



Office of Children and Family Services

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Commissioner

May 13, 2020

Dear Chief Elected Official,

Thank you for submitting Sullivan County's Supervision and Treatment Services for Juveniles Program (STSJP) plan for Program Year (PY) 2019-2020. Your entire STSJP plan, including the amounts listed for PY 2019-2020 STSJP-RTA, has been **approved.**

The County is eligible to receive 62% State reimbursement for STSJP expenditures up to the capped STSJP allocation amount. Your municipality will continue to receive 49% State reimbursement for eligible detention services expenditures up to the capped allocation amount. If your municipality shifts a portion of its detention allocation into its STSJP plan, your municipality will receive 62% State reimbursement if such shifted funds are spent on STSJP eligible expenditures. A municipality may make a detention allocation shift at any time during the program year.

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

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

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

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

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

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

Thank you for your continued partnership.

Sincerely,

Nina Aledort, Ph.D., LMSW
Deputy Commissioner

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

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

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

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

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

Please direct any STSJP plan questions to:

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

MUNICIPALITY INFORMATION	
NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION: Sullivan County	
LEAD AGENCY FOR STSJP SUBMISSION: Department of Family Services	NAME OF CONTACT PERSON: Robert Kuhn
CONTACT PERSON'S PHONE NUMBER: 845-513-2444	CONTACT PERSON'S EMAIL ADDRESS: Robert.Kuhn@co.sullivan.ny.us

PLAN SUBMISSION INSTRUCTIONS

Instructions for submitting an STSJP plan for OCFS review:

- a. Once you have opened this form on your computer, please immediately use the "Save As" function in Microsoft Word to save a copy;
- b. Save your application using the file name "STSJP 2019-2020 Annual Plan – (Name of County)";
- c. Work from the "saved" application document, using it to record all of your municipality information;
- d. Once you have completed entering the required data, save the document.

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

PART I – STSJP PROGRAMS

SECTION 1		PLAN AMOUNTS	
EXPENSES			
1. Total program expenses			\$ 295,308.06
2. State reimbursement			\$ 183,091
3. Local share amount			\$ 112,217.06
Reimbursements for the plan (Enter all amounts that are applicable.)			
4. STSJP allocation amount		\$ 47,050	
5. STSJP local approved plan amount			\$ 47,050
6. Detention approved amount shifted to STSJP			\$ 136,041
7. PY rollover approved amount			\$ 0
8. Total approved amounts for state reimbursement			\$ 183,091

SECTION 2		LIST OF STSJP PROGRAMS TO BE FUNDED		
Program Name	Local Share (38 percent)	State Share (62 percent)	Total Program Expenses (100 percent)	
STSJP Program 1 Enhanced Supervision	\$ 81,817.06	\$ 133,491	\$ 215,308.06	
STSJP Program 2 Electronic Monitoring	\$ 7,600	\$ 12,400	\$ 20,000	
STSJP Program 3	\$ 22,800	\$ 37,200	\$ 60,000	

Youth Advocate Program (YAP)			
STSJP Program 4	\$	\$	\$
STSJP Program 5	\$	\$	\$
STSJP Program 6	\$	\$	\$
STSJP Program 7	\$	\$	\$
STSJP Program 8	\$	\$	\$
STSJP Program 9	\$	\$	\$
STSJP Program 10	\$	\$	\$
STSJP Program 11	\$	\$	\$
STSJP Program 12	\$	\$	\$
TOTAL			\$ 295,308.06

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: Enhanced Supervision		STSJP Program 1 Type: Alternative to Placement	
STSJP Program 1 Operating Agency: Sullivan County Probation Department			
Program Mailing Address P O Box 5012			
Address Line 2 100 North Street			
City Monticello		State NY	Zip Code 12701
Contact Person for Program Barbara Martin		Email Barbara.Martin@co.sullivan.ny.us	
Title Director		Phone (845) 807 - 0351	Ext

