROGRAMS TO BE FUNDED</b>   |                               |
| <b>Program Name</b>  | <b>Total Program Expenses</b> |
| STSJP-RTA Program 1<br>Adolescents in Motion (AIM) Program for Older Youth –<br>Prevention                   | \$ 3,210.00                   |
| STSJP-RTA Program 2<br>Adolescents In Motion (AIM) Program for Older Youth –<br>Early Intervention           | \$ 13,910.00                  |
| STSJP-RTA Program 3<br>.00Adolescents In Motion (AIM) Program for Older Youth –<br>Alternatives to Placement | \$ 6,420.00                   |
| STSJP-RTA Program 4<br>Adolescents In Motion (AIM) Program for Older Youth –<br>Aftercare/Reentry            | \$ 1,070.00                   |
| STSJP-RTA Program 5<br>Rockland Bravehearts for Older Youth –<br>Prevention                                  | \$ 1,561.40                   |
| STSJP-RTA Program 6<br>Rockland Bravehearts for Older Youth –<br>Early Intervention                          | \$ 7,807.00                   |

|              |                  |
|--------------|------------------|
| <b>TOTAL</b> | <b>\$ 33,978</b> |
|--------------|------------------|

**STSJP-RTA PROGRAMMING DETAILS**

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

**STSJP-RTA Program 1**

|  |  |   |                   |
|--|--|---|-------------------|
| Program 1 Name:<br>Adolescent Intensive Motivators (AIM) Program for Older Youth                           |  | Program 1 Type:<br><b>Prevention</b>    |                   |
| Program 1 Operating Agency:<br>Rockland County Department of Social Services, Children and Family Services |  |   |                   |
| Program Mailing Address<br>50 Sanatorium Road, Bldg. C   |  |   |                   |
| Address Line 2<br>N/A  |  |   |                   |
| City<br>Pomona   |  | State<br>NY                             | Zip Code<br>10970 |
| Contact Person for Program<br>Vanessa Torres   |  | Email<br>vanessa.torres@dfa.state.ny.us |                   |
| Title<br>School Liaison Coordinator  |  | Phone<br>(845) 364 - 3553               | Ext<br>N/A        |

**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? \$ 3,210.00

2. Please indicate the specific zip codes this program will target. 10977, 10994, 10927, but no zip codes will be excluded.

3. 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 for RTA youth or 16 or 17 year olds. BOCES will be teaching a Customer Service and Sales program, resume building and provide career expert presenters. DSS will provide transportation, 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.

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? 3

**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?  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)** Of the 21 youth referred to the Customer Services and Sales Program, 18 youth participated in the program and 15 youth completed the entire program. Of the 15 youth, only two were under 16 years old. Eight youth visited trade schools (1 youth was under 16 years old) and 3 youth visited colleges with a few more youth scheduled to attend a college visit before the end of September. Two of the youth started working with the BOCES Youth Connections Program and received summer internships. Two youth started college.

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)** Rockland exceeded our projections with older youth attending this program. We increased the projections for this population in the coming year.

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 63

10. Total number of youth served by this program during the previous STSJP-RTA PY: 16+

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

**STSJP-RTA Program 2**

|  |  |  |                   |
|--|--|--|-------------------|
| Program 2 Name:<br>Adolescent Intensive Motivators (AIM) Program for Older Youth                           |  | Program 2 Type:<br><b>Early Intervention</b> |                   |
| Program 2 Operating Agency:<br>Rockland County Department of Social Services, Children and Family Services |  |  |                   |
| Program Mailing Address<br>50 Sanatorium Road, Bldg. C   |  |  |                   |
| Address Line 2<br>N/A  |  |  |                   |
| City<br>Pomona   |  | State<br>NY                                  | Zip Code<br>10970 |
| Contact Person for Program<br>Vanessa Torres   |  | Email<br>vanessa.torres@dfa.state.ny.us      |                   |
| Title<br>School Liaison Coordinator  |  | Phone<br>(845) 364 - 3553                    | Ext<br>N/A        |

**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? \$ 13,910.00

2. Please indicate the specific zip codes this program will target. 10977, 10994, 10927, but no zip codes will be excluded.

3. 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 for RTA youth and 16 or 17 year olds. BOCES will be teaching a Customer Service and Sales program, resume building and provide career expert presenters. DSS will provide transportation, 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.

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? 12

**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?  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)** Of the 21 youth referred to the Customer Services and Sales Program, 18 youth participated in the program and 15 youth completed the entire program. Of the 15 youth, only two were under 16 years old. Eight youth visited trade schools (1 youth was under 16 years old) and 3 youth visited colleges with a few more youth scheduled to attend a college visit before the end of September. Two of the youth started working with the BOCES Youth Connections Program and received summer internships. Two youth started college.

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)** Rockland exceeded our projections with older youth attending this program. We increased the projections for this population in the coming year.

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 63

10. Total number of youth served by this program during the previous STSJP-RTA PY: 16+

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

**STSJP-RTA Program 3**

|                 |                 |
|-----------------|-----------------|
| Program 3 Name: | Program 3 Type: |
|-----------------|-----------------|

|  |   |                                 |  |
|--|---|---------------------------------|--|
| Adolescent Intensive Motivators (AIM) Program for Older Youth  |   | <b>Alternative to Placement</b> |  |
| Program 3 Operating Agency:<br>Rockland County Department of Social Services, Children and Family Services |   |                                 |  |
| Program Mailing Address<br>50 Sanatorium Road, Bldg. C   |   |                                 |  |
| Address Line 2<br>N/A  |   |                                 |  |
| City<br>Pomona   | State<br>NY                             | Zip Code<br>10970               |  |
| Contact Person for Program<br>Vanessa Torres   | Email<br>vanessa.torres@dfa.state.ny.us |                                 |  |
| Title<br>School Liaison Coordinator  | Phone<br>(845) 364 - 3553               | Ext<br>N/A                      |  |

|   |  |                                     |  |
|---|--|-------------------------------------|--|
| <b>STSJP-RTA Program 3</b>  |  | <b>Service Detailed Information</b> |  |
| 1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 6,420.00  |  |                                     |  |
| 2. Please indicate the specific zip codes this program will target. 10977, 10994, 10927, but no zip codes will be excluded.   |  |                                     |  |
| 3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b> DSS has partnered with Rockland BOCES to embed a comprehensive array of education and employment services for RTA and 16 or 17 year olds. BOCES will be teaching a Customer Service and Sales program, resume building and provide career expert presenters. DSS will provide transportation, 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. |  |                                     |  |
| 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? 7   |  |                                     |  |
| <b>If the STSJP-RTA Program 3 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.</b>  |  |                                     |  |
| 6. Did projected performance outcomes meet expected outcomes? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.  |  |                                     |  |
| 7. What projected outcomes were met and how were they met? <b>(100 word or less)</b> Of the 21 youth referred to the Customer Services and Sales Program, 18 youth participated in the program and 15 youth completed the entire program. Of the 15 youth, only two were under 16 years old. Eight youth visited trade schools (1 youth was under 16 years old) and 3 youth visited colleges with a few more youth scheduled to attend a college visit before the end of September. Two of the youth started working with the BOCES Youth Connections Program and received summer internships. Two youth started college.   |  |                                     |  |
| 8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? <b>(100 words or less)</b> Rockland exceeded our projections with older youth attending this program. We increased the projections for this population in the coming year.  |  |                                     |  |
| 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 63  |  |                                     |  |
| 10. Total number of youth served by this program during the previous STSJP-RTA PY: 16+  |  |                                     |  |
| 11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program? 0   |  |                                     |  |

|  |                                     |
|--|-------------------------------------|
| <b>STSJP-RTA Program 4</b>   |                                     |
| Program 4 Name:<br>Adolescent Intensive Motivators (AIM) Program for Older Youth | Program 4 Type:<br><b>Aftercare</b> |
| Program 4 Operating Agency:  |                                     |

|   |   |                   |
|---|---|-------------------|
| Rockland County Department of Social Services, Children and Family Services |   |                   |
| Program Mailing Address<br>50 Sanatorium Road                               |   |                   |
| Address Line 2<br>N/A   |   |                   |
| City<br>Pomona  | State<br>NY                             | Zip Code<br>10970 |
| Contact Person for Program<br>Vanessa Torres                                | Email<br>vanessa.torres@dfa.state.ny.us |                   |
| Title<br>School Liason Coordinator  | Phone<br>(845) 364 - 3553               | Ext<br>N/A        |

**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? \$ 1,070.00

2. Please indicate the specific zip codes this program will target. 10977, 10994, 10927, but no zip codes will be excluded.

3. 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 for RTA youth and 16 or 17 year olds. BOCES will be teaching a Customer Service and Sales program, resume building and provide career expert presenters. DSS will provide transportation, 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.

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? 1

**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?  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)** Of the 21 youth referred to the Customer Services and Sales Program, 18 youth participated in the program and 15 youth completed the entire program. Of the 15 youth, only two were under 16 years old. Eight youth visited trade schools (1 youth was under 16 years old) and 3 youth visited colleges with a few more youth scheduled to attend a college visit before the end of September. Two of the youth started working with the BOCES Youth Connections Program and received summer internships. Two youth started college.

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)** Rockland exceeded our projections with older youth attending this program. We increased the projections for this population in the coming year.

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 63

10. Total number of youth served by this program during the previous STSJP-RTA PY: 16+

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

**STSJP-RTA Program 5**

|  |                                      |
|--|--------------------------------------|
| Program 5 Name:<br>Rockland Bravehearts for Older Youth (Peer Mentoring)                                   | Program 5 Type:<br><b>Prevention</b> |
| Program 5 Operating Agency:<br>Rockland County Department of Social Services, Children and Family Services |                                      |
| Program Mailing Address<br>50 Sanatorium Road, Building C  |                                      |
| Address Line 2   |                                      |

|  |  |                   |
|--|--|-------------------|
| N/A  |  |                   |
| City<br>Pomona   | State<br>NY                            | Zip Code<br>10970 |
| Contact Person for Program<br>Barbara Gavin  | Email<br>barbara.gavin@dfa.state.ny.us |                   |
| Title<br>Director of Social Services   | Phone<br>(845) 364 - 3554              | Ext<br>N/A        |
| <b>STSJP-RTA Program 5 Service Detailed Information</b>  |  |                   |
| 1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 1,561.40   |  |                   |
| 2. Please indicate the specific zip codes this program will target. 10977, 10994, 10927, but no zip codes will be excluded.  |  |                   |
| 3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b> 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 RTA youth and 16 or 17 year olds.  |  |                   |
| 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? 1  |  |                   |
| <b>If the STSJP-RTA Program 5 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.</b>   |  |                   |
| 6. Did projected performance outcomes meet expected outcomes? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, <b>answer #7</b> ; If No, <b>skip to #8</b> ; if Partially, <b>answer #7 and #8</b> .   |  |                   |
| 7. What projected outcomes were met and how were they met? <b>(100 word or less)</b> The contract with Children's Village, Bravehearts Program, began in January 2019. Weekly Bravehearts Meetings are held every Thursday evening at the Haverstraw Center. A total of 19 youth are participating in the program including 8 youth under the age of 16 and 11 youth over the age of 16. Numerous leadership events and engagement activities have taken place throughout the year (ex: MH awareness month and bake sale at the mall, a national conference, SAMHSA Review, leadership boards etc). Bravehearts has representation on 2 county boards and is developing youth leadership and youth voice in county level policy decisions. |  |                   |
| 8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? <b>(100 words or less)</b> It was projected that more of the younger youth than the older youth would become engaged with the Bravehearts. However, more older youth are becoming engaged. This will switch the need for more funding to the STSJP-RTA Populations. Rockland is pleased that more of the older youth are participating in this prosocial and skill based development programming.  |  |                   |
| 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 90   |  |                   |
| 10. Total number of youth served by this program during the previous STSJP-RTA PY: 11+   |  |                   |
| 11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program? 0  |  |                   |

|  |  |                   |
|--|--|-------------------|
| <b>STSJP-RTA Program 6</b>   |  |                   |
| Program 6 Name:<br>Rockland Bravehearts for Older Youth (Peer Mentoring)                                   | Program 6 Type:<br><b>Early Intervention</b> |                   |
| Program 6 Operating Agency:<br>Rockland County Department of Social Services, Children and Family Services |  |                   |
| Program Mailing Address<br>50 Sanatorium Road, Building C  |  |                   |
| Address Line 2<br>N/A  |  |                   |
| City<br>Pomona   | State<br>NY                                  | Zip Code<br>10970 |
| Contact Person for Program   | Email  |                   |

|  |                               |            |
|--|-------------------------------|------------|
| Barbara Gavin  | barbara.gavin@dfa.state.ny.us |            |
| Title<br>Director of Social Services   | Phone<br>(845) 364 - 3554     | Ext<br>N/A |
| <b>STSJP-RTA Program 6 Service Detailed Information</b>  |                               |            |
| 1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 7,807.00   |                               |            |
| 2. Please indicate the specific zip codes this program will target. 10977, 10994, 10927, but no zip codes will be excluded.  |                               |            |
| 3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b> 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 RTA youth and 16 and/or 17 year olds..   |                               |            |
| 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? 5  |                               |            |
| <b>If the STSJP-RTA Program 6 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.</b>   |                               |            |
| 6. Did projected performance outcomes meet expected outcomes? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.   |                               |            |
| 7. What projected outcomes were met and how were they met? <b>(100 word or less)</b> The contract with Children's Village, Bravehearts Program, began in January 2019. Weekly Bravehearts Meetings are held every Thursday evening at the Haverstraw Center. A total of 19 youth are participating in the program including 8 youth under the age of 16 and 11 youth over the age of 16. Numerous leadership events and engagement activities have taken place throughout the year (ex: MH awareness month and bake sale at the mall, a national conference, SAMHSA Review, leadership boards etc). Bravehearts has representation on 2 county boards and is developing youth leadership and youth voice in county level policy decisions. |                               |            |
| 8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? <b>(100 words or less)</b> It was projected that more of the younger youth than the older youth would become engaged with the Bravehearts. However, more older youth are becoming engaged. This will switch the need for more funding to the STSJP-RTA Populations. Rockland is pleased that more of the older youth are participating in this prosocial and skill based development programming.  |                               |            |
| 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 90   |                               |            |
| 10. Total number of youth served by this program during the previous STSJP-RTA PY: 11+   |                               |            |
| 11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program? 0  |                               |            |

### PART III – STSJP-RTA PROGRAM ANALYSIS

#### SECTION 1 Overall Analysis

##### A. Overall Analysis of Communities

Discuss and identify the neighborhoods or communities by zip codes or areas from which the highest number of Youthful Offenders (YO), Adolescent Offenders (AO), Juvenile Delinquents (JD) and Persons in Need of Supervision (PINS) enter the youth justice system, and the factors that may be contributing. For 2019, Rockland had 16 cases from the Spring Valley Police Department (10977) and 14 cases from the Ramapo Police Department (10901, 10952, 10970, 10965 and 10974), which included AO, JO and JD's cases. These police department service areas that are densely populated and ethnically diverse. Clarkstown Police, which covers our county's two major malls, had the next highest amount with 9 arrests. PINS Diversion services being provided through our Department of Social Services Adolescent Unit includes 42 youth and their families so far in 2019. On average we service about 75 to 80 families per year in this unit. A majority of these youth originate from the 10977 and 10927 zip codes.

##### 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. Although Rockland has significantly decreased our reliance on PINS petitions, detention and placement, we continue to see racial disparities in our 2018 PINS data. With Black youth only representing 9% of our population, they represent 80% (4 youth) of our detention admissions. White youth represent 63% of the population and there were no White youth placed in detention. Hispanic youth represent 23% of the population with 1 youth in detention (20%). Black youth had the longest average length of stay in detention with 39 days compared to White youth who had zero days and Hispanic youth who had 1 day. Two (50%) Black youth were placed compared to no white youth being placed and 2 (50%) Hispanic youth being placed. In 2019, Rockland has continued to decrease our reliance on placements with one Black youth being placed on a JD and 1 White youth being placed as an AO.

If such disparity exists, describe how this STSJP plan addresses the issues of disparity. Rockland County has a Race Equity and Cultural Competence (RECC) Advisory Board that provides on-going training, analysis of the data, and strategic planning around the reduction of the disproportionality and disparities in our systems. Probation, Mental Health and BOCES have recently been added to this Board.

Rockland is continuing to work on strategically strengthening services to support parents and at-risk youth, so that most youth can remain safely in the community or transition more expeditiously back into the community. The plan is to tighten the access to the court while strengthening our community based services to all youth and their families as early as possible, regardless of race and ethnicity. Through our Raise the Age Plan, we have services to support parents to outlast their children's behaviors while minimizing risk-taking behaviors. Our STSJP, STSJP-RTA and RTA plans are focused on strengthening the youth's potential for achievement with feedback loops that reward their incremental successes in school, social situation with peers, leadership development, youth employment and transitioning into youth employment, college, trade schools and career paths. So, as the youths' brains continue to develop and mature, they will be in a good position to become independent of the systems and without labels or the repercussions of unnecessary losses.

**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)** Rockland County Probation and the Department of Social Services are working hard to improve long-term outcomes for all youth. We have structured gatekeeping meetings to protect the access to the courts. We have transitioned all youth placed on PINS petitions back into the community, with the exception of one youth, who we expect to be returned in November 2019. Staff have already been advised that unless there is a dire emergency for a youth, which would need the Director of Probation and the Commissioner of Social Service's approval, that PINS placements are no longer available. So, we are expecting our Placements to remain close to zero, if not zero. We assessed our non-secure detention usage (which has only been used for PINS youth in the past three years). We have already demonstrated a reduction in detention placements starting in 2017 with 173 days of non-secure detention for 12 youth, to 157 for 11 youth in 2018, and 30 days for 4 youth in 2019. We have decided to terminate our non-secure detention contract since we will no longer be using detention for PINS youth. We are continuing to look at our placement options for other vehicles that have access to the court. We are strategizing around using short term placements to stabilize crisis' including mental health and substance abuse. We are also strategizing around creating a network of therapeutic foster homes, so we can keep youth who need to be stabilized in the community and surrounded by the network of resources we are developing to stabilize our youth close to home. This is very important because Rockland does not have any Residential Treatment Centers or Group Homes located within the county.

**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. Rockland is working diligently on implementing 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 the Partnership for Safe and Healthy Youth, includes the District Attorney's Office, Mental Health, Probation, BOCES (representing schools),

youth and family voice, and DSS. Secondary stateholders include the Family Court, Justice Court, police, schools and community providers. Stakeholders are collaborating by sharing information, resources and influences to keep youth in the community and in school, coordinating cross-system referrals of high-risk youth, coordinating cross-systems referrals of youth already touching the system(s), diverting youth from going deeper into the system, and incorporating the support of evidenced based and other successful programs and supports.

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

**PART IV – PLAN APPROVAL**

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

As STSJP Lead for SEE ATTACHMENT V municipality, I certify that the CEO SEE ATTACHMENT V has reviewed and approved the 20 STSJP plan.

Date: SEE ATTACHMENT V / SEE ATTACHMENT V / SEE ATTACHMENT V User ID: SEE ATTACHMENT V

Print name: SEE ATTACHMENT V

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

2019-

As OCFS STSJP reviewer, I certify that I approve of this STSJP plan for Rockland municipality, for 2020.