STSJP Program 1 Service Detailed Information

- The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 133,491.00
- Please indicate the specific zip codes this program will target. All Zip codes in County, , ,
- How will the program be utilized to serve targeted youth in your municipality? **(100 words or less)** Will allow for Probation officers to have more time to observe youth during high risk times and have more face to face contacts with school and parents by assisting with staffing , overtime costs and other program expenditures. The extra supervision that will be made available will also improve the ability to work directly with the youth to identify and reduce behaviors that could increase their chances of requiring placement. This program will include drug testing if applicable to monitor the youth's compliance.
- 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? 0072

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

6. Did projected performance outcomes meet expected outcomes? 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)** Home visits to youth were made as well as in the schools and community.

8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? **(100 words or less)** The previous STSJP program year was the initial year of the funding and program. While the County was also working on their RTA plan approval a barrier to accomplish all desired outcomes was determining how to best utilize the funding. Changes that have taken place have been meeting with the Probation Director and Probation Supervisor to establish a consistent process for program monitoring and usage for this new program year.

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 60

10. Total number of youth served by this program during the previous STSJP PY: 0012

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

STSJP Program 2		
STSJP Program 2 Name: Electric Monitoring		STSJP Program 2 Type: Alternative to Placement
STSJP Program 2 Operating Agency: Sullivan County Probation		
Program Mailing Address P O Box 5012		
Address Line 2 100 North Street		
City Monticello	State NY	Zip Code 12701
Contact Person for Program Barbara Martin	Email Barbara.Martin@co.sullivan.ny.us	
Title Director	Phone (845) 807 - 0351	Ext

STSJP Program 2	Service Detailed Information
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 12,400.00	
2. Please indicate the specific zip codes this program will target. All Zip codes in county, , ,	
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Sullivan will be establishing electronic monitoring for youth that will allow for them to remain in their community. This can be used as a condition of probation which will reduce the need for residential placement. may also be used with youth that are at risk of running away.	
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? 0010	
If the STSJP Program 2 received STSJP funds in the previous STSJP PY, answer the questions below.	
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 .	
7. What projected outcomes were met and how were they met? (100 words or less)	
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) The previous program year was spent reviewing vendors as this would be a new service. A vendor was selected and the contracting process is in its beginning stages to prepare for the next program year. The anticipated length of stay for this program will be 60 days.	
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: 0
11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 0

STSJP Program 3		
STSJP Program 3 Name: Youth Advocate Program		STSJP Program 3 Type: Early Intervention
STSJP Program 3 Operating Agency: Sullivan County Probation Department		
Program Mailing Address PO Box 5012		
Address Line 2 100 North Street		
City Monticello	State NY	Zip Code 12701
Contact Person for Program Barbara Martin	Email Barbara.Martin@co.sullivan.ny.us	
Title Director	Phone (845) 807 - 0351	Ext

STSJP Program 3	Service Detailed Information
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 37,200.00	
2. Please indicate the specific zip codes this program will target. All county zip codes, , ,	
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) YAP wraparound model is comprehensive and holistic, utilizing best practices and core principles found in wraparound, mentoring, restorative justice and positive youth development fields. YAP provides youth and families with intensive in their homes and community that includes crisis management and intervention available 24/7, skill development, educational/vocational work and connection with social/professional supports. This program will be for children outside or RTA population.	
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? 0010	
If the STSJP Program 3 received STSJP funds in the previous STSJP PY, answer the questions below.	
6. Did projected performance outcomes meet expected outcomes? <input 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? (100 words or less) The new program became implemented with available cases at capacity due to the successes being demonstrated. Outcomes included 80% of school-aged youth will exhibit improved academic performance, 85% of youth with current or previous legal system involvement will not be adjudicated on new charges.	
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.) 110	
10. Total number of youth served by this program during the previous STSJP PY: 0010	
11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 0	

STSJP Program 4	
STSJP Program 4 Name:	STSJP Program 4 Type:
STSJP Program 4 Operating Agency:	
Program Mailing Address	
Address Line 2	

City	State	Zip Code
Contact Person for Program	Email	
Title	Phone () -	Ext

STSJP Program 4 Service Detailed Information

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

If the STSJP Program 4 received STSJP funds in the previous STSJP PY, answer the questions below.