Date: 12 / 09 / 2019 User ID: AW6660

Print name: Dan Hulihan

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 09/04/2019**

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

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

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

**Please direct any STSJP plan questions to:**

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

| <b>MUNICIPALITY INFORMATION</b>   |   |
|---|---|
| NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION:<br>Rockland County <span style="float: right;">PART II</span> |   |
| LEAD AGENCY FOR STSJP SUBMISSION:<br>Department of Social Services  | NAME OF CONTACT PERSON:<br>Barbara Gavin  |
| CONTACT PERSON'S PHONE NUMBER:<br>845-364-3554  | CONTACT PERSON'S EMAIL ADDRESS:<br><a href="mailto:barbara.gavin@dfa.state.ny.us">barbara.gavin@dfa.state.ny.us</a> |

| <b>PLAN SUBMISSION INSTRUCTIONS</b>   |
|---|
| Instructions for submitting an STSJP plan for OCFS review: <ol style="list-style-type: none"> <li>a. Once you have opened this form on your computer, please immediately use the "Save As" function in Microsoft Word to save a copy;</li> <li>b. Save your application using the file name "STSJP 2019-2020 Annual Plan – (Name of County)";</li> <li>c. Work from the "saved" application document, using it to record all of your municipality information;</li> <li>d. Once you have completed entering the required data, save the document.</li> </ol> <p>Send the completed application to OCFS via the STSJP email address at: <a href="mailto:stsjp@ocfs.ny.gov">stsjp@ocfs.ny.gov</a></p> |

## PART I – STSJP PROGRAMS

| SECTION 1   | PLAN AMOUNTS  |
|---|---------------|
| <b>EXPENSES</b>   |               |
| 1. Total program expenses   | \$ 144,993.55 |
| 2. State reimbursement  | \$ 89,896     |
| 3. Local share amount   | \$ 55,097.55  |
| <b>Reimbursements for the plan (Enter all amounts that are applicable.)</b> |               |
| 4. STSJP allocation amount  | \$ 44,948     |
| 5. STSJP local approved plan amount   | \$ 44,948     |
| 6. Detention approved amount shifted to STSJP                               | \$ 0          |
| 7. PY rollover approved amount  | \$ 44,948     |
| 8. Total approved amounts for state reimbursement                           | \$ 89,896     |

| SECTION 2  | LIST OF STSJP PROGRAMS TO BE FUNDED |                             |   |
|--|-------------------------------------|-----------------------------|---|
| Program Name   | Local Share<br>(38 percent)         | State Share<br>(62 percent) | Total Program Expenses<br>(100 percent) |
| STSJP Program 1<br>Tutoring Services for<br>Younger Youth –<br>Aftercare/Reentry | \$ 538.56                           | \$ 878.68                   | \$ 1,417.24                             |

|   |              |              |               |
|---|--------------|--------------|---------------|
| STSJP Program 2<br>Staff Training for Trauma<br>Informed Care and Service                           | \$ 17,196.43 | \$ 28,057.32 | \$ 45,253.75  |
| STSJP Program 3   | \$           | \$           | \$            |
| STSJP Program 4<br>Prosocial Activities for<br>Younger Youth –<br>Prevention                        | \$ 5,130.00  | \$ 8,370.00  | \$ 13,500.00  |
| STSJP Program 5<br>Prosocial Activities for<br>Younger Youth –<br>Early Intervention                | \$ 3,230.00  | \$ 5,270.00  | \$ 8,500.00   |
| STSJP Program 6<br>Prosocial Activities for<br>Younger Youth –<br>Alternatives to Placement         | \$ 2,660.00  | \$ 4,340.00  | \$ 7,000.00   |
| STSJP Program 7<br>Prosocial Activities for<br>Younger Youth –<br>Aftercare/Reentry                 | \$ 380.00    | \$ 620.00    | \$ 1,000.00   |
| STSJP Program 8   | \$           | \$           | \$            |
| STSJP Program 9<br>Stipends & Wraparound<br>Funds for Younger Youth –<br>Prevention                 | \$ 3,420.00  | \$ 5,580.00  | \$ 9,000.00   |
| STSJP Program 10<br>Stipends & Wraparound<br>Funds for Younger Youth –<br>Early Intervention        | \$ 3,040.00  | \$ 4,960.00  | \$ 8,000.00   |
| STSJP Program 11<br>Stipends & Wraparound<br>Funds for Younger Youth –<br>Alternatives to Placement | \$ 1,900.00  | \$ 3,100.00  | \$ 5,000.00   |
| STSJP Program 12<br>Stipends & Wraparound<br>Funds for Younger Youth –<br>Aftercare/Reentry         | \$ 570.00    | \$ 930.00    | \$ 1,500.00   |
| <b>TOTAL</b>  |              |              | \$ 100,170.99 |

**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:<br>Tutoring Services for Younger Youth  | STSJP Program 1 Type:<br><b>Aftercare</b> |
| STSJP Program 1 Operating Agency:<br>Rockland County Department of Social Services, Staff Development |   |
| Program Mailing Address<br>50 Sanatorium Road, Building C   |   |
| Address Line 2  |   |

|  |   |                   |
|--|---|-------------------|
| N/A  |   |                   |
| City<br>Pomona   | State<br>NY                             | Zip Code<br>10970 |
| Contact Person for Program<br>Vanessa Torres   | Email<br>vanessa.torres@dfa.state.ny.us |                   |
| Title<br>School Liaison Coordinator  | Phone<br>(845) 364 - 3553               | Ext<br>N/A        |
| <b>STSJP Program 1 Service Detailed Information</b>  |   |                   |
| 1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 1,417.24   |   |                   |
| 2. Please indicate the specific zip codes this program will target. 10977, 10927, but no zip codes, will be excluded   |   |                   |
| 3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b> 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                   |   |                   |
| 4. Does your municipality plan to replicate the program across multiple locations? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |   |                   |
| 5. What is the projected number of youth who will receive services from this program? 1  |   |                   |
| <b>If the STSJP Program 1 received STSJP funds in the previous STSJP PY, answer the questions below.</b>   |   |                   |
| 6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially If Yes, <b>answer #7</b> ; If No, <b>skip to #8</b> ; If Partially, <b>answer #7 and #8</b> .   |   |                   |
| 7. What projected outcomes were met and how were they met? <b>(100 words or less)</b> In August 2019, Rockland contracted with a provider for tutoring services to our youth. To date 6 younger youth are receiving tutoring services. It is expected that this number will increase before the end of September.  |   |                   |
| 8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? <b>(100 words or less)</b> Rockland's STSJP plan was not approved until April 2018, which delayed the ability to contract for services. There were complications with finding a provider due to the liability insurance requirements for the service providers. Rockland completed an RFP process and contracted with a provider in August 2019. |   |                   |
| 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) N/A  |   |                   |
| 10. Total number of youth served by this program during the previous STSJP PY: 6+  |   |                   |
| 11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 0  |   |                   |

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|--|--|-------------------|
| <b>STSJP Program 2</b>   |  |                   |
| STSJP Program 2 Name:<br>Staff Training for Trauma Informed Care and Services                                    | STSJP Program 2 Type:<br><b>Indirect Services Provider</b> |                   |
| STSJP Program 2 Operating Agency:<br>Rockland County Department of Social Services, Children and Family Services |  |                   |
| Program Mailing Address<br>50 Sanatorium Road, Building L  |  |                   |
| Address Line 2<br>N/A  |  |                   |
| City<br>Pomona   | State<br>NY  | Zip Code<br>10970 |
| Contact Person for Program<br>Simone Parris-McGuane  | Email<br>simone.parris-mcguane@dfa.state.ny.us             |                   |
| Title<br>Director of Staff Development   | Phone<br>(845) 364 - 3241                                  | Ext<br>N/A        |

|   |  |  |
|---|--|--|
| <b>STSJP Program 2 Service Detailed Information</b>   |  |  |
| 1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 45,253.75 |  |  |

2. Please indicate the specific zip codes this program will target. 10977, 10994, 10927, but no zip codes to be excluded

3. How will the program be utilized to serve targeted youth in your municipality? **(100 words or less)** Rockland is working toward developing an organizational culture that is rooted in Trauma-Informed Services. Staff will continue to 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.

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? All

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

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

7. What projected outcomes were met and how were they met? **(100 words or less)** Rockland has successfully created the foundation of developing an organizational culture that is rooted in Trauma-Informed Practices & Services, via initial training and coaching for all staff, and development of the implementation team to continue driving awareness on Trauma-Informed Practices to ensure an organizational cultural shift. 316 Rockland County DSS employees have been trained in Trauma-Informed Practices, 126 of the 316 employees have had additional follow ups and coaching sessions. By the end of September, we will have the remaining workforce (30) trained, which will be a total of 346 employees.

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)** N/A

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

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

11. What amount of rollover funds from the previous STSJ PY will be spent on this program? \$22,948

|                                   |                |                       |
|-----------------------------------|----------------|-----------------------|
| <b>STSJP Program 3</b>            |                |                       |
| 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<br>( ) - | Ext                   |

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

|  |
|--|
| 8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? ( <b>100 words or less</b> ) |
| 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? 0  |

|  |   |  |
|--|---|--|
| <b>STSJP Program 4</b>   |   |  |
| STSJP Program 4 Name:<br>Prosocial Activities for Younger Youth  |   | STSJP Program 4 Type:<br><b>Prevention</b> |
| STSJP Program 4 Operating Agency:<br>Rockland County Department of Social Services, Children and Family Services |   |  |
| Program Mailing Address<br>50 Sanatorium Road, Building C  |   |  |
| Address Line 2<br>N/A  |   |  |
| City<br>Pomona   | State<br>NY                             | Zip Code<br>10970                          |
| Contact Person for Program<br>Vanessa Torres   | Email<br>vanessa.torres@dfa.state.ny.us |  |
| Title<br>School Liaison Coordinator  | Phone<br>(845) 364 - 3553               | Ext<br>N/A                                 |

|  |                                     |
|--|-------------------------------------|
| <b>STSJP Program 4</b>   | <b>Service Detailed Information</b> |
| 1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 13,500.00  |                                     |
| 2. Please indicate the specific zip codes this program will target. 10977, 10994, 10927, but no zip codes to be excluded.  |                                     |
| 3. How will the program be utilized to serve targeted youth in your municipality? ( <b>100 words or less</b> ) We want to increase the likelihood that youth who qualify or 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 and pay for them 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.   |                                     |
| 4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |                                     |
| 5. What is the projected number of youth who will receive services from this program? 26   |                                     |
| <b>If the STSJP Program 4 received STSJP funds in the previous STSJP PY, answer the questions below.</b>   |                                     |
| 6. Did projected performance outcomes meet expected outcomes? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, <b>answer #7</b> ; If No, <b>skip to #8</b> ; If Partially, <b>answer #7 and #8</b> .   |                                     |
| 7. What projected outcomes were met and how were they met? ( <b>100 words or less</b> ) It was projected that 30 youth would receive prosocial activities. We have been able to provide 25 younger youth with prosocial activities to date (ex: summer school, sports, season pool passes, etc.) and we expect that number to grow. Twelve youth were referred by the Probation Department. It's expected that as we enter the Fall season, more pro-social activities will be identified.   |                                     |
| 8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? ( <b>100 words or less</b> ) STSJP plan was approved by OCFS in February 2019. It took time to create policies, practices and a tracking system for spending the money. Purchases started in April 2019 limiting the amount of time we had to spend the money to a little over 5 months. Although we only spent \$4021.98 to date, more is expected before September 30. Workers are adjusting to the changes in payment structures and the availability of the new funding sources for qualified youth. |                                     |
| 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) N/A  |                                     |
| 10. Total number of youth served by this program during the previous STSJP PY: 25+   |                                     |
| 11. What amount of rollover funds from the previous STSJP PY will be spent on this program? \$2,000  |                                     |

| <b>STSJP Program 5</b>   |                           |  |  |
|--|---------------------------|--|--|
| STSJP Program 5 Name:<br>Prosocial Activities for Younger Youth  |                           | STSJP Program 5 Type:<br><b>Early Intervention</b> |  |
| STSJP Program 5 Operating Agency:<br>Rockland County Department of Social Services, Children and Family Services   |                           |  |  |
| Program Mailing Address<br>50 Sanatorium Road, Building C  |                           |  |  |
| Address Line 2<br>N/A  |                           |  |  |
| City<br>Pomona   | *State<br>NY              | Zip Code<br>10970                                  |  |
| Contact Person for Program<br>Vanessa Torres   |                           | Email<br>vanessa.torres@dfa.state.ny.us            |  |
| Title<br>School Liaison Coordinator  | Phone<br>(845) 364 - 3553 | Ext<br>N/A   |  |
| <b>STSJP Program 5 Service Detailed Information</b>  |                           |  |  |
| 1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 8,500.00   |                           |  |  |
| 2. Please indicate the specific zip codes this program will target. 10977, 10994, 10927, but no zip codes to be excluded.  |                           |  |  |
| 3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b> We want to increase the likelihood that youth who qualify or 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 and pay for them 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.   |                           |  |  |
| 4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |                           |  |  |
| 5. What is the projected number of youth who will receive services from this program? 17   |                           |  |  |
| <b>If the STSJP Program 5 received STSJP funds in the previous STSJP PY, answer the questions below.</b>   |                           |  |  |
| 6. Did projected performance outcomes meet expected outcomes? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, <b>answer #7</b> ; If No, <b>skip to #8</b> ; If Partially, <b>answer #7 and #8</b> .<br>If Yes, <b>answer #7</b> . If No, <b>skip to #8</b> .  |                           |  |  |
| 7. What projected outcomes were met and how were they met? <b>(100 words or less)</b> It was projected that 30 youth would receive prosocial activities. We have been able to provide 25 younger youth with prosocial activities to date (ex: summer school, sports, season pool passes, etc.) and we expect that number to grow. Twelve youth were referred by the Probation Department. It's expected that as we enter the Fall season, more pro-social activities will be identified.   |                           |  |  |
| 8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? <b>(100 words or less)</b> STSJP plan was approved by OCFS in February 2019. It took time to create policies, practices and a tracking system for spending the money. Purchases started in April 2019 limiting the amount of time we had to spend the money to a little over 5 months. Although we only spent \$4021.98 to date, more is expected before September 30. Workers are adjusting to the changes in payment structures and the availability of the new funding sources for qualified youth. |                           |  |  |
| 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) N/A  |                           |  |  |
| 10. Total number of youth served by this program during the previous STSJP PY: 25+   |                           |  |  |
| 11. What amount of rollover funds from the previous STSJP PY will be spent on this program? \$1,000  |                           |  |  |

| <b>STSJP Program 6</b>   |  |  |  |
|--|--|--|--|
| STSJP Program 6 Name:<br>Prosocial Activities for Younger Youth  |  | STSJP Program 6 Type:<br><b>Alternative to Placement</b> |  |
| STSJP Program 6 Operating Agency:<br>Rockland County Department of Social Services, Children and Family Services |  |  |  |
| Program Mailing Address  |  |  |  |

|  |   |                   |
|--|---|-------------------|
| 50 Sanatorium Road, Building C               |   |                   |
| Address Line 2<br>N/A                        |   |                   |
| City<br>Pomona                               | State<br>NY                             | Zip Code<br>10970 |
| Contact Person for Program<br>Vanessa Torres | Email<br>vanessa.torres@dfa.state.ny.us |                   |
| Title<br>School Liaison Coordinator          | Phone<br>(845) 364 - 3553               | Ext<br>N/A        |

| <b>STSJP Program 6</b>   | <b>Service Detailed Information</b> |
|--|-------------------------------------|
| 1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 7,000.00   |                                     |
| 2. Please indicate the specific zip codes this program will target. 10977, 10994, 10927, but no zip codes to be excluded   |                                     |
| 3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b> 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 and pay for them 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.  |                                     |
| 4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |                                     |
| 5. What is the projected number of youth who will receive services from this program? 14   |                                     |
| <b>If the STSJP Program 6 received STSJP funds in the previous STSJP PY, answer the questions below.</b>   |                                     |
| 6. Did projected performance outcomes meet expected outcomes? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, <b>answer #7</b> ; If No, <b>skip to #8</b> ; If Partially, <b>answer #7 and #8</b> .   |                                     |
| 7. What projected outcomes were met and how were they met? <b>(100 words or less)</b> It was projected that 30 youth would receive prosocial activities. We have been able to provide 25 younger youth with prosocial activities to date (ex: summer school, sports, season pool passes, etc.) and we expect that number to grow. Twelve youth were referred by the Probation Department. It's expected that as we enter the Fall season, more pro-social activities will be identified.   |                                     |
| 8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? <b>(100 words or less)</b> STSJP plan was approved by OCFS in February 2019. It took time to create policies, practices and a tracking system for spending the money. Purchases started in April 2019 limiting the amount of time we had to spend the money to a little over 5 months. Although we only spent \$4021.98 to date, more is expected before September 30. Workers are adjusting to the changes in payment structures and the availability of the new funding sources for qualified youth. |                                     |
| 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) N/A  |                                     |
| 10. Total number of youth served by this program during the previous STSJP PY: 25+   |                                     |
| 11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 0  |                                     |

| <b>STSJP Program 7</b>   |   |                   |
|--|---|-------------------|
| STSJP Program 7 Name:<br>Prosocial Activities for Younger Youth  | STSJP Program 7 Type:<br><b>Aftercare</b> |                   |
| STSJP Program 7 Operating Agency:<br>Rockland County Department of Social Services, Children and Family Services |   |                   |
| Program Mailing Address<br>50 Sanatorium Road, Building C  |   |                   |
| Address Line 2<br>N/A  |   |                   |
| City<br>Pomona   | State<br>NY                               | Zip Code<br>10970 |
| Contact Person for Program<br>Vanessa Torres   | Email<br>vanessa.torres@dfa.state.ny.us   |                   |

|                                     |                           |            |
|-------------------------------------|---------------------------|------------|
| Title<br>School Liaison Coordinator | Phone<br>(845) 364 - 3553 | Ext<br>N/A |
|-------------------------------------|---------------------------|------------|

**STSJP Program 7 Service Detailed Information**

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 1,000.00

2. Please indicate the specific zip codes this program will target. 10977, 10994, 10927, but no zip codes excluded

3. 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 or 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 and pay for them 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.

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? 2

**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?  Yes  No  Partially If Yes, **answer #7**; If No, **skip to #8**; If Partially, **answer #7 and #8**.

7. What projected outcomes were met and how were they met? **(100 words or less)** It was projected that 30 youth would receive prosocial activities. We have been able to provide 25 younger youth with prosocial activities to date (ex: summer school, sports, season pool passes, etc.) and we expect that number to grow. Twelve youth were referred by the Probation Department. It's expected that as we enter the Fall season, more pro-social activities will be identified.

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)** STSJP plan was approved by OCFS in February 2019. It took time to create policies, practices and a tracking system for spending the money. Purchases started in April 2019 limiting the amount of time we had to spend the money to a little over 5 months. Although we only spent \$4021.98 to date, more is expected before September 30. Workers are adjusting to the changes in payment structures and the availability of the new funding sources for qualified youth.

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

10. Total number of youth served by this program during the previous STSJP PY: 25+

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

**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<br>( ) - | 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?  Yes  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?  Yes  No  Partially If Yes, **answer #7**; If No, **skip to #8**; If Partially, **answer #7 and #8**.

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

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

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

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

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

|  |   |  |
|--|---|--|
| <b>STSJP Program 9</b>   |   |  |
| STSJP Program 9 Name:<br>Stipends and Wraparound Funds for Younger Youth   |   | STSJP Program 9 Type:<br><b>Prevention</b> |
| STSJP Program 9 Operating Agency:<br>Rockland County Department of Social Services, Children and Family Services |   |  |
| Program Mailing Address<br>50 Sanatorium Road, Building C  |   |  |
| Address Line 2<br>N/A  |   |  |
| City<br>Pomona   | State<br>NY                             | Zip Code<br>10970                          |
| Contact Person for Program<br>Vanessa Torres   | Email<br>vanessa.torres@dfa.state.ny.us |  |
| Title<br>School Liaison Coordinator  | Phone<br>(845) 364 - 3553               | Ext<br>N/A                                 |

|  |                                     |
|--|-------------------------------------|
| <b>STSJP Program 9</b>   | <b>Service Detailed Information</b> |
| 1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 9,000.00   |                                     |
| 2. Please indicate the specific zip codes this program will target. 10977, 10994, 10927, but no zipcodes to be excluded.   |                                     |
| 3. How will the program be utilized to serve targeted youth in your municipality? ( <b>100 words or less</b> ) Wraparound funds will be used as stipends for things like the completion of AIM's Customer Service Certificate Program, Completion of the College/Trade School Visiting Plan, Bravehearts Leadership Opportunities and other STSJP approved programs that would benefit from a stipend to increase youth participation in pro-social peer and family activities and peer leadership opportunities. Money can also be used to support youth with barriers to being able to participate in the STSJP programming or to succeed in school (ex: clothing, uniforms, tools, equipment, laptops, etc.).                 |                                     |
| 4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |                                     |
| 5. What is the projected number of youth who will receive services from this program? 18   |                                     |
| <b>If the STSJP Program 9 received STSJP funds in the previous STSJP PY, answer the questions below.</b>   |                                     |
| 6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially If Yes, <b>answer #7</b> ; If No, <b>skip to #8</b> ; If Partially, <b>answer #7 and #8</b> .   |                                     |
| 7. What projected outcomes were met and how were they met? ( <b>100 words or less</b> ) Thirteen younger youth and one older youth have received wraparound services and stipends. Incentives were given out during class time for participation in the AIM Program. Bravehearts stipends and incentives are still being processed. Both older and younger youth are included in this population. It is expected that our spending will continue through then end of the STSJP year. A barrier that was identified by youth voice was that some youth do not have the capacity to cash a stipend check. We are building in financial training to work with youth on starting and keeping bank accounts with the use of stipends. |                                     |
| 8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? ( <b>100 words or less</b> ) STSJP plan was approved by OCFS in February 2019. It took time to create policies, practices and a tracking system for spending the   |                                     |

- money. Availability for purchases started in April 2019 and the local processes for paying stipends was finalized in August. Now that the processes have been put in place, it is expected that more money will be paid before September 30. Workers are also being trained and they are adjusting to the changes in payment structures and the availability of the new funding sources for qualified youth.
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) N/A
10. Total number of youth served by this program during the previous STSJP PY: 13+
11. What amount of rollover funds from the previous STSJP PY will be spent on this program? \$2,000

|   |   |   |
|---|---|---|
| <b>STSJP Program 10</b>   |   |   |
| STSJP Program 10 Name:<br>Stipends and Wraparound Funds for Younger Youth   |   | STSJP Program 10 Type:<br><b>Early Intervention</b> |
| STSJP Program 10 Operating Agency:<br>Rockland County Department of Social Services, Children and Family Services |   |   |
| Program Mailing Address<br>50 Sanatorium Road, Building C   |   |   |
| Address Line 2<br>N/A   |   |   |
| City<br>Pomona  | State<br>NY                             | Zip Code<br>10970                                   |
| Contact Person for Program<br>Vanessa Torres  | Email<br>vanessa.torres@dfa.state.ny.us |   |
| Title<br>School Liaison Coordinator   | Phone<br>(845) 364 - 3553               | Ext<br>N/A  |

**STSJP Program 10 Service Detailed Information**

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 8,000.00
2. Please indicate the specific zip codes this program will target. 10977, 10994, 10927, but no zipcodes to be excluded.
3. How will the program be utilized to serve targeted youth in your municipality? **(100 words or less)** Wraparound funds will be used as stipends for things like the completion of AIM's Customer Service Certificate Program, Completion of the College/Trade School Visiting Plan, Bravehearts Leadership Opportunities and other STSJP approved programs that would benefit from a stipend to increase youth participation in pro-social peer and family activities and peer leadership opportunities. Money can also be used to support youth with barriers to being able to participate in the STSJP programming or to succeed in school (ex: clothing, uniforms, tools, equipment, laptops, etc.).
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? 16

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

6. Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, **answer #7**; If No, **skip to #8**; If Partially, **answer #7 and #8**.
7. What projected outcomes were met and how were they met? **(100 words or less)** Thirteen younger youth and one older youth have received wraparound services and stipends. Incentives were given out during class time for participation in the AIM Program. Bravehearts stipends and incentives are still being processed. Both older and younger youth are included in this population. It is expected that our spending will continue through then end of the STSJP year. A barrier that was identified by youth voice was that some youth do not have the capacity to cash a stipend check. We are building in financial training to work with youth on starting and keeping bank accounts with the use of stipends.
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)** STSJP plan was approved by OCFS in February 2019. It took time to create policies, practices and a tracking system for spending the money. Availability for purchases started in April 2019 and the local processes for paying stipends was finalized in August. Now that the processes have been put in place, it is expected that more money will be paid before September

- 30. Workers are also being trained and they are adjusting to the changes in payment structures and the availability of the new funding sources for qualified youth.
- 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) N/A
- 10. Total number of youth served by this program during the previous STSJP PY: 13+
- 11. What amount of rollover funds from the previous STSJP PY will be spent on this program? \$1,000

|   |   |   |
|---|---|---|
| <b>STSJP Program 11</b>   |   |   |
| STSJP Program 11 Name:<br>Stipends and Wraparound Funds for Younger Youth   |   | STSJP Program 11 Type:<br><b>Alternative to Placement</b> |
| STSJP Program 11 Operating Agency:<br>Rockland County Department of Social Services, Children and Family Services |   |   |
| Program Mailing Address<br>50 Sanatorium Road, Building C   |   |   |
| Address Line 2<br>N/A   |   |   |
| City<br>Pomona  | State<br>NY                             | Zip Code<br>10970   |
| Contact Person for Program<br>Vanessa Torres  | Email<br>vanessa.torres@dfa.state.ny.us |   |
| Title<br>School Liaison Coordinator   | Phone<br>(845) 364 - 3553               | Ext<br>N/A  |

**STSJP Program 11 Service Detailed Information**

- 1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 5,000.00
- 2. Please indicate the specific zip codes this program will target. 10977, 10994, 10927, but no zipcodes to be excluded.
- 3. How will the program be utilized to serve targeted youth in your municipality? **(100 words or less)** Wraparound funds will be used as stipends for things like the completion of AIM's Customer Service Certificate Program, Completion of the College/Trade School Visiting Plan, Bravehearts Leadership Opportunities and other STSJP approved programs that would benefit from a stipend to increase youth participation in pro-social peer and family activities and peer leadership opportunities. Money can also be used to support youth with barriers to being able to participate in the STSJP programming or to succeed in school (ex: clothing, uniforms, tools, equipment, laptops, etc.).
- 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? 10

**If the STSJP Program 11 received STSJP funds in the previous STSJP PY, answer the questions below.**

- 6. Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, **answer #7**; If No, **skip to #8**; If Partially, **answer #7 and #8**.
- 7. What projected outcomes were met and how were they met? **(100 words or less)** Thirteen younger youth and one older youth have received wraparound services and stipends. Incentives were given out during class time for participation in the AIM Program. Bravehearts stipends and incentives are still being processed. Both older and younger youth are included in this population. It is expected that our spending will continue through then end of the STSJP year. A barrier that was identified by youth voice was that some youth do not have the capacity to cash a stipend check. We are building in financial training to work with youth on starting and keeping bank accounts with the use of stipends.
- 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)** STSJP plan was approved by OCFS in February 2019. It took time to create policies, practices and a tracking system for spending the money. Availability for purchases started in April 2019 and the local processes for paying stipends was finalized in August. Now that the processes have been put in place, it is expected that more money will be paid before September 30. Workers are also being trained and they are adjusting to the changes in payment structures and the availability of the new funding sources for qualified youth.

- 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) N/A
- 10. Total number of youth served by this program during the previous STSJP PY: 13+
- 11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 0

|   |   |  |
|---|---|--|
| <b>STSJP Program 12</b>   |   |  |
| STSJP Program 12 Name:<br>Stipends and Wraparound Funds for Younger Youth   |   | STSJP Program 12 Type:<br><b>Aftercare</b> |
| STSJP Program 12 Operating Agency:<br>Rockland County Department of Social Services, Children and Family Services |   |  |
| Program Mailing Address<br>50 Sanatorium Road, Building C   |   |  |
| Address Line 2<br>N/A   |   |  |
| City<br>Pomona  | State<br>NY                             | Zip Code<br>10970                          |
| Contact Person for Program<br>Vanessa Torres  | Email<br>vanessa.torres@dfa.state.ny.us |  |
| Title<br>School Liaison Coordinator   | Phone<br>(845) 364 - 3553               | Ext<br>N/A                                 |

**STSJP Program 12 Service Detailed Information**

- 1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 1,500.00
- 2. Please indicate the specific zip codes this program will target. 10977, 10994, 10927, but no zipcodes will be excluded.
- 3. How will the program be utilized to serve targeted youth in your municipality? (**100 words or less**) Wraparound funds will be used as stipends for things like the completion of AIM's Customer Service Certificate Program, Completion of the College/Trade School Visiting Plan, Bravehearts Leadership Opportunities and other STSJP approved programs that would benefit from a stipend to increase youth participation in pro-social peer and family activities and peer leadership opportunities. Money can also be used to support youth with barriers to being able to participate in the STSJP programming or to succeed in school (ex: clothing, uniforms, tools, equipment, laptops, etc.).
- 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? 3

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

- 6. Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, **answer #7**; If No, **skip to #8**; If Partially, **answer #7 and #8**.
- 7. What projected outcomes were met and how were they met? (**100 words or less**) Thirteen younger youth and one older youth have received wraparound services and stipends. Incentives were given out during class time for participation in the AIM Program. Bravehearts stipends and incentives are still being processed. Both older and younger youth are included in this population. It is expected that our spending will continue through then end of the STSJP year. A barrier that was identified by youth voice was that some youth do not have the capacity to cash a stipend check. We are building in financial training to work with youth on starting and keeping bank accounts with the use of stipends.
- 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**) STSJP plan was approved by OCFS in February 2019. It took time to create policies, practices and a tracking system for spending the money. Availability for purchases started in April 2019 and the local processes for paying stipends was finalized in August. Now that the processes have been put in place, it is expected that more money will be paid before September 30. Workers are also being trained and they are adjusting to the changes in payment structures and the availability of the new funding sources for qualified youth.

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

10. Total number of youth served by this program during the previous STSJP PY: 13+

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

## **PART II – STSJP-RTA PROGRAMS**

### **SECTION 1 STSJP RTA PLAN AMOUNTS**

#### **Expenses**

|                             |              |
|-----------------------------|--------------|
| 1. RTA-approved plan amount | \$ 83,188.00 |
| 2. Total program expenses   | \$ 83,188.00 |

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

| <b>Program Name</b>  | <b>Total Program Expenses</b> |
|--|-------------------------------|
| STSJP-RTA Program 1<br>Rockland Bravehearts for Older Youth –<br>Alternatives to Placement | \$ 6,245.60                   |
| STSJP-RTA Program 2<br>Rockland Bravehearts for Older Youth –<br>Aftercare/Reentry         | \$ 3,122.80                   |
| STSJP-RTA Program 3<br>Tutoring Services for Older Youth –<br>Prevention                   | \$ 1,417.24                   |
| STSJP-RTA Program 4<br>Tutoring Services for Older Youth –<br>Early Intervention           | \$ 8,503.44                   |
| STSJP-RTA Program 5<br>Tutoring Services for Older Youth –<br>Alternatives to Placement    | \$ 8,503.44                   |
| STSJP-RTA Program 6<br>Tutoring Services for Older Youth –<br>Aftercare/Reentry            | \$ 1,417.24                   |
| <b>TOTAL</b>   | <b>\$ 29,210</b>              |



**STSJP-RTA PROGRAMMING DETAILS**

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

**STSJP-RTA Program 1**

|  |  |  |                   |
|--|--|--|-------------------|
| Program 1 Name:<br>Rockland Bravehearts for Older Youth (Peer Mentoring)                                   |  | Program 1 Type:<br><b>Alternative to Placement</b> |                   |
| Program 1 Operating Agency:<br>Rockland County Department of Social Services, Children and Family Services |  |  |                   |
| Program Mailing Address<br>50 Sanatorium Road, Bldg. C   |  |  |                   |
| Address Line 2<br>N/A  |  |  |                   |
| City<br>Pomona   |  | State<br>NY  | Zip Code<br>10970 |
| Contact Person for Program<br>Barbara Gavin  |  | Email<br>barbara.gavin@dfa.state.ny.us             |                   |
| Title<br>Director of Social Services   |  | Phone<br>(845) 364 - 3554                          | Ext<br>N/A        |

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

- The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 6,245.60
  - Please indicate the specific zip codes this program will target. 10977, 10994, 10927, but no zip codes will be excluded.
  - 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 RTA youth and /or 16 and 17 year old youth.
  - 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? 4
- If the STSJP-RTA Program 1 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.**
- Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, **answer #7**; if No, **skip to #8**; if Partially, **answer #7 and #8**.
  - What projected outcomes were met and how were they met? (**100 word or less**) The contract with Children's Village, Bravehearts Program, began in January 2019. Weekly Bravehearts Meetings are held every Thursday evening at the Haverstraw Center. A total of 19 youth are participating in the program including 8 youth under the age of 16 and 11 youth over the age of 16. Numerous leadership events and engagement activities have taken place throughout the year (ex: MH awareness month and bake sale at the mall, a national conference, SAMHSA Review, leadership boards etc). Bravehearts has representation on 2 county boards and is developing youth leadership and youth voice in county level policy decisions.
  - 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**) It was projected that more of the younger youth than the older youth would become engaged with the Bravehearts. However, more older youth are becoming engaged. This will switch the need for more funding to the STSJP-RTA Populations. Rockland is pleased that more of the older youth are participating in this prosocial and skill based development programming.
  - What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 90
  - Total number of youth served by this program during the previous STSJP-RTA PY: 11+

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

**STSJP-RTA Program 2**

|  |  |  |                   |
|--|--|--|-------------------|
| Program 2 Name:<br>Rockland Bravehearts for Older Youth (Peer Mentoring)                                   |  | Program 2 Type:<br>Aftercare           |                   |
| Program 2 Operating Agency:<br>Rockland County Department of Social Services, Children and Family Services |  |  |                   |
| Program Mailing Address<br>50 Sanatorium Road, Bldg. C   |  |  |                   |
| Address Line 2<br>N/A  |  |  |                   |
| City<br>Pomona   |  | State<br>NY                            | Zip Code<br>10970 |
| Contact Person for Program<br>Barbara Gavin  |  | Email<br>barbara.gavin@dfa.state.ny.us |                   |
| Title<br>Director of Social Services   |  | Phone<br>(845) 364 - 3554              | Ext<br>N/A        |

**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? \$ 3,122.80

2. Please indicate the specific zip codes this program will target. 10977, 10994, 10927, but no zip codes will be excluded.

3. 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 RTA youth and/ or 16 and 17 year old youth.

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? 2

**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?  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)** The contract with Children's Village, Bravehearts Program, began in January 2019. Weekly Bravehearts Meetings are held every Thursday evening at the Haverstraw Center. A total of 19 youth are participating in the program including 8 youth under the age of 16 and 11 youth over the age of 16. Numerous leadership events and engagement activities have taken place throughout the year (ex: MH awareness month and bake sale at the mall, a national conference, SAMHSA Review, leadership boards etc). Bravehearts has representation on 2 county boards and is developing youth leadership and youth voice in county level policy decisions.

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)** It was projected that more of the younger youth than the older youth would become engaged with the Bravehearts. However, more older youth are becoming engaged. This will switch the need for more funding to the STSJP-RTA Populations. Rockland is pleased that more of the older youth are participating in this prosocial and skill based development programming.

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 90

10. Total number of youth served by this program during the previous STSJP-RTA PY: 11+

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

**STSJP-RTA Program 3**

|   |                           |   |  |
|---|---------------------------|---|--|
| <b>Program 3 Name:</b><br>Tutoring Services for Older Youth   |                           | <b>Program 3 Type:</b><br>Prevention    |  |
| <b>Program 3 Operating Agency:</b><br>Rockland County Department of Social Services, Children and Family Services |                           |   |  |
| Program Mailing Address<br>50 Sanatorium Road, Bldg. C  |                           |   |  |
| Address Line 2<br>N/A   |                           |   |  |
| City<br>Pomona  | State<br>NY               | Zip Code<br>10970                       |  |
| Contact Person for Program<br>Vanessa Torres  |                           | Email<br>vanessa.torres@dfa.state.ny.us |  |
| Title<br>School Liaison Coordinator   | Phone<br>(845) 364 - 3553 | Ext<br>N/A                              |  |

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

- The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 1,417.24
  - Please indicate the specific zip codes this program will target. 10977, 10994, 10927, but no zip codes will be excluded.
  - 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 RTA youth and/or 16 and 17 year old youth catch up and/or support their educational progress.
  - 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? 1
- If the STSJP-RTA Program 3 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.**
- Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.
  - What projected outcomes were met and how were they met? **(100 word or less)** In August 2019, Rockland contracted with a provider for tutoring services to our youth. To date 5 older youth are receiving tutoring services. It is expected that this number will increase before the end of Septmeber.
  - 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)** Rockland's STSJP plan was not approved until April 2018, which delayed the ability to contract for services. There were complications with finding a provider due to the liability insurance requirements for the service providers. Rockland completed an RFP process and contracted with a provider in August 2019.
  - What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) N/A
  - Total number of youth served by this program during the previous STSJP-RTA PY: 5+
  - What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program? 0

**STSJP-RTA Program 4**

|   |  |  |  |
|---|--|--|--|
| <b>Program 4 Name:</b><br>Tutoring Services for Older Youth   |  | <b>Program 4 Type:</b><br>Early Intervention |  |
| <b>Program 4 Operating Agency:</b><br>Rockland County Department of Social Services, Children and Family Services |  |  |  |
| Program Mailing Address<br>50 Sanatorium Road, Bldg. C  |  |  |  |
| Address Line 2<br>N/A   |  |  |  |

|  |   |                   |
|--|---|-------------------|
| City<br>Pomona                               | State<br>NY                             | Zip Code<br>10970 |
| Contact Person for Program<br>Vanessa Torres | Email<br>vanessa.torres@dfa.state.ny.us |                   |
| Title<br>School Liaison Coordinator          | Phone<br>(845) 364 - 3553               | Ext<br>N/A        |

| <b>STSJP-RTA Program 4</b>  | <b>Service Detailed Information</b> |
|---|-------------------------------------|
| 1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 8,503.44  |                                     |
| 2. Please indicate the specific zip codes this program will target. 10977, 10994, 10927, but no zip codes will be excluded.   |                                     |
| 3. How will the program be utilized to serve targeted youth in your municipality? ( <b>100 words or less</b> ) 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 RTA youth and/or 16 and 17 year old youth catch up and/or support their educational progress. |                                     |
| 4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                     |
| 5. What is the projected number of youth who will receive services from this program? 6   |                                     |
| <b>If the STSJP-RTA Program 4 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.</b>  |                                     |
| 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? ( <b>100 word or less</b> ) In August 2019, Rockland contracted with a provider for tutoring services to our youth. To date 5 older youth are receiving tutoring services. It is expected that this number will increase before the end of Septmeber.  |                                     |
| 8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? ( <b>100 words or less</b> ) Rockland's STSJP plan was not approved until April 2018, which delayed the ability to contract for services. There were complications with finding a provider due to the liability insurance requirements for the service providers. Rockland completed an RFP process and contracted with a provider in August 2019.              |                                     |
| 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) N/A   |                                     |
| 10. Total number of youth served by this program during the previous STSJP-RTA PY: 5+   |                                     |
| 11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program? 0   |                                     |

| <b>STSJP-RTA Program 5</b>   |  |                   |
|--|--|-------------------|
| Program 5 Name:<br>Tutoring Services for Older Youth   | Program 5 Type:<br><b>Alternative to Placement</b> |                   |
| Program 5 Operating Agency:<br>Rockland County Department of Social Services, Children and Family Services |  |                   |
| Program Mailing Address<br>50 Sanatorium Road, Bldg. C   |  |                   |
| Address Line 2<br>N/A  |  |                   |
| City<br>Pomona   | State<br>NY  | Zip Code<br>10970 |
| Contact Person for Program<br>Vanessa Torres   | Email<br>vanessa.torres@dfa.state.ny.us            |                   |
| Title<br>School Liaison Coordinator  | Phone<br>(845) 364 - 3553                          | Ext<br>N/A        |

| <b>STSJP-RTA Program 5</b>   | <b>Service Detailed Information</b> |
|--|-------------------------------------|
| 1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 8,503.44 |                                     |

2. Please indicate the specific zip codes this program will target. 10977, 10994, 10927, but no zip codes will be excluded.

3. 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 RTA youth and /or 16 and 17 year old youth catch up and/or support their educational progress.

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? 6

**If the STSJP-RTA Program 5 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.**

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

7. What projected outcomes were met and how were they met? **(100 word or less)** In August 2019, Rockland contracted with a provider for tutoring services to our youth. To date 5 older youth are receiving tutoring services. It is expected that this number will increase before the end of Septmeber.

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)** Rockland's STSJP plan was not approved until April 2018, which delayed the ability to contract for services. There were complications with finding a provider due to the liability insurance requirements for the service providers. Rockland completed an RFP process and contracted with a provider in August 2019.