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

STSJP Program 5

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

STSJP Program 5 Service Detailed Information

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

If the STSJP Program 5 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**.
If Yes, **answer #7**. If No, **skip to #8**.
- What projected outcomes were met and how were they met? **(100 words or less)**
- What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? **(100 words or less)**

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

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

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

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

STSJP Program 7 Service Detailed Information		
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$		
2. Please indicate the specific zip codes this program will target. , , ,		

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

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

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

STSJP Program 9	
STSJP Program 9 Name:	STSJP Program 9 Type:
STSJP Program 9 Operating Agency:	
Program Mailing Address	

Address Line 2		
City	State	Zip Code
Contact Person for Program	Email	
Title	Phone () -	Ext

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

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

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

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

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

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

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

STSJP Program 12		Service Detailed Information	
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$			
2. Please indicate the specific zip codes this program will target. , , ,			

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

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

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

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

6. Did projected performance outcomes meet expected outcomes? 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?

PART II – STSJP-RTA PROGRAMS	
SECTION 1 STSJP RTA PLAN AMOUNTS	
Expenses	
1. RTA-approved plan amount	\$ 280,000
2. Total program expenses	\$ 280,000
SECTION 2 LIST OF STSJP-RTA PROGRAMS TO BE FUNDED	
Program Name	Total Program Expenses
STSJP-RTA Program 1 Youth Advocate Programs	\$ 180,000
STSJP-RTA Program 2 Berkshire Enhanced Stepping Stones	\$ 100,000
STSJP-RTA Program 3	\$
STSJP-RTA Program 4	\$
STSJP-RTA Program 5	\$
STSJP-RTA Program 6	\$
TOTAL	\$ 280,000

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: Youth Advocate Programs		Program 1 Type: Early Intervention	
Program 1 Operating Agency: Sullivan County Department of Family Services			
Program Mailing Address P O Box 231			
Address Line 2 16 Community Lane			
City Liberty	State NY	Zip Code 12754	
Contact Person for Program Victoria.Sawall		Email Victoria.Sawall@dfa.state.ny.us	
Title Director	Phone (845) 513 - 2408	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? \$ 180,000

2. Please indicate the specific zip codes this program will target. All Zip Codes in County, , ,

3. How will the program be utilized to serve targeted youth in your municipality? **(100 words or less)** Sullivan County has the Youth Advocate Program as part of the RTA plan. We have structured this program in a way that allows for the opportunity to maximize the diversion of at risk youth in the criminal or juvenile justice system before the crime is committed and they are classified as an RTA 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? 0010

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)** The new program became implemented with available cases at capacity due to the successes being demonstrated. Outcomes included 80% of school-aged youth will exhibit improved academic performance, 85% of youth with current or previous legal system involvement will not be adjudicated on new charges

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.) 110

10. Total number of youth served by this program during the previous STSJP-RTA PY: 0010

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: Berkshire Enhanced Stepping Stone		Program 2 Type: Prevention	
Program 2 Operating Agency: Sullivan County Department of Social Services			
Program Mailing Address P O Box 231			

Address Line 2 16 Community Lane		
City Liberty	State NY	Zip Code 12754
Contact Person for Program Victoria.Sawall	Email Victoria.Sawall@dfs.state.ny.us	
Title Director	Phone (845) 513 - 2408	Ext
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? \$ 100,000		
2. Please indicate the specific zip codes this program will target. All zip codes in county, , ,		
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 checked="" type="checkbox"/> No		
5. What is the projected number of youth who will receive services from this program?		
If the STSJP-RTA Program 2 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.		
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 .		
7. What projected outcomes were met and how were they met? (100 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) No youth were referred to this program as it was recently established. It was also originally not part of the previous plan and only in the RTA plan. It was revised to include this after multiple updates to the RTA plan. The Department has met with the provider to discuss referrals and the ability to provide services to youth. The Department and the agency have established regular supervisory meetings to discuss any barriers to the program.		
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: 0		
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:	
Program 3 Operating Agency:		
Program Mailing Address		
Address Line 2		
City	State	Zip Code
Contact Person for Program	Email	
Title	Phone () -	Ext