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

10. Total number of youth served by this program during the previous STSJP-RTA PY: 5+

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

**STSJP-RTA Program 6**

|   |                                  |  |  |
|---|----------------------------------|--|--|
| <b>Program 6 Name:</b><br>Tutoring Services for Older Youth   |                                  | <b>Program 6 Type:</b><br>Aftercare            |  |
| <b>Program 6 Operating Agency:</b><br>Rockland County Department of Social Services, Children and Family Services |                                  |  |  |
| <b>Program Mailing Address</b><br>50 Sanatorium Road, Bldg. C   |                                  |  |  |
| <b>Address Line 2</b><br>N/A  |                                  |  |  |
| <b>City</b><br>Pomona   | <b>State</b><br>NY               | <b>Zip Code</b><br>10970                       |  |
| <b>Contact Person for Program</b><br>Vanessa Torres   |                                  | <b>Email</b><br>vanessa.torres@dfa.state.ny.us |  |
| <b>Title</b><br>School Liaison Coordinator  | <b>Phone</b><br>(845) 364 - 3553 | <b>Ext</b><br>N/A                              |  |

|   |                                     |
|---|-------------------------------------|
| <b>STSJP-RTA Program 6</b>  | <b>Service Detailed Information</b> |
| 1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 1,417.24  |                                     |
| 2. Please indicate the specific zip codes this program will target. 10977, 10994, 10927, but no zipcodes will be excluded.  |                                     |
| 3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b> 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 RTA youth and/or 16 and 17 year old youth catch up and/or support their educational progress. |                                     |

|   |
|---|
| 4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |
| 5. What is the projected number of youth who will receive services from this program? 1   |
| <b>If the STSJP-RTA Program 6 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.</b>  |
| 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 word or less) In August 2019, Rockland contracted with a provider for tutoring services to our youth. To date 5 older youth are receiving tutoring services. It is expected that this number will increase before the end of Septmeber.   |
| 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) Rockland's STSJP plan was not approved until April 2018, which delayed the ability to contract for services. There were complications with finding a provider due to the liability insurance requirements for the service providers. Rockland completed an RFP process and contracted with a provider in August 2019. |
| 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) N/A   |
| 10. Total number of youth served by this program during the previous STSJP-RTA PY: 5+   |
| 11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program? 0   |

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

**SECTION 1 Overall Analysis**

**A. Overall Analysis of Communities**

Discuss and identify the neighborhoods or communities by zip codes or areas from which the highest number of Youthful Offenders (YO), Adolescent Offenders (AO), Juvenile Delinquents (JD) and Persons in Need of Supervision (PINS) enter the youth justice system, and the factors that may be contributing. For 2019, Rockland had 16 cases from the Spring Valley Police Department (10977) and 14 cases from the Ramapo Police Department (10901, 10952, 10970, 10965 and 10974), which included AO, JO and JD's cases. These police department service areas that are densely populated and ethnically diverse. Clarkstown Police, which covers our county's two major malls, had the next highest amount with 9 arrests. PINS Diverstion services being provided through our Department of Social Services Adolescent Unit includes 42 youth and their families so far in 2019. On average we service about 75 to 80 families per year in this unit. A majority of these youth originate from the 10977 and 10927 zip codes.

**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. Although Rockland has significantly decreased our reliance on PINS petitions, detention and placement, we continue to see racial disparities in our 2018 PINS data. With Black youth only representing 9% of our population, they represent 80% (4 youth) of our detention admissions. White youth represent 63% of the population and there were no White youth placed in detention. Hispanic youth represent 23% of the population with 1 youth in detention (20%). Black youth had the longest average length of stay in detention with 39 days compared to White youth who had zero days and Hispanic youth who had 1 day. Two (50%) Black youth were placed compared to no white youth being placed and 2 (50%) Hispanic youth being placed. In 2019, Rockland has continued to decrease our reliance on placements with one Black youth being placed on a JD and 1 White youth being placed as an AO.

If such disparity exists, describe how this STSJP plan addresses the issues of disparity. Rockland County has a Race Equity and Cultural Competence (RECC) Advisory Board that provides on-going training, analysis of the data, and strategic planning around the reduction of the disproportionality and disparities in our systems. Probation, Mental Health and BOCES have recently been added to this Board.

Rockland is continuing to work on strategically strengthening services to support parents and at-risk youth, so that most youth can remain safely in the community or transition more expeditiously back into the community. The plan is to tighten the access to the court while strenthening our community based services to all youth and their families as early as possible, regardless of race and ethnicity. Through our Raise the Age Plan, we have services to support

parents to outlast their children's behaviors while minimizing risk-taking behaviors. Our STSJ, STSJ-RTA and RTA plans are focused on strengthening the youth's potential for achievement with feedback loops that reward their incremental successes in school, social situation with peers, leadership development, youth employment and transitioning into youth employment, college, trade schools and career paths. So, as the youths' brains continue to develop and mature, they will be in a good position to become independent of the systems and without labels or the repercussions of unnecessary losses.

**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)** Rockland County Probation and the Department of Social Services are working hard to improve long-term outcomes for all youth. We have structured gatekeeping meetings to protect the access to the courts. We have transitioned all youth placed on PINS petitions back into the community, with the exception of one youth, who we expect to be returned in November 2019. Staff have already been advised that unless there is a dire emergency for a youth, which would need the Director of Probation and the Commissioner of Social Service's approval, that PINS placements are no longer available. So, we are expecting our Placements to remain close to zero, if not zero. We assessed our non-secure detention usage (which has only been used for PINS youth in the past three years). We have already demonstrated a reduction in detention placements starting in 2017 with 173 days of non-secure detention for 12 youth, to 157 for 11 youth in 2018, and 30 days for 4 youth in 2019. We have decided to terminate our non-secure detention contract since we will no longer be using detention for PINS youth. We are continuing to look at our placement options for other vehicles that have access to the court. We are strategizing around using short term placements to stabilize crisis' including mental health and substance abuse. We are also strategizing around creating a network of therapeutic foster homes, so we can keep youth who need to be stabilized in the community and surrounded by the network of resources we are developing to stabilize our youth close to home. This is very important because Rockland does not have any Residential Treatment Centers or Group Homes located within the county.

**SECTION 3 COLLABORATION SECTION**

As per STSJ legislation, collaboration is required. Please describe your municipality's activities in developing this year's STSJ plan in collaboration with local agencies responsible for probation, law enforcement, detention, diversion, social services, courts, services providers, schools, and youth development programs. Rockland is working diligently on implementing 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 the Partnership for Safe and Healthy Youth, includes the District Attorney's Office, Mental Health, Probation, BOCES (representing schools), youth and family voice, and DSS. Secondary stakeholders include the Family Court, Justice Court, police, schools and community providers. Stakeholders are collaborating by sharing information, resources and influences to keep youth in the community and in school, coordinating cross-system referrals of high-risk youth, coordinating cross-systems referrals of youth already touching the system(s), diverting youth from going deeper into the system, and incorporating the support of evidenced based and other successful programs and supports.

**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: N/A
2. Describe how personnel will be compensated across and between counties in the cooperative: N/A
3. If a single fiscal officer will be the custodian of the funds made available for STSJ, please provide the officer's name and contact information: N/A

**PART IV – PLAN APPROVAL**

|   |  |  |  |
|---|--|--|--|
| <b>SECTION 1</b>  |  | <b>APPROVAL OF THE CHIEF EXECUTIVE OFFICER</b> |  |
| As STSJP Lead for SEE ATTACHMENT V municipality, I certify that the CEO SEE ATTACHMENT V has reviewed and approved the 20 STSJP plan. |  |  |  |
| Date: SEE ATTACHMENT V / SEE ATTACHMENT V / SEE ATTACHMENT V  |  | User ID: SEE ATTACHMENT V                      |  |
| Print name: SEE ATTACHMENT V  |  |  |  |
| <b>SECTION 2</b>  |  | <b>APPROVAL OF THE OCFS PROGRAM LEAD</b>       |  |
| As OCFS STSJP reviewer. I certify that I approve of this STSJP plan for municipality, for 20 .  |  |  |  |
| Date: / /   |  | User ID:                                       |  |
| Print name:   |  |  |  |

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 09 / 04 / 2019**

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

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

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

**Please direct any STSJP plan questions to:**

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

|  |   |
|--|---|
| <b>MUNICIPALITY INFORMATION</b>  |   |
| NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION:<br>Rockland County |   |
| PART III   |   |
| LEAD AGENCY FOR STSJP SUBMISSION:<br>Department of Social Services     | NAME OF CONTACT PERSON:<br>Barbara Gavin  |
| CONTACT PERSON'S PHONE NUMBER:<br>845-364-3554                         | CONTACT PERSON'S EMAIL ADDRESS:<br><a href="mailto:barbara.gavin@dfa.state.ny.us">barbara.gavin@dfa.state.ny.us</a> |

|   |
|---|
| <b>PLAN SUBMISSION INSTRUCTIONS</b>   |
| Instructions for submitting an STSJP plan for OCFS review: <ol style="list-style-type: none"> <li>a. Once you have opened this form on your computer, please immediately use the "Save As" function in Microsoft Word to save a copy;</li> <li>b. Save your application using the file name "STSJP 2019-2020 Annual Plan – (Name of County)";</li> <li>c. Work from the "saved" application document, using it to record all of your municipality information;</li> <li>d. Once you have completed entering the required data, save the document.</li> </ol> <p>Send the completed application to OCFS via the STSJP email address at: <a href="mailto:stsjp@ocfs.ny.gov">stsjp@ocfs.ny.gov</a></p> |

**PART I – STSJP PROGRAMS**

| SECTION 1   | PLAN AMOUNTS |               |
|---|--------------|---------------|
| <b>EXPENSES</b>   |              |               |
| 1. Total program expenses   |              | \$ 144,993.55 |
| 2. State reimbursement  |              | \$ 89,896     |
| 3. Local share amount   |              | \$ 55,097.55  |
| <b>Reimbursements for the plan (Enter all amounts that are applicable.)</b> |              |               |
| 4. STSJP allocation amount  | \$ 44,948    |               |
| 5. STSJP local approved plan amount   |              | \$ 44,948     |
| 6. Detention approved amount shifted to STSJP                               |              | \$ 0          |
| 7. PY rollover approved amount  |              | \$ 44,948     |
| 8. Total approved amounts for state reimbursement                           |              | \$ 89,896     |

| SECTION 2   | LIST OF STSJP PROGRAMS TO BE FUNDED |                             |   |
|---|-------------------------------------|-----------------------------|---|
| Program Name  | Local Share<br>(38 percent)         | State Share<br>(62 percent) | Total Program Expenses<br>(100 percent) |
| STSJP Program 1   | \$                                  | \$                          | \$                                      |
| STSJP Program 2<br>Youth Bureau Training &<br>Employment for Younger<br>Youth –Prevention | \$ 760.00                           | \$ 1,240.00                 | \$ 2,000.00                             |

|  |           |           |             |
|--|-----------|-----------|-------------|
| STSJP Program 3<br>Youth Bureau Training &<br>Employment for Younger<br>Youth –<br>Early Intervention        | \$ 380.00 | \$ 620.00 | \$ 1,000.00 |
| STSJP Program 4<br>Youth Bureau Training &<br>Employment for Younger<br>Youth –<br>Alternatives to Placement | \$ 380.00 | \$ 620.00 | \$ 1,000.00 |
| STSJP Program 5<br>Youth Bureau Training &<br>Employment for Younger<br>Youth –<br>Aftercare/Reentry         | \$ 380.00 | \$ 620.00 | \$ 1,000.00 |
| STSJP Program 6<br>N/A   | \$ N/A    | \$ N/A    | \$ N/A      |
| STSJP Program 7<br>N/A   | \$ N/A    | \$ N/A    | \$ N/A      |
| STSJP Program 8<br>N/A   | \$ N/A    | \$ N/A    | \$ N/A      |
| STSJP Program 9<br>N/A   | \$ N/A    | \$ N/A    | \$ N/A      |
| STSJP Program 10<br>N/A  | \$ N/A    | \$ N/A    | \$ N/A      |
| STSJP Program 11<br>N/A  | \$ N/A    | \$ N/A    | \$ N/A      |
| STSJP Program 12<br>N/A  | \$ N/A    | \$ N/A    | \$ N/A      |
| <b>TOTAL</b>   |           |           | \$ 5,000    |

**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.**

|                                   |  |                       |          |
|-----------------------------------|--|-----------------------|----------|
| <b>STSJP Program 1</b>            |  |                       |          |
| STSJP Program 1 Name:             |  | STSJP Program 1 Type: |          |
| STSJP Program 1 Operating Agency: |  |                       |          |
| Program Mailing Address           |  |                       |          |
| Address Line 2                    |  |                       |          |
| City                              |  | State                 | Zip Code |
| Contact Person for Program        |  | Email                 |          |
| Title                             |  | Phone<br>( ) -        | Ext      |

**STSJP Program 1 Service Detailed Information**

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

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

|   |  |                   |
|---|--|-------------------|
| <b>STSJP Program 2</b>  |  |                   |
| STSJP Program 2 Name:<br>Youth Bureau Training & Employment for Younger Youth | STSJP Program 2 Type:<br><b>Prevention</b> |                   |
| STSJP Program 2 Operating Agency:<br>Rockland County Youth Bureau             |  |                   |
| Program Mailing Address<br>50 Sanatorium Road, Building A, 7th Floor          |  |                   |
| Address Line 2<br>N/A   |  |                   |
| City<br>Pomona  | State<br>NY                                | Zip Code<br>10970 |
| Contact Person for Program<br>Phyllis Morena                                  | Email<br>MorenaP@co.rockland.ny.us         |                   |
| Title<br>Youth Bureau Consultant  | Phone<br>(845) 364 - 2934                  | Ext<br>N/A        |

|   |                                     |
|---|-------------------------------------|
| <b>STSJP Program 2</b>  | <b>Service Detailed Information</b> |
| 1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 2,000.00  |                                     |
| 2. Please indicate the specific zip codes this program will target. 10977, 10994, 10927, but no zip codes will be excluded.   |                                     |
| 3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The Rockland County Youth Bureau has a continuum of services to support youth employment training, mentoring and connections to employment. DSS will utilize the Rockland County Youth Bureau services for assessments, work readiness development, resume writing and employment opportunities for at-risk youth. This will be done either individually or in groups as deemed most appropriate. Youth will gain some employment experience through this program to build into their resume. |                                     |
| 4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                     |
| 5. What is the projected number of youth who will receive services from this program? 2   |                                     |
| <b>If the STSJP Program 2 received STSJP funds in the previous STSJP PY, answer the questions below.</b>  |                                     |
| 6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.   |                                     |
| 7. What projected outcomes were met and how were they met? (100 words or less) N/A  |                                     |
| 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) N/A   |                                     |
| 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) N/A   |                                     |

|   |
|---|
| 10. Total number of youth served by this program during the previous STSJP PY: N/A            |
| 11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 0 |

|   |  |                   |
|---|--|-------------------|
| <b>STSJP Program 3</b>  |  |                   |
| STSJP Program 3 Name:<br>Youth Bureau Training & Employment for Younger Youth | STSJP Program 3 Type:<br><b>Early Intervention</b> |                   |
| STSJP Program 3 Operating Agency:<br>Rockland County Youth Bureau             |  |                   |
| Program Mailing Address<br>50 Sanatorium Road, Building A, 7th Floor          |  |                   |
| Address Line 2<br>N/A   |  |                   |
| City<br>Pomona  | State<br>NY  | Zip Code<br>10970 |
| Contact Person for Program<br>Phyllis Morena                                  | Email<br>MorenaP@co.rockland.ny.us                 |                   |
| Title<br>Youth Bureau Consultant  | Phone<br>(845) 364 - 2934                          | Ext<br>N/A        |

|  |                                     |
|--|-------------------------------------|
| <b>STSJP Program 3</b>   | <b>Service Detailed Information</b> |
| 1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 1,000.00   |                                     |
| 2. Please indicate the specific zip codes this program will target. 10977, 10994, 10927, but no zip codes will be excluded.  |                                     |
| 3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b> The Rockland County Youth Bureau has a continuum of services to support youth employment training, mentoring and connections to employment. DSS will utilize the Rockland County Youth Bureau services for assessments, work readiness development, resume writing and employment opportunities for at-risk youth. This will be done either individually or in groups as deemed most appropriate. Youth will gain some employment experience through this program to build into their resume. |                                     |
| 4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |                                     |
| 5. What is the projected number of youth who will receive services from this program? 1  |                                     |
| <b>If the STSJP Program 3 received STSJP funds in the previous STSJP PY, answer the questions below.</b>   |                                     |
| 6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, <b>answer #7</b> ; If No, <b>skip to #8</b> ; If Partially, <b>answer #7 and #8</b> .  |                                     |
| 7. What projected outcomes were met and how were they met? <b>(100 words or less)</b> N/A  |                                     |
| 8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? <b>(100 words or less)</b> N/A   |                                     |
| 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) N/A  |                                     |
| 10. Total number of youth served by this program during the previous STSJP PY: N/A   |                                     |
| 11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 0  |                                     |

|   |  |  |
|---|--|--|
| <b>STSJP Program 4</b>  |  |  |
| STSJP Program 4 Name:<br>Youth Bureau Training & Employment for Younger Youth | STSJP Program 4 Type:<br><b>Alternative to Placement</b> |  |
| STSJP Program 4 Operating Agency:<br>Rockland County Youth Bureau             |  |  |
| Program Mailing Address<br>50 Sanatorium Road, Building A, 7th Floor          |  |  |
| Address Line 2  |  |  |

|  |                                    |                   |
|--|------------------------------------|-------------------|
| City<br>Pomona                               | State<br>NY                        | Zip Code<br>10970 |
| Contact Person for Program<br>Phyllis Morena | Email<br>MorenaP@co.rockland.ny.us |                   |
| Title<br>Youth Bureau Consultant             | Phone<br>(845) 364 - 2934          | Ext<br>N/A        |

**STSJP Program 4 Service Detailed Information**

|  |
|--|
| 1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 1,000.00   |
| 2. Please indicate the specific zip codes this program will target. 10977, 10994, 10927, but no zip codes will be excluded.  |
| 3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b> The Rockland County Youth Bureau has a continuum of services to support youth employment training, mentoring and connections to employment. DSS will utilize the Rockland County Youth Bureau services for assessments, work readiness development, resume writing and employment opportunities for at-risk youth. This will be done either individually or in groups as deemed most appropriate. Youth will gain some employment experience through this program to build into their resume. |
| 4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |
| 5. What is the projected number of youth who will receive services from this program? 1  |
| <b>If the STSJP Program 4 received STSJP funds in the previous STSJP PY, answer the questions below.</b>   |
| 6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, <b>answer #7</b> ; If No, <b>skip to #8</b> ; If Partially, <b>answer #7 and #8</b> .  |
| 7. What projected outcomes were met and how were they met? <b>(100 words or less)</b> N/A  |
| 8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? <b>(100 words or less)</b> N/A   |
| 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) N/A  |
| 10. Total number of youth served by this program during the previous STSJP PY: N/A   |
| 11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 0  |

**STSJP Program 5**

|   |   |                   |
|---|---|-------------------|
| STSJP Program 5 Name:<br>Youth Bureau Training & Employment for Younger Youth | STSJP Program 5 Type:<br><b>Aftercare</b> |                   |
| STSJP Program 5 Operating Agency:<br>Rockland County Youth Bureau             |   |                   |
| Program Mailing Address<br>50 Sanatorium Road, Building A, 7th Floor          |   |                   |
| Address Line 2  |   |                   |
| City<br>Pomona  | State<br>NY                               | Zip Code<br>10970 |
| Contact Person for Program<br>Phyllis Morena                                  | Email<br>MorenaP@co.rockland.ny.us        |                   |
| Title<br>Youth Bureau Consultant  | Phone<br>(845) 364 - 2934                 | Ext<br>N/A        |

**STSJP Program 5 Service Detailed Information**

|   |
|---|
| 1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 1,000.00              |
| 2. Please indicate the specific zip codes this program will target. 10977, 10994, 10927, but no zip codes will be excluded. |

3. How will the program be utilized to serve targeted youth in your municipality? **(100 words or less)** The Rockland County Youth Bureau has a continuum of services to support youth employment training, mentoring and connections to employment. DSS will utilize the Rockland County Youth Bureau services for assessments, work readiness development, resume writing and employment opportunities for at-risk youth. This will be done either individually or in groups as deemed most appropriate. Youth will gain some employment experience through this program to build into their resume.

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? 1

**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?  Yes  No  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)** N/A

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)** N/A

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

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

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

|  |                          |                       |  |
|--|--------------------------|-----------------------|--|
| <b>STSJP Program 6</b>                   |                          |                       |  |
| STSJP Program 6 Name:<br>N/A             |                          | STSJP Program 6 Type: |  |
| STSJP Program 6 Operating Agency:<br>N/A |                          |                       |  |
| Program Mailing Address<br>N/A           |                          |                       |  |
| Address Line 2<br>N/A                    |                          |                       |  |
| City<br>N/A                              | State<br>N/A             | Zip Code<br>N/A       |  |
| Contact Person for Program<br>N/A        | Email<br>N/A             |                       |  |
| Title<br>N/A                             | Phone<br>(N/A) N/A - N/A | Ext<br>N/A            |  |

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

|   |
|---|
| 10. Total number of youth served by this program during the previous STSJP PY: N/A            |
| 11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 0 |

|  |                          |                 |
|--|--------------------------|-----------------|
| <b>STSJP Program 7</b>                   |                          |                 |
| STSJP Program 7 Name:<br>N/A             | STSJP Program 7 Type:    |                 |
| STSJP Program 7 Operating Agency:<br>N/A |                          |                 |
| Program Mailing Address<br>N/A           |                          |                 |
| Address Line 2<br>N/A                    |                          |                 |
| City<br>N/A                              | State<br>N/A             | Zip Code<br>N/A |
| Contact Person for Program<br>N/A        | Email<br>N/A             |                 |
| Title<br>N/A                             | Phone<br>(N/A) N/A - N/A | Ext<br>N/A      |

|   |                                     |
|---|-------------------------------------|
| <b>STSJP Program 7</b>  | <b>Service Detailed Information</b> |
| 1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ N/A   |                                     |
| 2. Please indicate the specific zip codes this program will target. N/A, N/A, N/A, N/A  |                                     |
| 3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) N/A   |                                     |
| 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? N/A   |                                     |
| <b>If the STSJP Program 7 received STSJP funds in the previous STSJP PY, answer the questions below.</b>  |                                     |
| 6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8. |                                     |
| 7. What projected outcomes were met and how were they met? (100 words or less) N/A  |                                     |
| 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) N/A                     |                                     |
| 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) N/A   |                                     |
| 10. Total number of youth served by this program during the previous STSJP PY: N/A  |                                     |
| 11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 0   |                                     |

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

|                        |                                     |
|------------------------|-------------------------------------|
| <b>STSJP Program 8</b> | <b>Service Detailed Information</b> |
|------------------------|-------------------------------------|

|   |
|---|
| 1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ N/A   |
| 2. Please indicate the specific zip codes this program will target. N/A, N/A, N/A, N/A  |
| 3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) N/A   |
| 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? N/A   |
| <b>If the STSJP Program 8 received STSJP funds in the previous STSJP PY, answer the questions below.</b>  |
| 6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8. |
| 7. What projected outcomes were met and how were they met? (100 words or less) N/A  |
| 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) N/A                     |
| 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) N/A   |
| 10. Total number of youth served by this program during the previous STSJP PY: N/A  |
| 11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 0   |

**STSJP Program 9**

|  |                          |                       |  |
|--|--------------------------|-----------------------|--|
| STSJP Program 9 Name:<br>N/A             |                          | STSJP Program 9 Type: |  |
| STSJP Program 9 Operating Agency:<br>N/A |                          |                       |  |
| Program Mailing Address<br>N/A           |                          |                       |  |
| Address Line 2<br>N/A                    |                          |                       |  |
| City<br>N/A                              | State<br>N/A             | Zip Code<br>N/A       |  |
| Contact Person for Program<br>N/A        | Email<br>N/A             |                       |  |
| Title<br>N/A                             | Phone<br>(N/A) N/A - N/A | Ext<br>N/A            |  |

**STSJP Program 9 Service Detailed Information**

|   |
|---|
| 1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ N/A   |
| 2. Please indicate the specific zip codes this program will target. N/A, N/A, N/A, N/A  |
| 3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) N/A   |
| 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? N/A   |
| <b>If the STSJP Program 9 received STSJP funds in the previous STSJP PY, answer the questions below.</b>  |
| 6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8. |
| 7. What projected outcomes were met and how were they met? (100 words or less) N/A  |
| 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) N/A                     |
| 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) N/A   |
| 10. Total number of youth served by this program during the previous STSJP PY: N/A  |
| 11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 0   |

**STSJP Program 10**

|   |                          |                        |  |
|---|--------------------------|------------------------|--|
| STJSJ Program 10 Name:<br>N/A             |                          | STJSJ Program 10 Type: |  |
| STJSJ Program 10 Operating Agency:<br>N/A |                          |                        |  |
| Program Mailing Address<br>N/A            |                          |                        |  |
| Address Line 2<br>N/A                     |                          |                        |  |
| City<br>N/A                               | State<br>N/A             | Zip Code<br>N/A        |  |
| Contact Person for Program<br>N/A         | Email<br>N/A             |                        |  |
| Title<br>N/A                              | Phone<br>(N/A) N/A - N/A | Ext<br>N/A             |  |

**STJSJ Program 10 Service Detailed Information**

|   |
|---|
| 1. The amount of STJSJ funds that your jurisdiction will devote to the services from this program? \$ N/A   |
| 2. Please indicate the specific zip codes this program will target. N/A, N/A, N/A, N/A  |
| 3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) N/A   |
| 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? N/A   |
| <b>If the STJSJ Program 10 received STJSJ funds in the previous STJSJ PY, answer the questions below.</b>   |
| 6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8. |
| 7. What projected outcomes were met and how were they met? (100 words or less) N/A  |
| 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) N/A                     |
| 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) N/A   |
| 10. Total number of youth served by this program during the previous STJSJ PY: N/A  |
| 11. What amount of rollover funds from the previous STJSJ PY will be spent on this program? 0   |

**STJSJ Program 11**

|   |                          |                        |  |
|---|--------------------------|------------------------|--|
| STJSJ Program 11 Name:<br>N/A             |                          | STJSJ Program 11 Type: |  |
| STJSJ Program 11 Operating Agency:<br>N/A |                          |                        |  |
| Program Mailing Address<br>N/A            |                          |                        |  |
| Address Line 2<br>N/A                     |                          |                        |  |
| City<br>N/A                               | State<br>N/A             | Zip Code<br>N/A        |  |
| Contact Person for Program<br>N/A         | Email<br>N/A             |                        |  |
| Title<br>N/A                              | Phone<br>(N/A) N/A - N/A | Ext<br>N/A             |  |

**STJSJ Program 11 Service Detailed Information**

|   |
|---|
| 1. The amount of STJSJ funds that your jurisdiction will devote to the services from this program? \$ N/A |
| 2. Please indicate the specific zip codes this program will target. N/A, N/A, N/A, N/A                    |
| 3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) N/A |

|   |
|---|
| 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? N/A   |
| <b>If the STSJP Program 11 received STSJP funds in the previous STSJP PY, answer the questions below.</b>   |
| 6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, <b>answer #7</b> ; If No, <b>skip to #8</b> ; If Partially, <b>answer #7 and #8</b> . |
| 7. What projected outcomes were met and how were they met? (100 words or less) N/A  |
| 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) N/A   |
| 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) N/A   |
| 10. Total number of youth served by this program during the previous STSJP PY: N/A  |
| 11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 0   |

|   |                          |                 |
|---|--------------------------|-----------------|
| <b>STSJP Program 12</b>                   |                          |                 |
| STSJP Program 12 Name:<br>N/A             | STSJP Program 12 Type:   |                 |
| STSJP Program 12 Operating Agency:<br>N/A |                          |                 |
| Program Mailing Address<br>N/A            |                          |                 |
| Address Line 2<br>N/A                     |                          |                 |
| City<br>N/A                               | State<br>N/A             | Zip Code<br>N/A |
| Contact Person for Program<br>N/A         | Email<br>N/A             |                 |
| Title<br>N/A                              | Phone<br>(N/A) N/A - N/A | Ext<br>N/A      |

|   |                                     |
|---|-------------------------------------|
| <b>STSJP Program 12</b>   | <b>Service Detailed Information</b> |
| 1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ N/A   |                                     |
| 2. Please indicate the specific zip codes this program will target. N/A, N/A, N/A, N/A  |                                     |
| 3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) N/A   |                                     |
| 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? N/A   |                                     |
| <b>If the STSJP Program 12 received STSJP funds in the previous STSJP PY, answer the questions below.</b>   |                                     |
| 6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, <b>answer #7</b> ; If No, <b>skip to #8</b> ; If Partially, <b>answer #7 and #8</b> . |                                     |
| 7. What projected outcomes were met and how were they met? (100 words or less) N/A  |                                     |
| 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) N/A   |                                     |
| 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) N/A   |                                     |
| 10. Total number of youth served by this program during the previous STSJP PY: N/A  |                                     |
| 11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 0   |                                     |

|                                     |                               |
|-------------------------------------|-------------------------------|
| <b>PART II – STSJP-RTA PROGRAMS</b> |                               |
| <b>SECTION 1</b>                    | <b>STSJP RTA PLAN AMOUNTS</b> |
| <b>Expenses</b>                     |                               |
| 1. RTA-approved plan amount         | \$ 83,188.00                  |

|  |                               |
|--|-------------------------------|
| 2. Total program expenses  | \$ 83,188.00                  |
| <b>SECTION 2 LIST OF STSJP-RTA PROGRAMS TO BE FUNDED</b>                                   |                               |
| <b>Program Name</b>  | <b>Total Program Expenses</b> |
| STSJP-RTA Program 1  | \$                            |
| STSJP-RTA Program 2<br>Prosocial Activities for Older Youth –<br>Prevention                | \$ 3,000.00                   |
| STSJP-RTA Program 3<br>Prosocial Activities for Older Youth –<br>Early Intervention        | \$ 3,000.00                   |
| STSJP-RTA Program 4<br>Prosocial Activities for Older Youth –<br>Alternatives to Placement | \$ 1,000.00                   |
| STSJP-RTA Program 5<br>Prosocial Activities for Older Youth –<br>Aftercare/Reentry         | \$ 500.00                     |
| STSJP-RTA Program 6<br>N/A   | \$ N/A                        |
| <b>TOTAL</b>   | \$ 7,500.00                   |

**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:             |  | Program 1 Type: |          |
| Program 1 Operating Agency: |  |                 |          |
| Program Mailing Address     |  |                 |          |
| Address Line 2              |  |                 |          |
| City                        |  | State           | Zip Code |
| Contact Person for Program  |  | Email           |          |
| Title                       |  | Phone<br>( ) -  | 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? \$   |
| 2. Please indicate the specific zip codes this program will target.   |
| 3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)   |
| 4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 5. What is the projected number of youth who will receive services from this program?   |
| <b>If the STSJP-RTA Program 1 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.</b>  |
| 6. Did projected performance outcomes meet expected outcomes? <input 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:<br>Prosocial Activities for Older Youth  |  | Program 2 Type:<br>Prevention           |                   |
| Program 2 Operating Agency:<br>Rockland County Department of Social Services, Children and Family Services |  |   |                   |
| Program Mailing Address<br>50 Sanatorium Road  |  |   |                   |
| Address Line 2<br>N/A  |  |   |                   |
| City<br>Pomona   |  | State<br>NY                             | Zip Code<br>10970 |
| Contact Person for Program<br>Vanessa Torres   |  | Email<br>vanessa.torres@dfa.state.ny.us |                   |
| Title<br>School Liaison Coordinator  |  | Phone<br>(845) 364 - 3553               | Ext<br>N/A        |

**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? \$ 3,000.00  |
| 2. Please indicate the specific zip codes this program will target. 10977, 10994, 10927, but no zip codes will be excluded.   |
| 3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b> 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 RTA youth and/or 16 and 17 year old 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.   |
| 4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |
| 5. What is the projected number of youth who will receive services from this program? 6   |
| <b>If the STSJP-RTA Program 2 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.</b>  |
| 6. Did projected performance outcomes meet expected outcomes? <input 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? <b>(100 word or less)</b> It was projected that 15 older youth would receive prosocial activities. We provided 3 older youth with prosocial activities to date (ex: summer school, sports, season pool passes, etc.), but we expect this number to grow. Twelve youth were referred by the Probation Department. It's expected that as we enter the Fall season, more pro-social activities will be identified.  |
| 8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? <b>(100 words or less)</b> STSJP plan was approved by OCFS in February 2019. It took time to create policies, practices and a tracking system for spending the money. Purchases started in April 2019 limiting the amount of time we had to spend the money to a little over 5 months. Workers are adjusting to the changes in payment structures and the availability of the new funding sources for qualified youth. It appears that the younger youth were targeted first to receive services. Between now and September 30, workers will be charged with linking more older youth to pro-social activities. |
| 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) N/A   |
| 10. Total number of youth served by this program during the previous STSJP-RTA PY: 3+   |
| 11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program? 0   |

|  |  |  |                   |
|--|--|--|-------------------|
| <b>STSJP-RTA Program 3</b>   |  |  |                   |
| Program 3 Name:<br>Prosocial Activities for Older Youth  |  | Program 3 Type:<br><b>Early Intervention</b> |                   |
| Program 3 Operating Agency:<br>Rockland County Department of Social Services, Children and Family Services |  |  |                   |
| Program Mailing Address<br>50 Sanatorium Road  |  |  |                   |
| Address Line 2<br>N/A  |  |  |                   |
| City<br>Pomona   |  | State<br>NY                                  | Zip Code<br>10970 |
| Contact Person for Program<br>Vanessa Torres   |  | Email<br>vanessa.torres@dfa.state.ny.us      |                   |
| Title<br>School Liaison Coordinator  |  | Phone<br>(845) 364 - 3553                    | Ext<br>N/A        |

|  |                                     |
|--|-------------------------------------|
| <b>STSJP-RTA Program 3</b>   | <b>Service Detailed Information</b> |
| 1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 3,000.00         |                                     |
| 2. Please indicate the specific zip codes this program will target. 10977, 10994, 10927, but no zipcodes will be excluded. |                                     |

3. 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 RTA youth and/or 16 and 17 year old 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.

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? 6

**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)** It was projected that 15 older youth would receive prosocial activities. We provided 3 older youth with prosocial activities to date (ex: summer school, sports, season pool passes, etc.), but we expect this number to grow. Twelve youth were referred by the Probation Department. It's expected that as we enter the Fall season, more pro-social activities will be identified.

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)** STSJP plan was approved by OCFS in February 2019. It took time to create policies, practices and a tracking system for spending the money. Purchases started in April 2019 limiting the amount of time we had to spend the money to a little over 5 months. Workers are adjusting to the changes in payment structures and the availability of the new funding sources for qualified youth. It appears that the younger youth were targeted first to receive services. Between now and September 30, workers will be charged with linking more older youth to pro-social activities.

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

10. Total number of youth served by this program during the previous STSJP-RTA PY: 3+

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

|  |   |  |
|--|---|--|
| <b>STSJP-RTA Program 4</b>   |   |  |
| Program 4 Name:<br>Prosocial Activities for Older Youth  |   | Program 4 Type:<br><b>Alternative to Placement</b> |
| Program 4 Operating Agency:<br>Rockland County Department of Social Services, Children and Family Services |   |  |
| Program Mailing Address<br>50 Sanatorium Road  |   |  |
| Address Line 2<br>N/A  |   |  |
| City<br>Pomona   | State<br>NY                             | Zip Code<br>10970                                  |
| Contact Person for Program<br>Vanessa Torres   | Email<br>vanessa.torres@dfa.state.ny.us |  |
| Title<br>School Liaison Coordinator  | Phone<br>(845) 364 - 3553               | Ext<br>N/A   |

|   |                                     |
|---|-------------------------------------|
| <b>STSJP-RTA Program 4</b>  | <b>Service Detailed Information</b> |
| 1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 1000.00   |                                     |
| 2. Please indicate the specific zip codes this program will target. 10977, 10994, 10927, but no zipcodes will be excluded.  |                                     |
| 3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b> 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 RTA youth and/or 16 and 17 year old 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.

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? 6

**If the STSJ-RTA Program 4 received STSJ-RTA funds in the previous STSJ-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) It was projected that 15 older youth would receive prosocial activities. We provided 3 older youth with prosocial activities to date (ex: summer school, sports, season pool passes, etc.), but we expect this number to grow. Twelve youth were referred by the Probation Department. It's expected that as we enter the Fall season, more pro-social activities will be identified.

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) STSJ plan was approved by OCFS in February 2019. It took time to create policies, practices and a tracking system for spending the money. Purchases started in April 2019 limiting the amount of time we had to spend the money to a little over 5 months. Workers are adjusting to the changes in payment structures and the availability of the new funding sources for qualified youth. It appears that the younger youth were targeted first to receive services. Between now and September 30, workers will be charged with linking more older youth to pro-social activities.

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

10. Total number of youth served by this program during the previous STSJ-RTA PY: 3+

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

|  |  |   |                   |
|--|--|---|-------------------|
| <b>STSJP-RTA Program 5</b>   |  |   |                   |
| Program 5 Name:<br>Prosocial Activities for Older Youth  |  | Program 5 Type:<br>Aftercare            |                   |
| Program 5 Operating Agency:<br>Rockland County Department of Social Services, Children and Family Services |  |   |                   |
| Program Mailing Address<br>50 Sanatorium Road  |  |   |                   |
| Address Line 2<br>N/A  |  |   |                   |
| City<br>Pomona   |  | State<br>NY                             | Zip Code<br>10970 |
| Contact Person for Program<br>Vanessa Torres   |  | Email<br>vanessa.torres@dfa.state.ny.us |                   |
| Title<br>School Liaison Coordinator  |  | Phone<br>(845) 364 - 3553               | Ext<br>N/A        |

|  |                                     |
|--|-------------------------------------|
| <b>STSJP-RTA Program 5</b>   | <b>Service Detailed Information</b> |
| 1. The amount of STSJ-RTA funds that your jurisdiction will devote to the services from this program? \$ 500.00  |                                     |
| 2. Please indicate the specific zip codes this program will target. 10977, 10994, 10927, but no zipcodes will be excluded.   |                                     |
| 3. 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 STSJ-RTA services will have more structure and supervision added to their days. We will work with RTA youth and /or 16 and 17 year old 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. |                                     |

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? 1

**If the STSJP-RTA Program 5 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.**

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

7. What projected outcomes were met and how were they met? (100 word or less) It was projected that 15 older youth would receive prosocial activities. We provided 3 older youth with prosocial activities to date (ex: summer school, sports, season pool passes, etc.), but we expect this number to grow. Twelve youth were referred by the Probation Department. It's expected that as we enter the Fall season, more pro-social activities will be identified.

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) STSJP plan was approved by OCFS in February 2019. It took time to create policies, practices and a tracking system for spending the money. Purchases started in April 2019 limiting the amount of time we had to spend the money to a little over 5 months. Workers are adjusting to the changes in payment structures and the availability of the new funding sources for qualified youth. It appears that the younger youth were targeted first to receive services. Between now and September 30, workers will be charged with linking more older youth to pro-social activities.

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

10. Total number of youth served by this program during the previous STSJP-RTA PY: 3+

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

|                                    |                |                 |            |
|------------------------------------|----------------|-----------------|------------|
| <b>STSJP-RTA Program 6</b>         |                |                 |            |
| Program 6 Name:<br>N/A             |                | Program 6 Type: |            |
| Program 6 Operating Agency:<br>N/A |                |                 |            |
| Program Mailing Address<br>N/A     |                |                 |            |
| Address Line 2<br>N/A              |                |                 |            |
| City<br>N/A                        | State<br>N/A   | Zip Code<br>N/A |            |
| Contact Person for Program<br>N/A  |                | Email<br>N/A    |            |
| Title<br>N/A                       | Phone<br>(N/A) | -               | Ext<br>N/A |

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

|   |
|---|
| 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) N/A |
| 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) N/A   |
| 10. Total number of youth served by this program during the previous STSJ-PRTA PY: N/A  |
| 11. What amount of rollover funds from the previous STSJ-PRTA PY will be spent on this program? 0   |

**PART III – STSJ-PRTA PROGRAM ANALYSIS**

**SECTION 1 Overall Analysis**

**A. Overall Analysis of Communities**

Discuss and identify the neighborhoods or communities by zip codes or areas from which the highest number of Youthful Offenders (YO), Adolescent Offenders (AO), Juvenile Delinquents (JD) and Persons in Need of Supervision (PINS) enter the youth justice system, and the factors that may be contributing. For 2019, Rockland had 16 cases from the Spring Valley Police Department (10977) and 14 cases from the Ramapo Police Department (10901, 10952, 10970, 10965 and 10974), which included AO, JO and JD's cases. These police department service areas that are densely populated and ethnically diverse. Clarkstown Police, which covers our county's two major malls, had the next highest amount with 9 arrests. PINS Diversion services being provided through our Department of Social Services Adolescent Unit includes 42 youth and their families so far in 2019. On average we service about 75 to 80 families per year in this unit. A majority of these youth originate from the 10977 and 10927 zip codes.