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

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

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

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

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

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

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

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

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

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

STSJP-RTA Program 5		
Program 5 Name:		Program 5 Type:
Program 5 Operating Agency:		
Program Mailing Address		
Address Line 2		

City	State	Zip Code
Contact Person for Program	Email	
Title	Phone () -	Ext

STSJP-RTA Program 5 Service Detailed Information

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

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 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)**

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

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

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

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

STSJP-RTA Program 6

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

STSJP-RTA Program 6 Service Detailed Information

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

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 6 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?

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. These programs are designated to serve the entire County but there will be an increased need in the more populated areas of the Town of Thompson, Town of Fallsburg and Town of Liberty and that represents approximately 50 % of Sullivan County's population which according to 2017 data is 74,545. The median household income in the county is \$52,027 and the population wide poverty rate is 16.9%.

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. Sullivan County's data from the Juvenile Detention Automation System (JDAS) was pulled for 2017, and non-secure detention placements were made up of 60% White and 40% Black. From this data, there does not appear to be disparate outcomes for one racial/ethnic group compared to that of another. If such disparity exists, describe how this STSJP plan addresses the issues of disparity. While not overwhelmingly disproportional, the Department of Family Services, Probation Department and Youth Advocate Programs will work together to identify any barriers to services and to make recommendations for appropriate services that account for these barriers.

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)** All of these programs will be newly available to the Department of Family Services and the Probation Department and therefor it is difficult to project the performance outcomes of the proposed services. In addition to this, the new Raise the Age implementation may impact the amount of youth both of these departments service as those numbers are also unknown. Youth Advocate Programs estimates for their program of 80 % of referred families will remain safely intact with no out-of-home placement, 80% of school-aged youth will exhibit improved academic performance and/or acquire or be working toward their GED as a program completion, 85% of youth with current or previous legal system involvement will not be adjudicated on new charges during the program involvement that result in further legal system involvement and that 50% of total eligible youth will engage in traditional or Supported Work and/or community service during program involvement.

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. This plan was developed primarily within the Sullivan County Department of Family Services and the Sullivan County Probation Department. Youth Advocate Programs was also consulted for their portion of the plan. Recently, Sullivan County has made the decision to take advantage of this opportunity and as the plan progresses and its progress is evaluated, more departments and service providers may be incorporated into the collaborative development in the future. Progress with this plan will also be evaluated on an ongoing basis through the Designated Assessment Service (DAS) Committee which includes members from the Department of Family Services, Probation Department, Department of Community Services, Dispute Resolution Center, Access Supports for living, Rehabilitation Support Services, Berkshire Farm Center and Services for Youth and Youth Advocate Programs.

SECTION 4 COOPERATIVE APPLICATIONS SUBMITTED JOINTLY BY TWO OR MORE COUNTIES**(Complete this section only if this is a joint application.)**

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

Counties submitting such applications must provide the following information:

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

PART IV – PLAN APPROVAL**SECTION 1 APPROVAL OF THE CHIEF EXECUTIVE OFFICER**

As STSJP Lead for Sullivan County municipality, I certify that the CEO Luis Alvarez has reviewed and approved the 2020 STSJP plan.

Date: 12 / 3 / 2019 User ID: 48B149 RKUHN

Print name: Robert Kuhn

SECTION 2 APPROVAL OF THE OCFS PROGRAM LEAD

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

Date: 5 / 12 / 20 User ID: IT0911

Print name: Lynn Tubbs