**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. Although Rockland has significantly decreased our reliance on PINS petitions, detention and placement, we continue to see racial disparities in our 2018 PINS data. With Black youth only representing 9% of our population, they represent 80% (4 youth) of our detention admissions. White youth represent 63% of the population and there were no White youth placed in detention. Hispanic youth represent 23% of the population with 1 youth in detention (20%). Black youth had the longest average length of stay in detention with 39 days compared to White youth who had zero days and Hispanic youth who had 1 day. Two (50%) Black youth were placed compared to no white youth being placed and 2 (50%) Hispanic youth being placed. In 2019, Rockland has continued to decrease our reliance on placements with one Black youth being placed on a JD and 1 White youth being placed as an AO.

If such disparity exists, describe how this STSJ plan addresses the issues of disparity. Rockland County has a Race Equity and Cultural Competence (RECC) Advisory Board that provides on-going training, analysis of the data, and strategic planning around the reduction of the disproportionalities and disparities in our systems. Probation, Mental Health and BOCES have recently been added to this Board.

Rockland is continuing to work on strategically strengthening services to support parents and at-risk youth, so that most youth can remain safely in the community or transition more expeditiously back into the community. The plan is to tighten the access to the court while strengthening our community based services to all youth and their families as early as possible, regardless of race and ethnicity. Through our Raise the Age Plan, we have services to support parents to outlast their children's behaviors while minimizing risk-taking behaviors. Our STSJ, STSJ-PRTA and RTA plans are focused on strengthening the youth's potential for achievement with feedback loops that reward their incremental successes in school, social situation with peers, leadership development, youth employment and transitioning into youth employment, college, trade schools and career paths. So, as the youths' brains continue to develop and mature, they will be in a good position to become independent of the systems and without labels or the repercussions of unnecessary losses.

**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) Rockland County Probation and the Department of Social Services are working hard to improve long-term outcomes for all youth. We have structured gatekeeping meetings to protect the access to the courts. We have transitioned all youth placed on PINS petitions back into the community, with the exception

of one youth, who we expect to be returned in November 2019. Staff have already been advised that unless there is a dire emergency for a youth, which would need the Director of Probation and the Commissioner of Social Service's approval, that PINS placements are no longer available. So, we are expecting our Placements to remain close to zero, if not zero. We assessed our non-secure detention usage (which has only been used for PINS youth in the past three years). We have already demonstrated a reduction in detention placements starting in 2017 with 173 days of non-secure detention for 12 youth, to 157 for 11 youth in 2018, and 30 days for 4 youth in 2019. We have decided to terminate our non-secure detention contract since we will no longer be using detention for PINS youth. We are continuing to look at our placement options for other vehicles that have access to the court. We are strategizing around using short term placements to stabilize crisis' including mental health and substance abuse. We are also strategizing around creating a network of therapeutic foster homes, so we can keep youth who need to be stabilized in the community and surrounded by the network of resources we are developing to stabilize our youth close to home. This is very important because Rockland does not have any Residential Treatment Centers or Group Homes located within the county.

**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. Rockland is working diligently on implementing 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 the Partnership for Safe and Healthy Youth, includes the District Attorney's Office, Mental Health, Probation, BOCES (representing schools), youth and family voice, and DSS. Secondary stateholders include the Family Court, Justice Court, police, schools and community providers. Stakeholders are collaborating by sharing information, resources and influences to keep youth in the community and in school, coordinating cross-system referrals of high-risk youth, coordinating cross-systems referrals of youth already touching the system(s), diverting youth from going deeper into the system, and incorporating the support of evidenced based and other successful programs and supports.

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

**PART IV – PLAN APPROVAL**

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

As STSJP Lead for SEE ATTACHMENT V municipality, I certify that the CEO SEE ATTACHMENT V has reviewed and approved the 20 STSJP plan.  
 Date: SEE ATTACHMENT V / SEE ATTACHMENT V / SEE ATTACHMENT V User ID: SEE ATTACHMENT V  
 Print name: SEE ATTACHMENT V

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

As OCFS STSJP reviewer. I certify that I approve of this STSJP plan for municipality, for 20 .  
 Date: / / User ID:  
 Print name:

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 09 / 04 / 2019**

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

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

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

**Please direct any STSJP plan questions to:**

- [Geneva Hilliard: 518-486-1819](tel:518-486-1819)
- [Lynn Tubbs: 518-473-9116](tel:518-473-9116)

|  |   |
|--|---|
| <b>MUNICIPALITY INFORMATION</b>  |   |
| NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION:<br>Rockland County |   |
| PART IV  |   |
| LEAD AGENCY FOR STSJP SUBMISSION:<br>Department of Social Services     | NAME OF CONTACT PERSON:<br>Barbara Gavin  |
| CONTACT PERSON'S PHONE NUMBER:<br>845-364-3554                         | CONTACT PERSON'S EMAIL ADDRESS:<br><a href="mailto:barbara.gavin@dfa.state.ny.us">barbara.gavin@dfa.state.ny.us</a> |

|   |
|---|
| <b>PLAN SUBMISSION INSTRUCTIONS</b>   |
| Instructions for submitting an STSJP plan for OCFS review: <ol style="list-style-type: none"> <li>a. Once you have opened this form on your computer, please immediately use the "Save As" function in Microsoft Word to save a copy;</li> <li>b. Save your application using the file name "STSJP 2019-2020 Annual Plan – (Name of County)";</li> <li>c. Work from the "saved" application document, using it to record all of your municipality information;</li> <li>d. Once you have completed entering the required data, save the document.</li> </ol> <p>Send the completed application to OCFS via the STSJP email address at: <a href="mailto:stsjp@ocfs.ny.gov">stsjp@ocfs.ny.gov</a></p> |

**PART I – STSJP PROGRAMS**

| SECTION 1  | PLAN AMOUNTS |               |
|--|--------------|---------------|
| EXPENSES   |              |               |
| 1. Total program expenses  |              | \$ 144,993.55 |
| 2. State reimbursement   |              | \$ 89,896     |
| 3. Local share amount  |              | \$ 55,097.55  |
| Reimbursements for the plan (Enter all amounts that are applicable.) |              |               |
| 4. STSJP allocation amount   | \$ 44,948    |               |
| 5. STSJP local approved plan amount                                  |              | \$ 44,948     |
| 6. Detention approved amount shifted to STSJP                        |              | \$ 0          |
| 7. PY rollover approved amount                                       |              | \$ 44,948     |
| 8. Total approved amounts for state reimbursement                    |              | \$ 89,896     |

| SECTION 2              | LIST OF STSJP PROGRAMS TO BE FUNDED |                             |   |
|------------------------|-------------------------------------|-----------------------------|---|
| Program Name           | Local Share<br>(38 percent)         | State Share<br>(62 percent) | Total Program Expenses<br>(100 percent) |
| STSJP Program 1<br>N/A | \$ N/A                              | \$ N/A                      | \$ N/A                                  |
| STSJP Program 2<br>N/A | \$ N/A                              | \$ N/A                      | \$ N/A                                  |
| STSJP Program 3        | \$ N/A                              | \$ N/A                      | \$ N/A                                  |

|                         |        |        |        |
|-------------------------|--------|--------|--------|
| N/A                     |        |        |        |
| STSJP Program 4<br>N/A  | \$ N/A | \$ N/A | \$ N/A |
| STSJP Program 5<br>N/A  | \$ N/A | \$ N/A | \$ N/A |
| STSJP Program 6<br>N/A  | \$ N/A | \$ N/A | \$ N/A |
| STSJP Program 7<br>N/A  | \$ N/A | \$ N/A | \$ N/A |
| STSJP Program 8<br>N/A  | \$ N/A | \$ N/A | \$ N/A |
| STSJP Program 9<br>N/A  | \$ N/A | \$ N/A | \$ N/A |
| STSJP Program 10<br>N/A | \$ N/A | \$ N/A | \$ N/A |
| STSJP Program 11<br>N/A | \$ N/A | \$ N/A | \$ N/A |
| STSJP Program 12<br>N/A | \$ N/A | \$ N/A | \$ N/A |
| <b>TOTAL</b>            |        |        | \$ N/A |

**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:<br>N/A             |                          | STSJP Program 1 Type: |  |
| STSJP Program 1 Operating Agency:<br>N/A |                          |                       |  |
| Program Mailing Address<br>N/A           |                          |                       |  |
| Address Line 2<br>N/A                    |                          |                       |  |
| City<br>N/A                              | State<br>N/A             | Zip Code<br>N/A       |  |
| Contact Person for Program<br>N/A        |                          | Email<br>N/A          |  |
| Title<br>N/A                             | Phone<br>(N/A) N/A - N/A | Ext<br>N/A            |  |

**STSJP Program 1 Service Detailed Information**

- The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ N/A
- Please indicate the specific zip codes this program will target. N/A, N/A, N/A, N/A
- How will the program be utilized to serve targeted youth in your municipality? (100 words or less) N/A
- 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? N/A

**If the STSJP Program 1 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) N/A

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

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

**STSJP Program 2 Service Detailed Information**

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

|  |                       |                 |
|--|-----------------------|-----------------|
| <b>STSJP Program 3</b>                   |                       |                 |
| STSJP Program 3 Name:<br>N/A             | STSJP Program 3 Type: |                 |
| STSJP Program 3 Operating Agency:<br>N/A |                       |                 |
| Program Mailing Address<br>N/A           |                       |                 |
| Address Line 2<br>N/A                    |                       |                 |
| City<br>N/A                              | State<br>N/A          | Zip Code<br>N/A |
| Contact Person for Program               | Email                 |                 |

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

|  |                          |                 |
|--|--------------------------|-----------------|
| <b>STSJP Program 4</b>                   |                          |                 |
| STSJP Program 4 Name:<br>N/A             | STSJP Program 4 Type:    |                 |
| STSJP Program 4 Operating Agency:<br>N/A |                          |                 |
| Program Mailing Address<br>N/A           |                          |                 |
| Address Line 2<br>N/A                    |                          |                 |
| City<br>N/A                              | State<br>N/A             | Zip Code<br>N/A |
| Contact Person for Program<br>N/A        | Email<br>N/A             |                 |
| Title<br>N/A                             | Phone<br>(N/A) N/A - N/A | Ext<br>N/A      |

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

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

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

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

|  |  |                       |                 |
|--|--|-----------------------|-----------------|
| <b>STSJP Program 6</b>                   |  |                       |                 |
| STSJP Program 6 Name:<br>N/A             |  | STSJP Program 6 Type: |                 |
| STSJP Program 6 Operating Agency:<br>N/A |  |                       |                 |
| Program Mailing Address<br>N/A           |  |                       |                 |
| Address Line 2<br>N/A                    |  |                       |                 |
| City<br>N/A                              |  | State<br>N/A          | Zip Code<br>N/A |
| Contact Person for Program<br>N/A        |  | Email<br>N/A          |                 |
| Title                                    |  | Phone                 | Ext             |

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

|                                   |                 |                       |  |
|-----------------------------------|-----------------|-----------------------|--|
| <b>STSJP Program 7</b>            |                 |                       |  |
| STSJP Program 7 Name:             |                 | STSJP Program 7 Type: |  |
| N/A                               |                 |                       |  |
| STSJP Program 7 Operating Agency: |                 |                       |  |
| N/A                               |                 |                       |  |
| Program Mailing Address           |                 |                       |  |
| N/A                               |                 |                       |  |
| Address Line 2                    |                 |                       |  |
| N/A                               |                 |                       |  |
| City                              | State           | Zip Code              |  |
| N/A                               | N/A             | N/A                   |  |
| Contact Person for Program        |                 | Email                 |  |
| N/A                               |                 | N/A                   |  |
| Title                             | Phone           | Ext                   |  |
| N/A                               | (N/A) N/A - N/A | N/A                   |  |

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

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

**STSJP Program 8**

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

**STSJP Program 8 Service Detailed Information**

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

2. Please indicate the specific zip codes this program will target. N/A, N/A, N/A, N/A

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

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? N/A

**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?  Yes  No  Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.

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

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) N/A

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

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

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

**STSJP Program 9**

|  |                          |                       |  |
|--|--------------------------|-----------------------|--|
| STSJP Program 9 Name:<br>N/A             |                          | STSJP Program 9 Type: |  |
| STSJP Program 9 Operating Agency:<br>N/A |                          |                       |  |
| Program Mailing Address<br>N/A           |                          |                       |  |
| Address Line 2<br>N/A                    |                          |                       |  |
| City<br>N/A                              | State<br>N/A             | Zip Code<br>N/A       |  |
| Contact Person for Program<br>N/A        | Email<br>N/A             |                       |  |
| Title<br>N/A                             | Phone<br>(N/A) N/A - N/A | Ext<br>N/A            |  |

**STSJP Program 9 Service Detailed Information**

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

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

**STSJP Program 10**

|   |                          |                        |  |
|---|--------------------------|------------------------|--|
| STSJP Program 10 Name:<br>N/A             |                          | STSJP Program 10 Type: |  |
| STSJP Program 10 Operating Agency:<br>N/A |                          |                        |  |
| Program Mailing Address<br>N/A            |                          |                        |  |
| Address Line 2<br>N/A                     |                          |                        |  |
| City<br>N/A                               | State<br>N/A             | Zip Code<br>N/A        |  |
| Contact Person for Program<br>N/A         |                          | Email<br>N/A           |  |
| Title<br>N/A                              | Phone<br>(N/A) N/A - N/A | Ext<br>N/A             |  |

**STSJP Program 10 Service Detailed Information**

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

**STSJP Program 11**

|                        |                        |
|------------------------|------------------------|
| STSJP Program 11 Name: | STSJP Program 11 Type: |
|------------------------|------------------------|

|   |                          |                 |
|---|--------------------------|-----------------|
| N/A                                       |                          |                 |
| STSJP Program 11 Operating Agency:<br>N/A |                          |                 |
| Program Mailing Address<br>N/A            |                          |                 |
| Address Line 2<br>N/A                     |                          |                 |
| City<br>N/A                               | State<br>N/A             | Zip Code<br>N/A |
| Contact Person for Program<br>N/A         | Email<br>N/A             |                 |
| Title<br>N/A                              | Phone<br>(N/A) N/A - N/A | Ext<br>N/A      |

| STSJP Program 11 Service Detailed Information   |  |
|---|--|
| 1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ N/A   |  |
| 2. Please indicate the specific zip codes this program will target. N/A, N/A, N/A, N/A  |  |
| 3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) N/A   |  |
| 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? N/A   |  |
| 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) N/A  |  |
| 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) N/A                     |  |
| 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) N/A   |  |
| 10. Total number of youth served by this program during the previous STSJP PY: N/A  |  |
| 11. What amount of rollover funds from the previous STSJP PY will be spent on this program? N/A   |  |

| STSJP Program 12                          |                          |                 |
|---|--------------------------|-----------------|
| STSJP Program 12 Name:<br>N/A             | STSJP Program 12 Type:   |                 |
| STSJP Program 12 Operating Agency:<br>N/A |                          |                 |
| Program Mailing Address<br>N/A            |                          |                 |
| Address Line 2<br>N/A                     |                          |                 |
| City<br>N/A                               | State<br>N/A             | Zip Code<br>N/A |
| Contact Person for Program<br>N/A         | Email<br>N/A             |                 |
| Title<br>N/A                              | Phone<br>(N/A) N/A - N/A | Ext<br>N/A      |

| STSJP Program 12 Service Detailed Information   |  |
|---|--|
| 1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ N/A                                   |  |
| 2. Please indicate the specific zip codes this program will target. N/A, N/A, N/A, N/A  |  |
| 3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) N/A                                   |  |
| 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? N/A

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

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

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

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) N/A

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

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

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

## **PART II – STSJP-RTA PROGRAMS**

### **SECTION 1 STSJP RTA PLAN AMOUNTS**

#### **Expenses**

|                             |              |
|-----------------------------|--------------|
| 1. RTA-approved plan amount | \$ 83,188.00 |
| 2. Total program expenses   | \$ 83,188.00 |

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

| <b>Program Name</b>   | <b>Total Program Expenses</b> |
|---|-------------------------------|
| STSJP-RTA Program 1   | \$                            |
| STSJP-RTA Program 2<br>Stipends & Wraparound Funds for Older Youth –<br>Prevention                | \$ 2,500.00                   |
| STSJP-RTA Program 3<br>Stipends & Wraparound Funds for Older Youth –<br>Early Intervention        | \$ 3,000.00                   |
| STSJP-RTA Program 4<br>Stipends & Wraparound Funds for Older Youth –<br>Alternatives to Placement | \$ 1,500.00                   |
| STSJP-RTA Program 5<br>Stipends & Wraparound Funds for Older Youth –<br>Aftercare/Reentry         | \$ 500.00                     |
| STSJP-RTA Program 6<br>N/A  | \$ N/A                        |
| <b>TOTAL</b>  | <b>\$ 7,500.00</b>            |

**STSJP-RTA PROGRAMMING DETAILS**

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

**STSJP-RTA Program 1**

|                             |                |                 |  |
|-----------------------------|----------------|-----------------|--|
| Program 1 Name:             |                | Program 1 Type: |  |
| Program 1 Operating Agency: |                |                 |  |
| Program Mailing Address     |                |                 |  |
| Address Line 2              |                |                 |  |
| City                        | State          | Zip Code        |  |
| Contact Person for Program  |                | Email           |  |
| Title                       | Phone<br>( ) - | Ext             |  |

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

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

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

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

**STSJP-RTA Program 2**

|  |                           |   |  |
|--|---------------------------|---|--|
| Program 2 Name:<br>Stipends and Wraparound Funds for Older Youth   |                           | Program 2 Type:<br>Prevention           |  |
| Program 2 Operating Agency:<br>Rockland County Department of Social Services, Children and Family Services |                           |   |  |
| Program Mailing Address<br>50 Sanatorium Road, Building C  |                           |   |  |
| Address Line 2   |                           |   |  |
| City<br>Pomona   | State<br>NY               | Zip Code<br>10970                       |  |
| Contact Person for Program<br>Vanessa Torres   |                           | Email<br>vanessa.torres@dfa.state.ny.us |  |
| Title<br>School Liaison Coordinator  | Phone<br>(845) 364 - 3553 | Ext<br>N/A                              |  |

**STSJP-RTA Program 2 Service Detailed Information**

|   |
|---|
| 1. The amount of STSJ-P-RTA funds that your jurisdiction will devote to the services from this program? \$ 2,500.00   |
| 2. Please indicate the specific zip codes this program will target. 10977, 10994, 10927, but no zip codes will be excluded.   |
| 3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Wraparound funds will be used as stipends for things like the completion of AIM's Customer Service Certificate Program, Completion of the College/Trade School Visiting Plan, Bravehearts Leadership Opportunities and other STSJ-P approved programs that would benefit from a stipend to increase RTA youth and/or 16 and 17 year old youth participation in pro-social peer and family activities and peer leadership opportunities. Money can also be used to support youth with barriers to being able to participate in the STSJ-P programming or to succeed in school (ex: clothing, uniforms, tools, equipment, laptops, etc.).             |
| 4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |
| 5. What is the projected number of youth who will receive services from this program? 5   |
| <b>If the STSJ-P-RTA Program 2 received STSJ-P-RTA funds in the previous STSJ-P-RTA PY, answer the questions below.</b>   |
| 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 word or less) Thirteen younger youth and one older youth have received wraparound services and stipends. Incentives were given out during class time for participation in the AIM Program. Bravehearts stipends and incentives are still being processed. Both older and younger youth are included in this population. It is expected that our spending will continue through then end of the STSJ-P year. A barrier that was identified by youth voice was that some youth do not have the capacity to cash a stipend check. We are building in financial training to work with youth on starting and keeping bank accounts with the use of stipends.                                   |
| 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) STSJ-P plan was approved by OCFS in February 2019. It took time to create policies, practices and a tracking system for spending the money. Availability for purchases started in April 2019 and the local processes for paying stipends was finalized in August. Now that the processes have been put in place, it is expected that more money will be paid before September 30. Workers are also being trained and they are adjusting to the changes in payment structures and the availability of the new funding sources for qualified youth. |
| 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) N/A   |
| 10. Total number of youth served by this program during the previous STSJ-P-RTA PY: 1+  |
| 11. What amount of rollover funds from the previous STSJ-P-RTA PY will be spent on this program? 0  |

|  |  |                   |
|--|--|-------------------|
| <b>STSJP-RTA Program 3</b>   |  |                   |
| Program 3 Name:<br>Stipends and Wraparound Funds for Older Youth   | Program 3 Type:<br><b>Early Intervention</b> |                   |
| Program 3 Operating Agency:<br>Rockland County Department of Social Services, Children and Family Services |  |                   |
| Program Mailing Address<br>50 Sanatorium Road, Building C  |  |                   |
| Address Line 2<br>N/A  |  |                   |
| City<br>Pomona   | State<br>NY                                  | Zip Code<br>10970 |
| Contact Person for Program<br>Vanessa Torres   | Email<br>vanessa.torres@dfa.state.ny.us      |                   |
| Title<br>School Liaison Coordinator  | Phone<br>(845) 364 - 3553                    | Ext<br>N/A        |
| <b>STSJP-RTA Program 3 Service Detailed Information</b>  |  |                   |

1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 3,000.00

2. Please indicate the specific zip codes this program will target. 10977, 10994, 10927, but no zip codes will be excluded.

3. How will the program be utilized to serve targeted youth in your municipality? **(100 words or less)** Wraparound funds will be used as stipends for things like the completion of AIM's Customer Service Certificate Program, Completion of the College/Trade School Visiting Plan, Bravehearts Leadership Opportunities and other STSJP approved programs that would benefit from a stipend to increase RTA youth and/or 16 and 17 year old youth participation in pro-social peer and family activities and peer leadership opportunities. Money can also be used to support youth with barriers to being able to participate in the STSJP programming or to succeed in school (ex: clothing, uniforms, tools, equipment, laptops, etc.).

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? 6

**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)** Thirteen younger youth and one older youth have received wraparound services and stipends. Incentives were given out during class time for participation in the AIM Program. Bravehearts stipends and incentives are still being processed. Both older and younger youth are included in this population. It is expected that our spending will continue through then end of the STSJP year. A barrier that was identified by youth voice was that some youth do not have the capacity to cash a stipend check. We are building in financial training to work with youth on starting and keeping bank accounts with the use of stipends.

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)** STSJP plan was approved by OCFS in February 2019. It took time to create policies, practices and a tracking system for spending the money. Availability for purchases started in April 2019 and the local processes for paying stipends was finalized in August. Now that the processes have been put in place, it is expected that more money will be paid before September 30. Workers are also being trained and they are adjusting to the changes in payment structures and the availability of the new funding sources for qualified youth.

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

10. Total number of youth served by this program during the previous STSJP-RTA PY: 1+

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

|  |  |  |                   |
|--|--|--|-------------------|
| <b>STSJP-RTA Program 4</b>   |  |  |                   |
| Program 4 Name:<br>Stipends and Wraparound Funds for Older Youth   |  | Program 4 Type:<br><b>Alternative to Placement</b> |                   |
| Program 4 Operating Agency:<br>Rockland County Department of Social Services, Children and Family Services |  |  |                   |
| Program Mailing Address<br>50 Sanatorium Road, Building C  |  |  |                   |
| Address Line 2   |  |  |                   |
| City<br>Pomona   |  | State<br>NY  | Zip Code<br>10970 |
| Contact Person for Program<br>Vanessa Torres   |  | Email<br>vanessa.torres@dfa.state.ny.us            |                   |
| Title<br>School Liaison Coordinator  |  | Phone<br>(845) 364 - 3553                          | Ext<br>N/A        |

| STJSJP-RTA Program 4   | Service Detailed Information |
|--|------------------------------|
| 1. The amount of STJSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 1,500.00  |                              |
| 2. Please indicate the specific zip codes this program will target. 10977, 10994, 10927, but no zipcodes will be excluded.   |                              |
| 3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b> Wraparound funds will be used as stipends for things like the completion of AIM's Customer Service Certificate Program, Completion of the College/Trade School Visiting Plan, Bravehearts Leadership Opportunities and other STJSJP approved programs that would benefit from a stipend to increase RTA youth and/or 16 and 17 year old youth participation in pro-social peer and family activities and peer leadership opportunities. Money can also be used to support youth with barriers to being able to participate in the STJSJP programming or to succeed in school (ex: clothing, uniforms, tools, equipment, laptops, etc.).             |                              |
| 4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |                              |
| 5. What is the projected number of youth who will receive services from this program? 3  |                              |
| <b>If the STJSJP-RTA Program 4 received STJSJP-RTA funds in the previous STJSJP-RTA PY, answer the questions below.</b>  |                              |
| 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? <b>(100 word or less)</b> Thirteen younger youth and one older youth have received wraparound services and stipends. Incentives were given out during class time for participation in the AIM Program. Bravehearts stipends and incentives are still being processed. Both older and younger youth are included in this population. It is expected that our spending will continue through then end of the STJSJP year. A barrier that was identified by youth voice was that some youth do not have the capacity to cash a stipend check. We are building in financial training to work with youth on starting and keeping bank accounts with the use of stipends.                                   |                              |
| 8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? <b>(100 words or less)</b> STJSJP plan was approved by OCFS in February 2019. It took time to create policies, practices and a tracking system for spending the money. Availability for purchases started in April 2019 and the local processes for paying stipends was finalized in August. Now that the processes have been put in place, it is expected that more money will be paid before September 30. Workers are also being trained and they are adjusting to the changes in payment structures and the availability of the new funding sources for qualified youth. |                              |
| 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) N/A  |                              |
| 10. Total number of youth served by this program during the previous STJSJP-RTA PY: 1+   |                              |
| 11. What amount of rollover funds from the previous STJSJP-RTA PY will be spent on this program? 0   |                              |

| STJSJP-RTA Program 5   |  |   |                   |
|--|--|---|-------------------|
| Program 5 Name:<br>Stipends and Wraparound Funds for Older Youth   |  | Program 5 Type:<br>Aftercare            |                   |
| Program 5 Operating Agency:<br>Rockland County Department of Social Services, Children and Family Services |  |   |                   |
| Program Mailing Address<br>50 Sanatorium Road, Building C  |  |   |                   |
| Address Line 2<br>N/A  |  |   |                   |
| City<br>Pomona   |  | State<br>NY                             | Zip Code<br>10970 |
| Contact Person for Program<br>Vanessa Torres   |  | Email<br>vanessa.torres@dfa.state.ny.us |                   |
| Title<br>School Liaison Coordinatore   |  | Phone<br>(845) 364 - 3553               | Ext<br>N/A        |

| 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? \$ 500.00  |                              |
| 2. Please indicate the specific zip codes this program will target. 10977, 10994, 10927, but no zip codes will be excluded.   |                              |
| 3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b> Wraparound funds will be used as stipends for things like the completion of AIM's Customer Service Certificate Program, Completion of the College/Trade School Visiting Plan, Bravehearts Leadership Opportunities and other STSJP approved programs that would benefit from a stipend to increase RTA youth and/or 16 and 17 year old youth participation in pro-social peer and family activities and peer leadership opportunities. Money can also be used to support youth with barriers to being able to participate in the STSJP programming or to succeed in school (ex: clothing, uniforms, tools, equipment, laptops, etc.).              |                              |
| 4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                              |
| 5. What is the projected number of youth who will receive services from this program? 1   |                              |
| <b>If the STSJP-RTA Program 5 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.</b>  |                              |
| 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? <b>(100 word or less)</b> Thirteen younger youth and one older youth have received wraparound services and stipends. Incentives were given out during class time for participation in the AIM Program. Bravehearts stipends and incentives are still being processed. Both older and younger youth are included in this population. It is expected that our spending will continue through then end of the STSJP year. A barrier that was identified by youth voice was that some youth do not have the capacity to cash a stipend check. We are building in financial training to work with youth on starting and keeping bank accounts with the use of stipends.                                   |                              |
| 8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? <b>(100 words or less)</b> STSJP plan was approved by OCFS in February 2019. It took time to create policies, practices and a tracking system for spending the money. Availability for purchases started in April 2019 and the local processes for paying stipends was finalized in August. Now that the processes have been put in place, it is expected that more money will be paid before September 30. Workers are also being trained and they are adjusting to the changes in payment structures and the availability of the new funding sources for qualified youth. |                              |
| 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) N/A   |                              |
| 10. Total number of youth served by this program during the previous STSJP-RTA PY: 1+   |                              |
| 11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program? 0   |                              |

| STSJP-RTA Program 6                |  |                          |                 |
|------------------------------------|--|--------------------------|-----------------|
| Program 6 Name:<br>N/A             |  | Program 6 Type:          |                 |
| Program 6 Operating Agency:<br>N/A |  |                          |                 |
| Program Mailing Address<br>N/A     |  |                          |                 |
| Address Line 2<br>N/A              |  |                          |                 |
| City<br>N/A                        |  | State<br>N/A             | Zip Code<br>N/A |
| Contact Person for Program<br>N/A  |  | Email<br>N/A             |                 |
| Title<br>N/A                       |  | Phone<br>(N/A) N/A - N/A | Ext<br>N/A      |

| <b>STSJP-RTA Program 6</b>  | <b>Service Detailed Information</b>   |
|---|---|
| 1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program?  | \$ N/A  |
| 2. Please indicate the specific zip codes this program will target.   | N/A, N/A, N/A, N/A  |
| 3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)   | N/A   |
| 4. Does your municipality plan to replicate the program across multiple locations?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |
| 5. What is the projected number of youth who will receive services from this program?   | N/A   |
| <b>If the STSJP-RTA Program 6 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.</b>  |   |
| 6. Did projected performance outcomes meet expected outcomes?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8. |
| 7. What projected outcomes were met and how were they met? (100 word or less)   | N/A   |
| 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) | N/A   |
| 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)   | N/A   |
| 10. Total number of youth served by this program during the previous STSJP-RTA PY:  | N/A   |
| 11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program?   | 0   |

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

**SECTION 1 Overall Analysis**

**A. Overall Analysis of Communities**

Discuss and identify the neighborhoods or communities by zip codes or areas from which the highest number of Youthful Offenders (YO), Adolescent Offenders (AO), Juvenile Delinquents (JD) and Persons in Need of Supervision (PINS) enter the youth justice system, and the factors that may be contributing. For 2019, Rockland had 16 cases from the Spring Valley Police Department (10977) and 14 cases from the Ramapo Police Department (10901, 10952, 10970, 10965 and 10974), which included AO, JO and JD's cases. These police department service areas that are densely populated and ethnically diverse. Clarkstown Police, which covers our county's two major malls, had the next highest amount with 9 arrests. PINS Diversion services being provided through our Department of Social Services Adolescent Unit includes 42 youth and their families so far in 2019. On average we service about 75 to 80 families per year in this unit. A majority of these youth originate from the 10977 and 10927 zip codes.

**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. Although Rockland has significantly decreased our reliance on PINS petitions, detention and placement, we continue to see racial disparities in our 2018 PINS data. With Black youth only representing 9% of our population, they represent 80% (4 youth) of our detention admissions. White youth represent 63% of the population and there were no White youth placed in detention. Hispanic youth represent 23% of the population with 1 youth in detention (20%). Black youth had the longest average length of stay in detention with 39 days compared to White youth who had zero days and Hispanic youth who had 1 day. Two (50%) Black youth were placed compared to no white youth being placed and 2 (50%) Hispanic youth being placed. In 2019, Rockland has continued to decrease our reliance on placements with one Black youth being placed on a JD and 1 White youth being placed as an AO.

If such disparity exists, describe how this STSJP plan addresses the issues of disparity. Rockland County has a Race Equity and Cultural Competence (RECC) Advisory Board that provides on-going training, analysis of the data, and strategic planning around the reduction of the disproportionality and disparities in our systems. Probation, Mental Health and BOCES have recently been added to this Board.

Rockland is continuing to work on strategically strengthening services to support parents and at-risk youth, so that most youth can remain safely in the community or transition more expeditiously back into the community. The plan is to tighten the access to the court while strengthening our community based services to all youth and their families

as early as possible, regardless of race and ethnicity. Through our Raise the Age Plan, we have services to support parents to outlast their children's behaviors while minimizing risk-taking behaviors. Our STSJP, STSJP-RTA and RTA plans are focused on strengthening the youth's potential for achievement with feedback loops that reward their incremental successes in school, social stituation with peers, leadership development, youth employment and transitioning into youth employment, college, trade schools and career paths. So, as the youths' brains continue to develop and mature, they will be in a good position to become independent of the systems and without labels or the reprecussions of unnecessary losses.

**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)** Rockland County Probation and the Department of Social Services are working hard to improve long-term outcomes for all youth. We have structured gatekeeping meetings to protect the access to the courts. We have transitioned all youth placed on PINS petitions back into the community, with the exception of one youth, who we expect to be returned in November 2019. Staff have already been advised that unless there is a dire emergency for a youth, which would need the Director of Probation and the Commissioner of Social Service's approval, that PINS placements are no longer available. So, we are expecting our Placements to remain close to zero, if not zero. We assessed our non-secure detention usage (which has only been used for PINS youth in the past three years). We have already demonstrated a reduction in detention placements starting in 2017 with 173 days of non-secure detention for 12 youth, to 157 for 11 youth in 2018, and 30 days for 4 youth in 2019. We have decided to terminate our non-secure detention contract since we will no longer be using detention for PINS youth. We are continuing to look at our placement options for other vehicles that have access to the court. We are strategizing around using short term placements to stabilize crisis' including mental health and substance abuse. We are also strategizing around creating a network of therapeutic foster homes, so we can keep youth who need to be stabilized in the community and surrounded by the network of resources we are developing to stabilize our youth close to home. This is very important because Rockland does not have any Residential Treatment Centers or Group Homes located within the county.

**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. Rockland is working diligently on implementing 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 the Partnerhip for Safe and Healthy Youth, includes the District Attorney's Office, Mental Health, Probation, BOCES (representing schools), youth and family voice, and DSS. Secondary stateholders include the Family Court, Justice Court, police, schools and community providers. Stakeholders are collaborating by sharing information, resources and influences to keep youth in the community and in school, coordinating cross-system referrals of high-risk youth, coodinating cross-systems referrals of youth already touching the system(s), diverting youth from going deeper into the system, and incorporating the support of evidenced based and other successful programs and supports.

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

**PART IV – PLAN APPROVAL**

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

As STSJP Lead for SEE ATTACHMENT V municipality, I certify that the CEO SEE ATTACHMENT V has reviewed and approved the 20 STSJP plan.

Date: SEE ATTACHMENT V / SEE ATTACHMENT V / SEE ATTACHMENT V User ID: SEE ATTACHMENT V

Print name: SEE ATTACHMENT V

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

As OCFS STSJP reviewer, I certify that I approve of this STSJP plan for municipality, for 20 .

Date: / / User ID:

Print name:

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 09/04/2019**

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

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

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

**Please direct any STSJP plan questions to:**

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

| <b>MUNICIPALITY INFORMATION</b>  |   |
|--|---|
| NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION:<br>Rockland County |   |
| PART V   |   |
| LEAD AGENCY FOR STSJP SUBMISSION:<br>Department of Social Services     | NAME OF CONTACT PERSON:<br>Barbara Gavin  |
| CONTACT PERSON'S PHONE NUMBER:<br>845-364-3554                         | CONTACT PERSON'S EMAIL ADDRESS:<br><a href="mailto:barbara.gavin@dfa.state.ny.us">barbara.gavin@dfa.state.ny.us</a> |

| <b>PLAN SUBMISSION INSTRUCTIONS</b>   |
|---|
| Instructions for submitting an STSJP plan for OCFS review: <ol style="list-style-type: none"> <li>a. Once you have opened this form on your computer, please immediately use the "Save As" function in Microsoft Word to save a copy;</li> <li>b. Save your application using the file name "STSJP 2019-2020 Annual Plan – (Name of County)";</li> <li>c. Work from the "saved" application document, using it to record all of your municipality information;</li> <li>d. Once you have completed entering the required data, save the document.</li> </ol> <p>Send the completed application to OCFS via the STSJP email address at: <a href="mailto:stsjp@ocfs.ny.gov">stsjp@ocfs.ny.gov</a></p> |

## PART I – STSJP PROGRAMS

| SECTION 1   | PLAN AMOUNTS |               |
|---|--------------|---------------|
| <b>EXPENSES</b>   |              |               |
| 1. Total program expenses   |              | \$ 144,993.55 |
| 2. State reimbursement  |              | \$ 89,896     |
| 3. Local share amount   |              | \$ 55,097.55  |
| <b>Reimbursements for the plan (Enter all amounts that are applicable.)</b> |              |               |
| 4. STSJP allocation amount  | \$ 44,948    |               |
| 5. STSJP local approved plan amount   |              | \$ 44,948     |
| 6. Detention approved amount shifted to STSJP                               |              | \$ 0          |
| 7. PY rollover approved amount  |              | \$ 44,948     |
| 8. Total approved amounts for state reimbursement                           |              | \$ 89,896     |

| SECTION 2              | LIST OF STSJP PROGRAMS TO BE FUNDED |                             |   |
|------------------------|-------------------------------------|-----------------------------|---|
| Program Name           | Local Share<br>(38 percent)         | State Share<br>(62 percent) | Total Program Expenses<br>(100 percent) |
| STSJP Program 1<br>N/A | \$ N/A                              | \$ N/A                      | \$ N/A                                  |
| STSJP Program 2<br>N/A | \$ N/A                              | \$ N/A                      | \$ N/A                                  |
| STSJP Program 3        | \$ N/A                              | \$ N/A                      | \$ N/A                                  |

|                         |        |        |        |
|-------------------------|--------|--------|--------|
| N/A                     |        |        |        |
| STSJP Program 4<br>N/A  | \$ N/A | \$ N/A | \$ N/A |
| STSJP Program 5<br>N/A  | \$ N/A | \$ N/A | \$ N/A |
| STSJP Program 6<br>N/A  | \$ N/A | \$ N/A | \$ N/A |
| STSJP Program 7<br>N/A  | \$ N/A | \$ N/A | \$ N/A |
| STSJP Program 8<br>N/A  | \$ N/A | \$ N/A | \$ N/A |
| STSJP Program 9<br>N/A  | \$ N/A | \$ N/A | \$ N/A |
| STSJP Program 10<br>NA/ | \$ N/A | \$ N/A | \$ N/A |
| STSJP Program 11<br>N/A | \$ N/A | \$ N/A | \$ N/A |
| STSJP Program 12<br>N/A | \$ N/A | \$ N/A | \$ N/A |
| <b>TOTAL</b>            |        |        | \$ N/A |

**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.**

|  |                          |                       |            |
|--|--------------------------|-----------------------|------------|
| <b>STSJP Program 1</b>                   |                          |                       |            |
| STSJP Program 1 Name:<br>N/A             |                          | STSJP Program 1 Type: |            |
| STSJP Program 1 Operating Agency:<br>N/A |                          |                       |            |
| Program Mailing Address<br>N/A           |                          |                       |            |
| Address Line 2<br>N/A                    |                          |                       |            |
| City<br>N/A                              | State<br>N/A             | Zip Code<br>N/A       |            |
| Contact Person for Program<br>N/A        |                          | Email<br>N/A          |            |
| Title<br>N/A                             | Phone<br>(N/A) N/A - N/A |                       | Ext<br>N/A |

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

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

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

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

|  |  |                       |                 |
|--|--|-----------------------|-----------------|
| <b>STSJP Program 3</b>                   |  |                       |                 |
| STSJP Program 3 Name:<br>N/A             |  | STSJP Program 3 Type: |                 |
| STSJP Program 3 Operating Agency:<br>N/A |  |                       |                 |
| Program Mailing Address<br>N/A           |  |                       |                 |
| Address Line 2<br>N/A                    |  |                       |                 |
| City<br>N/A                              |  | State<br>N/A          | Zip Code<br>N/A |
| Contact Person for Program               |  | Email                 |                 |

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

|   |                          |                 |
|---|--------------------------|-----------------|
| <b>STSJP Program 4</b>  |                          |                 |
| STSJP Program 4 Name:<br>N/A  | STSJP Program 4 Type:    |                 |
| STSJP Program 4 Operating Agency:<br>N/A  |                          |                 |
| Program Mailing Address<br>N/A  |                          |                 |
| Address Line 2<br>N/A   |                          |                 |
| City<br>N/A   | State<br>N/A             | Zip Code<br>N/A |
| Contact Person for Program<br>N/A   | Email<br>N/A             |                 |
| Title<br>N/A  | Phone<br>(N/A) N/A - N/A | Ext<br>N/A      |
| <b>STSJP Program 4 Service Detailed Information</b>   |                          |                 |
| 1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ N/A   |                          |                 |
| 2. Please indicate the specific zip codes this program will target. N/A, N/A, N/A, N/A  |                          |                 |
| 3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) N/A   |                          |                 |
| 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? N/A   |                          |                 |
| <b>If the STSJP Program 4 received STSJP funds in the previous STSJP PY, answer the questions below.</b>  |                          |                 |
| 6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8. |                          |                 |
| 7. What projected outcomes were met and how were they met? (100 words or less) N/A  |                          |                 |
| 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) N/A                     |                          |                 |

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

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

| STSJP Program 5 Service Detailed Information   |  |
|--|--|
| 1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ N/A  |  |
| 2. Please indicate the specific zip codes this program will target. N/A, N/A, N/A, N/A   |  |
| 3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) N/A  |  |
| 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? N/A  |  |
| 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.<br>If Yes, answer #7. If No, skip to #8. |  |
| 7. What projected outcomes were met and how were they met? (100 words or less) N/A   |  |
| 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) N/A  |  |
| 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) N/A  |  |
| 10. Total number of youth served by this program during the previous STSJP PY: N/A   |  |
| 11. What amount of rollover funds from the previous STSJP PY will be spent on this program? N/A  |  |

| STSJP Program 6                          |              |                       |  |
|--|--------------|-----------------------|--|
| STSJP Program 6 Name:<br>N/A             |              | STSJP Program 6 Type: |  |
| STSJP Program 6 Operating Agency:<br>N/A |              |                       |  |
| Program Mailing Address<br>N/A           |              |                       |  |
| Address Line 2<br>N/A                    |              |                       |  |
| City<br>N/A                              | State<br>N/A | Zip Code<br>N/A       |  |
| Contact Person for Program<br>N/A        |              | Email<br>N/A          |  |
| Title                                    | Phone        | Ext                   |  |

|     |                 |     |
|-----|-----------------|-----|
| N/A | (N/A) N/A - N/A | N/A |
|-----|-----------------|-----|

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

**STSJP Program 7**

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

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

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

**STSJP Program 8**

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

**STSJP Program 8 Service Detailed Information**

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

2. Please indicate the specific zip codes this program will target. N/A, N/A, N/A, N/A

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

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? N/A

**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?  Yes  No  Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.

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

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) N/A

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

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

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

**STSJP Program 9**

|  |                          |                       |  |
|--|--------------------------|-----------------------|--|
| STSJP Program 9 Name:<br>N/A             |                          | STSJP Program 9 Type: |  |
| STSJP Program 9 Operating Agency:<br>N/A |                          |                       |  |
| Program Mailing Address<br>N/A           |                          |                       |  |
| Address Line 2<br>N/A                    |                          |                       |  |
| City<br>N/A                              | State<br>N/A             | Zip Code<br>N/A       |  |
| Contact Person for Program<br>N/A        |                          | Email<br>N/A          |  |
| Title<br>N/A                             | Phone<br>(N/A) N/A - N/A | Ext<br>N/A            |  |

**STSJP Program 9 Service Detailed Information**

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

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

**STSJP Program 10**

|   |                          |                        |  |
|---|--------------------------|------------------------|--|
| STSJP Program 10 Name:<br>N/A             |                          | STSJP Program 10 Type: |  |
| STSJP Program 10 Operating Agency:<br>N/A |                          |                        |  |
| Program Mailing Address<br>N/A            |                          |                        |  |
| Address Line 2<br>N/A                     |                          |                        |  |
| City<br>N/A                               | State<br>N/A             | Zip Code<br>N/A        |  |
| Contact Person for Program<br>N/A         | Email<br>N/A             |                        |  |
| Title<br>N/A                              | Phone<br>(N/A) N/A - N/A | Ext<br>N/A             |  |

**STSJP Program 10 Service Detailed Information**

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

**STSJP Program 11**

|                        |                        |
|------------------------|------------------------|
| STSJP Program 11 Name: | STSJP Program 11 Type: |
|------------------------|------------------------|

|   |                          |                 |
|---|--------------------------|-----------------|
| N/A                                       |                          |                 |
| STSJP Program 11 Operating Agency:<br>N/A |                          |                 |
| Program Mailing Address<br>N/A            |                          |                 |
| Address Line 2<br>N/A                     |                          |                 |
| City<br>N/A                               | State<br>N/A             | Zip Code<br>N/A |
| Contact Person for Program<br>N/A         | Email<br>N/A             |                 |
| Title<br>N/A                              | Phone<br>(N/A) N/A - N/A | Ext<br>N/A      |

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

**STSJP Program 12**

|   |                          |                        |  |
|---|--------------------------|------------------------|--|
| STSJP Program 12 Name:<br>N/A             |                          | STSJP Program 12 Type: |  |
| STSJP Program 12 Operating Agency:<br>N/A |                          |                        |  |
| Program Mailing Address<br>N/A            |                          |                        |  |
| Address Line 2<br>N/A                     |                          |                        |  |
| City<br>N/A                               | State<br>N/A             | Zip Code<br>N/A        |  |
| Contact Person for Program<br>N/A         | Email<br>N/A             |                        |  |
| Title<br>N/A                              | Phone<br>(N/A) N/A - N/A | Ext<br>N/A             |  |

| STSJP Program 12 Service Detailed Information   |  |
|---|--|
| 1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ N/A                                   |  |
| 2. Please indicate the specific zip codes this program will target. N/A, N/A, N/A, N/A  |  |
| 3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) N/A                                   |  |
| 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? N/A   |
| <b>If the STSJP Program 12 received STSJP funds in the previous STSJP PY, answer the questions below.</b>   |
| 6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8. |
| 7. What projected outcomes were met and how were they met? (100 words or less) N/A  |
| 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) N/A                     |
| 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) N/A   |
| 10. Total number of youth served by this program during the previous STSJP PY: N/A  |
| 11. What amount of rollover funds from the previous STSJP PY will be spent on this program? N/A   |

## PART II – STSJP-RTA PROGRAMS

### SECTION 1 STSJP RTA PLAN AMOUNTS

#### Expenses

|                             |              |
|-----------------------------|--------------|
| 1. RTA-approved plan amount | \$ 83,188.00 |
| 2. Total program expenses   | \$ 83,188.00 |

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

| Program Name   | Total Program Expenses |
|--|------------------------|
| STSJP-RTA Program 1  | \$                     |
| STSJP-RTA Program 2<br>Youth Bureau Training and Employment for Older Youth –<br>Prevention                | \$ 2,000.00            |
| STSJP-RTA Program 3<br>Youth Bureau Training and Employment for Older Youth –<br>Early Intervention        | \$ 1,000.00            |
| STSJP-RTA Program 4<br>Youth Bureau Training and Employment for Older Youth –<br>Alternatives to Placement | \$ 1,000.00            |
| STSJP-RTA Program 5<br>Youth Bureau Training and Employment for Older Youth –<br>Aftercare/Reentry         | \$ 1,000.00            |
| STSJP-RTA Program 6<br>N/A   | \$ N/A                 |
| <b>TOTAL</b>   | \$ 5,000.00            |

**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:             |                | Program 1 Type: |          |
| Program 1 Operating Agency: |                |                 |          |
| Program Mailing Address     |                |                 |          |
| Address Line 2              |                |                 |          |
| City                        |                | State           | Zip Code |
| Contact Person for Program  |                | Email           |          |
| Title                       | Phone<br>( ) - | 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? \$

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

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

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

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

**If the STSJP-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?  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 2**

|   |                  |                           |          |
|---|------------------|---------------------------|----------|
| Program 2 Name:                               |                  | Program 2 Type:           |          |
| Stipends and Wraparound Funds for Older Youth |                  | Prevention                |          |
| Program 2 Operating Agency:                   |                  |                           |          |
| Rockland County Youth Bureau                  |                  |                           |          |
| Program Mailing Address                       |                  |                           |          |
| 50 Sanatorium Road, Building A, 7th Floor     |                  |                           |          |
| Address Line 2                                |                  |                           |          |
| City  |                  | State                     | Zip Code |
| Pomona  |                  | NY                        | 10970    |
| Contact Person for Program                    |                  | Email                     |          |
| Phyllis Morena                                |                  | MorenaP@co.rockland.ny.us |          |
| Title   | Phone            | Ext                       |          |
| Youth Bureau Consultant                       | (845) 364 - 2934 | N/A                       |          |

**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? \$ 2,000.00

2. Please indicate the specific zip codes this program will target. 10977, 10994, 10927, but no zip codes will be excluded.

3. How will the program be utilized to serve targeted youth in your municipality? **(100 words or less)** The Rockland County Youth Bureau has a continuum of services to support RTA youth and /or 16 and 17 year old youth in need of employment training, mentoring and connections to employment. DSS will utilize the Rockland County Youth Bureau services for assessments, work readiness development, resume writing and employment opportunities for at-risk youth. This will be done either individually or in groups as deemed most appropriate. Youth will gain some employment experience through this program to build into their resume.

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? 2

**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?  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)** N/A

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)** N/A

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

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

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

|  |  |                   |
|--|--|-------------------|
| <b>STSJP-RTA Program 3</b>   |  |                   |
| Program 3 Name:<br>Stipends and Wraparound Funds for Older Youth     | Program 3 Type:<br><b>Early Intervention</b> |                   |
| Program 3 Operating Agency:<br>Rockland County Youth Bureau          |  |                   |
| Program Mailing Address<br>50 Sanatorium Road, Building A, 7th Floor |  |                   |
| Address Line 2<br>N/A  |  |                   |
| City<br>Pomona   | State<br>NY                                  | Zip Code<br>10970 |
| Contact Person for Program<br>Phyllis Morena                         | Email<br>MorenaP@co.rockland.ny.us           |                   |
| Title<br>Youth Bureau Consultant                                     | Phone<br>(845) 364 - 2934                    | Ext<br>N/A        |

|   |                                     |
|---|-------------------------------------|
| <b>STSJP-RTA Program 3</b>  | <b>Service Detailed Information</b> |
| 1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 1,000.00  |                                     |
| 2. Please indicate the specific zip codes this program will target. 10977, 10994, 10927, but no zip codes will be excluded.   |                                     |
| 3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b> The Rockland County Youth Bureau has a continuum of services to support RTA youth and/or 16 and 17 year old youth in need of employment training, mentoring and connections to employment. DSS will utilize the Rockland County Youth Bureau services for assessments, work readiness development, resume writing and employment opportunities for at-risk youth. This will be done either individually or in groups as deemed most appropriate. Youth will gain some employment experience through this program to build into their resume. |                                     |
| 4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                     |

|   |
|---|
| 5. What is the projected number of youth who will receive services from this program? 1   |
| <b>If the STSJ-P-RTA Program 3 received STSJ-P-RTA funds in the previous STSJ-P-RTA PY, answer the questions below.</b>   |
| 6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8. |
| 7. What projected outcomes were met and how were they met? (100 word or less) N/A   |
| 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) N/A                     |
| 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) N/A   |
| 10. Total number of youth served by this program during the previous STSJ-P-RTA PY: N/A   |
| 11. What amount of rollover funds from the previous STSJ-P-RTA PY will be spent on this program? 0  |

|  |  |                   |
|--|--|-------------------|
| <b>STSJ-P-RTA Program 4</b>  |  |                   |
| Program 4 Name:<br>Stipends and Wraparound Funds for Older Youth     | Program 4 Type:<br><b>Alternative to Placement</b> |                   |
| Program 4 Operating Agency:<br>Rockland County Youth Bureau          |  |                   |
| Program Mailing Address<br>50 Sanatorium Road, Building A, 7th Floor |  |                   |
| Address Line 2   |  |                   |
| City<br>Pomona   | State<br>NY  | Zip Code<br>10970 |
| Contact Person for Program<br>Phyllis Morena                         | Email<br>MorenaP@co.rockland.ny.us                 |                   |
| Title<br>Youth Bureau Consultant                                     | Phone<br>(845) 364 - 2934                          | Ext<br>N/A        |

|  |                                     |
|--|-------------------------------------|
| <b>STSJ-P-RTA Program 4</b>  | <b>Service Detailed Information</b> |
| 1. The amount of STSJ-P-RTA funds that your jurisdiction will devote to the services from this program? \$ 1,000.00  |                                     |
| 2. Please indicate the specific zip codes this program will target. 10977, 10994, 10927, but no zip codes will be excluded.  |                                     |
| 3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The Rockland County Youth Bureau has a continuum of services to support RTA youth and/or 16 and 17 year old youth in need of employment training, mentoring and connections to employment. DSS will utilize the Rockland County Youth Bureau services for assessments, work readiness development, resume writing and employment opportunities for at-risk youth. This will be done either individually or in groups as deemed most appropriate. Youth will gain some employment experience through this program to build into their resume. |                                     |
| 4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |                                     |
| 5. What is the projected number of youth who will receive services from this program? 1  |                                     |
| <b>If the STSJ-P-RTA Program 4 received STSJ-P-RTA funds in the previous STSJ-P-RTA PY, answer the questions below.</b>  |                                     |
| 6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.  |                                     |
| 7. What projected outcomes were met and how were they met? (100 word or less) N/A  |                                     |
| 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) N/A  |                                     |
| 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) N/A  |                                     |
| 10. Total number of youth served by this program during the previous STSJ-P-RTA PY: N/AN   |                                     |

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

**STSJP-RTA Program 5**

|  |  |                                    |                   |
|--|--|------------------------------------|-------------------|
| Program 5 Name:<br>Stipends and Wraparound Funds for Older Youth     |  | Program 5 Type:<br>Aftercare       |                   |
| Program 5 Operating Agency:<br>Rockland County Youth Bureau          |  |                                    |                   |
| Program Mailing Address<br>50 Sanatorium Road, Building A, 7th Floor |  |                                    |                   |
| Address Line 2<br>N/A  |  |                                    |                   |
| City<br>Pomona   |  | State<br>NY                        | Zip Code<br>10970 |
| Contact Person for Program<br>Phyllis Morena                         |  | Email<br>MorenaP@co.rockland.ny.us |                   |
| Title<br>Youth Bureau Consultant                                     |  | Phone<br>(845) 364 - 2934          | Ext<br>N/A        |

**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? \$ 1,000.00

2. Please indicate the specific zip codes this program will target. 10977, 10994, 10927, but no zip codes will be excluded.

3. How will the program be utilized to serve targeted youth in your municipality? **(100 words or less)** The Rockland County Youth Bureau has a continuum of services to support RTA youth and/or 16 and 17 year old youth in need of employment training, mentoring and connections to employment. DSS will utilize the Rockland County Youth Bureau services for assessments, work readiness development, resume writing and employment opportunities for at-risk youth. This will be done either individually or in groups as deemed most appropriate. Youth will gain some employment experience through this program to build into their resume.

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? 1

**If the STSJP-RTA Program 5 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.**

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

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

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)** N/A

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

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

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

**STSJP-RTA Program 6**

|                                    |  |                 |          |
|------------------------------------|--|-----------------|----------|
| Program 6 Name:<br>N/A             |  | Program 6 Type: |          |
| Program 6 Operating Agency:<br>N/A |  |                 |          |
| Program Mailing Address<br>N/A     |  |                 |          |
| Address Line 2<br>N/A              |  |                 |          |
| City                               |  | State           | Zip Code |

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

### PART III – STSJP-RTA PROGRAM ANALYSIS

#### SECTION 1 Overall Analysis

##### A. Overall Analysis of Communities

Discuss and identify the neighborhoods or communities by zip codes or areas from which the highest number of Youthful Offenders (YO), Adolescent Offenders (AO), Juvenile Delinquents (JD) and Persons in Need of Supervision (PINS) enter the youth justice system, and the factors that may be contributing. For 2019, Rockland had 16 cases from the Spring Valley Police Department (10977) and 14 cases from the Ramapo Police Department (10901, 10952, 10970, 10965 and 10974), which included AO, JO and JD's cases. These police department service areas that are densely populated and ethnically diverse. Clarkstown Police, which covers our county's two major malls, had the next highest amount with 9 arrests. PINS Diversion services being provided through our Department of Social Services Adolescent Unit includes 42 youth and their families so far in 2019. On average we service about 75 to 80 families per year in this unit. A majority of these youth originate from the 10977 and 10927 zip codes.

##### 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. Although Rockland has significantly decreased our reliance on PINS petitions, detention and placement, we continue to see racial disparities in our 2018 PINS data. With Black youth only representing 9% of our population, they represent 80% (4 youth) of our detention admissions. White youth represent 63% of the population and there were no White youth placed in detention. Hispanic youth represent 23% of the population with 1 youth in detention (20%). Black youth had the longest average length of stay in detention with 39 days compared to White youth who had zero days and Hispanic youth who had 1 day. Two (50%) Black youth were placed compared to no white youth being placed and 2 (50%) Hispanic youth being placed. In 2019, Rockland has continued to decrease our reliance on placements with one Black youth being placed on a JD and 1 White youth being placed as an AO.

If such disparity exists, describe how this STSJP plan addresses the issues of disparity. Rockland County has a Race Equity and Cultural Competence (RECC) Advisory Board that provides on-going training, analysis of the data, and

strategic planning around the reduction of the disproportionality and disparities in our systems. Probation, Mental Health and BOCES have recently been added to this Board.

Rockland is continuing to work on strategically strengthening services to support parents and at-risk youth, so that most youth can remain safely in the community or transition more expeditiously back into the community. The plan is to tighten the access to the court while strengthening our community based services to all youth and their families as early as possible, regardless of race and ethnicity. Through our Raise the Age Plan, we have services to support parents to outlast their children's behaviors while minimizing risk-taking behaviors. Our STSJP, STSJP-RTA and RTA plans are focused on strengthening the youth's potential for achievement with feedback loops that reward their incremental successes in school, social situation with peers, leadership development, youth employment and transitioning into youth employment, college, trade schools and career paths. So, as the youths' brains continue to develop and mature, they will be in a good position to become independent of the systems and without labels or the repercussions of unnecessary losses.

**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)** Rockland County Probation and the Department of Social Services are working hard to improve long-term outcomes for all youth. We have structured gatekeeping meetings to protect the access to the courts. We have transitioned all youth placed on PINS petitions back into the community, with the exception of one youth, who we expect to be returned in November 2019. Staff have already been advised that unless there is a dire emergency for a youth, which would need the Director of Probation and the Commissioner of Social Service's approval, that PINS placements are no longer available. So, we are expecting our Placements to remain close to zero, if not zero. We assessed our non-secure detention usage (which has only been used for PINS youth in the past three years). We have already demonstrated a reduction in detention placements starting in 2017 with 173 days of non-secure detention for 12 youth, to 157 for 11 youth in 2018, and 30 days for 4 youth in 2019. We have decided to terminate our non-secure detention contract since we will no longer be using detention for PINS youth. We are continuing to look at our placement options for other vehicles that have access to the court. We are strategizing around using short term placements to stabilize crisis' including mental health and substance abuse. We are also strategizing around creating a network of therapeutic foster homes, so we can keep youth who need to be stabilized in the community and surrounded by the network of resources we are developing to stabilize our youth close to home. This is very important because Rockland does not have any Residential Treatment Centers or Group Homes located within the county.

**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. Rockland is working diligently on implementing 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 the Partnership for Safe and Healthy Youth, includes the District Attorney's Office, Mental Health, Probation, BOCES (representing schools), youth and family voice, and DSS. Secondary stateholders include the Family Court, Justice Court, police, schools and community providers. Stakeholders are collaborating by sharing information, resources and influences to keep youth in the community and in school, coordinating cross-system referrals of high-risk youth, coordinating cross-systems referrals of youth already touching the system(s), diverting youth from going deeper into the system, and incorporating the support of evidenced based and other successful programs and supports.

**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: N/A

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

**PART IV – PLAN APPROVAL**

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

As STSJP Lead for Rockland municipality, I certify that the CEO Joan M. Silvestri has reviewed and approved the 2019 STSJP plan.

Date: 09 / 06 / 19 User ID:

Print name: Joan M. Silvestri

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

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

Date: / / User ID:

Print name: