



Office of Children  
and Family Services

ANDREW M. CUOMO  
Governor

SHEILA J. POOLE  
Acting Commissioner

January 24, 2020

Dear Chief Executive Officer,

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

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

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

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

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

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  
Deputy Commissioner

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES

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

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

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

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

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

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

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

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

<b>MUNICIPALITY INFORMATION</b>			
NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION: Ulster County			
LEAD AGENCY FOR STSJP SUBMISSION: Department of Social Services		NAME OF CONTACT PERSON: Michael Iapocce, Commissioner	
CONTACT PERSON'S PHONE NUMBER: 845-334-5221		CONTACT PERSON'S EMAIL ADDRESS: miap@co.ulster.ny.us	

**Plan Submission instructions**

Instructions for submitting an STSJP plan for OCFS review.

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

Send the completed application to OCFS via the STSJP email address at: [stsjp@ocfs.ny.gov](mailto:stsjp@ocfs.ny.gov)

**SECTION ONE - List of programs to be funded**

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

Program Name	Total Program Expense (100 percent)	State Share (62 percent)	County Share (38 percent)
STSJP Program 1 Liberty Resources, Inc. EI MultiSystemic Therapy	\$ 42,176	\$ 26,149.12	\$ 16,026.88
STSJP Program 2 Liberty Resources, Inc. ATP MultiSystemic Therapy	\$ 42,176	\$ 26,149.12	\$ 16,026.88
STSJP Program 3 Youth Advocate Program--Ulster EI	\$ 81,193.55	\$ 50,340	\$ 30,853.55
STSJP Program 4 Youth Advocate Program--Ulster ATP	\$ 27,064.52	\$ 16,780	\$ 10,284.52
STSJP Program 5 Family of Woodstock, Inc.	\$ 28,800	\$ 17,856	\$ 10,944

STSF Case Manager EI			
STSSJ Program 6 Family of Woodstock, Inc. ATP STSSJ Case Manager	\$ 28,800	\$ 17,856	\$ 10,944
STSSJ Program 7 Family of Woodstock Inc. Family House Respite ATP	\$ 6,856	\$ 4,250.72	\$ 2,605.28
STSSJ Program 8 Family of Woodstock Inc. Family House Respite ATD	\$ 1,714	\$ 1,062.68	\$ 651.32
STSSJ Program 9	\$	\$	\$
STSSJ Program 10	\$	\$	\$
STSSJ Program 11	\$	\$	\$
STSSJ Program 12	\$	\$	\$
<b>TOTAL</b>	<b>\$ 258,780.07</b>	<b>\$ 160,443.64</b>	<b>\$ 98,336.43</b>
STSSJ RTA Program (for expenditures eligible for 100% state reimbursement) Functional Family Therapy	\$ 110,00		
STSSJ RTA Program (for expenditures eligible for 100% state reimbursement) Youth Advocate Program-Ulster	\$ 170,575		
STSSJ RTA Program (for expenditures eligible for 100% state reimbursement) Family House Respite ATD	\$ 18,000		
STSSJ RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
STSSJ RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
<b>TOTAL</b>	<b>\$ 298,575</b>	<b>\$</b>	<b>\$</b>

### SECTION TWO – Overall analysis of communities

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

**(500 words or less)** The majority of youth who entered the juvenile justice system in Ulster County in 2017 did so in the community of Kingston (12401) where 53% (38) of total JD intakes (72) and 52% (41) of the total PINS intakes (79) originated. Kingston is the largest city in Ulster county and is comprised of urban, commercial and residential areas. Due to the lack of affordable housing in Ulster County as well as limited public transportation, the majority of low income families reside in Kingston. We continue to experience gang activity in the area and youth are often inducted into the lifestyle by peers and family members. In addition to Kingston, there are pockets of youth encountering the juvenile justice system from the villages of Ellenville (12428) and Saugerties (12477). Ellenville is an isolated and rural

area with a lack of industry and a shortage of available activities and supports for its youth. Saugerties has a more expansive financial population and more organized social activities for its youth, but many JDs occur in the easily accessible village after-hours where peers often congregate unsupervised. As a whole, Ulster county continues to suffer from the loss of high paying jobs over the past decade, resulting in many parents having to work long hours or at multiple jobs. This leaves little time to supervise their children in getting to school, participating in pro-social activities, or monitoring them outside of school when the majority of delinquent activity occurs. Ulster County is also struggling with the impact of the opiate epidemic and we have found that many of our youth who are becoming involved with the juvenile justice system have parents whose parenting ability is hindered by their dependence on and/or abuse of these drugs.

### SECTION THREE – Overall analysis of disparity

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

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

**(250 words or less)** Overall, Ulster County's placements into Detention remain low ( 13 admissions in 2017) due to a concerted effort by our local police, Probation, DSS and Family Court Justices to utilize family supports and alternatives to detention whenever possible. However, of the youth admitted, there was racial disparity noted. While Black youth represented only 7.8% of the county's adolescent population in the last census, 23% of our youth admitted to detention in 2017 were Black. Ulster County's PINS LDSS placements were the highest in our region for 2017. Even with the larger overall number, there was a similar racial disparity in those PINS LDSS placements with 56% of youth admitted being African American.

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

**(250 words or less)** STSJP funded programs will continue to prioritize referrals of minority clients whenever possible, targeting communities in which minority families reside. When out-of-home placement of African American or Latino youth is being ordered by the court, we will continue to strongly advocate for the least restrictive setting such as respite over detention and DSS over OCFS. Our programs will continue in efforts to recruit and retain minority staff and to provide cultural diversity training across the system of care.

### SECTION FOUR – Performance outcomes

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

**(250 word or less)** Our new goals:

90% of youth served will avoid detention and/or placement

85% of youth will have no new arrests

85% of youth will remain in school programs

85% of our youth will have successful adjustments/avoidance of VOPs.

Our previous goals for 2017/2018 were set at 80%. Our outcomes were extremely positive. Of the total 66 youth served in 2017/2018 by our programs, 100% avoided detention and placement. We were also able to serve a large section of at-risk minority adolescents with 46% (30) of the total youth being African American and 21% (14) of the youth being Hispanic. Of the total youth released (41), 93% (38) avoided Arrest/Probation Intake, 100% Consistently Complied and 83% (34) participated in 90% of activities. Please note we expanded 3 of our programs to serve both ATP and Early Intervention "EI" in order to reach some moderate risk youth before behaviors escalate. We have increased our goal targets for next year to maintain our success.

### SECTION FIVE – Collaboration

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

**(250 words or less)** In Ulster County, we have a long tradition of collaboration and cooperation between youth-serving providers. DSS, Probation, Mental Health and the Youth Bureau work closely with the County Attorney's

office, the AFCs, and our 3 Family Court Judges. We are all committed to avoiding unnecessary use of detention and are seeking to decrease our rates of petitions and placements. It is an exciting time as our County Executive has invested tremendous resources and community energy to create a Restorative Justice and Community Empowerment Center that will provide enriched programming to cease the school to prison pipeline. Services will be open to a wider range of youth and will create options for lower-risk adolescents who may not otherwise be served. This center will augment our already established public and private prevention programs, including: Coordinated Children's Services, Families Now, DSS, Probation Diversion, Multisystemic Therapy, the Youth Advocate Program, Children's SPOA, Family of Woodstock's Adolescent Case Management/Family House Respite/One80 (Restorative Justice). Representatives of these agencies meet weekly to strategize about youth at imminent risk of placement and connect them to available services.

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

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

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

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

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

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

**SECTION SEVEN– Plan amounts**

**Expenses**

1. Total Program expenses		\$ 258,780.07
2. State reimbursement (Program expenses*.62)		\$ 160,443.64
3. State share amount (Program expenses*.38)		\$ 98,336.43
<b>Add in Reimbursements for the plan (fill out all that are applicable)</b>		
4. STSJP allocation	\$ 40,000	
5. STSJP approved		\$ 40,000
6. JDAI allocation	\$ 0	
7. JDAI approved		\$ 0
8. Detention approved amount shifted to STSJP		\$ 120,443.64
9. PY rollover approved		\$ 0
10. Total approved amounts for state reimbursement		\$ 160,443.64
11. Total amount of approved STSJP-RTA 100% state reimbursement		\$ 298,575

**Program detail inserts**

List the name of each service and program who you expect will received STSJP funds, along with the projected amount of STSJP funds to be used for each: As a Guide to providing the information needed to properly review your plan, please provide programmatic information in the format listed below; Provide the Name of the Provider of the Service/Program. **Please note there are now 6 types of programming to choose from.**

<b>Program one name:</b>	Liberty Resources, Inc Ulster County MST Team	<b>Type of program:</b>	Early Intervention
<b>Program operating agency:</b>	Liberty Resources, Inc.		

Program mailing address 1081 Development Court		
Address line 2		
City Kingston	State NY	Zip code 12401
Contact person for program Ann Kayden, LMSW		
Title MST Supervisor	Phone number (845) 750-3271	Ext.
Email akayden@Liberty-Resources.org		
<b>Program service detailed information</b>		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 42,176		
1. Please indicate the specific zip codes this program will target? Zip Codes		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The MultiSystemic Therapy Program will provide intensive, home-based services to an annual caseload of 7 youth who have been assessed at Probation Intake as being moderate to high risk on the YASI. The Ulster County MST Team is co-located within DSS and utilizes evidence based treatment with anti-social youth. Services are home-based, offered 24/7. MST will serve PINS D "EI" youth who are at risk of going to petition by helping the family to utilize natural resources and prosocial outlets.		
3. Does your municipality plan to replicate program across multiple locations? ( <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no)		
4. What is the projected number of youth who will receive service from this program? (4-character number) 7		
<b>If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.</b>		
5. Did projected performance outcome meet expected outcomes? ( <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.		
6. What projected outcomes were met and how were they met? (100 word or less) Out of those total released (6), 100% of youth avoided detention, 100% avoided arrest/Probation intake and 83% (5) families reported improved parenting skills necessary to handle future problems (successful adjustments). The majority of the youth continued to be involved in prosocial activities following the MST intervention.		
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)		
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 128		
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 8		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)		
<b>Program two name:</b>	Liberty Resources, Inc Ulster County MST Team	<b>Type of program:</b> ATP
<b>Program operating agency:</b>	Liberty Resources, Inc.	
Program mailing address 1081 Development Court		
Address line 2		
City Kingston	State NY	Zip code 12401
Contact person for program Ann Kayden, LMSW		
Title MST Supervisor	Phone number (845) 750-3271	Ext.
Email akayden@Liberty-Resources.org		
<b>Program service detailed information</b>		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 42,176		
1. Please indicate the specific zip codes this program will target? Zip Codes 12401, 12428, 12477		

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) he MultiSystemic Therapy Program will provide intensive, home-based services to an annual caseload of 7 youth who have been assessed at Probation Intake as being high risk of placement. The Ulster County MST Team is co-located within DSS and utilizes evidence based treatment with anti-social youth. Services are home-based, offered 24/7. MST will serve youth on probation at risk of placement by providing intense assistance to the family to create clear limits and reduce unsafe behavior
3. Does your municipality plan to replicate program across multiple locations? ( <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no)
4. What is the projected number of youth who will receive service from this program? (4-character number) 7
<b>If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.</b>
5. Did projected performance outcome meet expected outcomes? ( <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.
6. What projected outcomes were met and how were they met? (100 word or less) Out of the 4 youth released, 100% avoided placement, 100% avoided arrest, 100% avoided VOP and 100% participated in 90% of activities and consistently complied with program standards.
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) Please note that summary sheet data incidated 2 youth had been arrested who participated in this program. Under further investigation, it was revealed that this data was inaccurate and no appearance tickets were filed for either of these youth.
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 146
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 5
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

<b>Program three name:</b>	Youth Advocate Program	<b>Type of program:</b>	Early Intervention
<b>Program operating agency:</b>	Youth Advocate Program		
Program mailing address 380 Aaron Court			
Address line 2			
City Kingston		State NY	Zip code 12401
Contact person for program Hannah Calhoun-Pastor			
Title Director		Phone number (845) 339-2859	Ext.
Email hcalhoun@yapinc.org			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 81,193.55			
1. Please indicate the specific zip codes this program will target? Zip Codes			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Ulster County YAP provides PINS D youth who are assessed as moderate risk with an intenstive , wrap-around advocacy/mentor model. YAP staff meet with youth and families multiple times during the week at times most needed by the family to provide hourly respite, counseling, advocacy, supervision and pro-social and employment outlets to youth who are engaging in high risk choices. Activities and goals are personalized and strength- based.			
3. Does your municipality plan to replicate program across multiple locations? ( <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 12			
<b>If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.</b>			
5. Did projected performance outcome meet expected outcomes? ( <input checked="" type="checkbox"/> yes or <input checked="" type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			

6. What projected outcomes were met and how were they met? (100 word or less) 100% of youth released (12) avoided arrest and probation intake, and 91% had a successful adjustment.
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) Of 12 EI released youth, only 66% (8) avoided truancy and 66% (8) avoided suspension. It should be noted that while periods of truancy or suspension continued for some youth, there was improvement in attendance from prior to the intervention and all youth remained in school programs. YAP provides the majority of their intervention outside of school hours, however, there were many interventions made in the early mornings to motivate and encourage youth who were otherwise prone to absenteeism.
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 129
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 21
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

<b>Program four name:</b>	Youth Advocate Program	<b>Type of program:</b>	ATP
<b>Program operating agency:</b>	Youth Advocate Program		
Program mailing address 380 Aaron Court			
Address line 2			
City Kingston		State NY	Zip code 12401
Contact person for program Hannah Calhoun-Pastor			
Title Director		Phone number (845) 339-2859	Ext.
Email hcalhoun@yapinc.org			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 27,064.52			
1. Please indicate the specific zip codes this program will target? Zip Codes 12401, 12428, 12477			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Ulster County YAP provides youth referred from Probation who are assessed as high risk of placement with an intensive , wrap-around advocacy/mentor model. YAP staff meet with youth and families multiple times during the week to provide hourly respite, counseling, advocacy, added supervision and employment/prosocial outlets to youth in an effort to keep them in the community with their families. Activities and goals are personalized and strength- based.			
3. Does your municipality plan to replicate program across multiple locations? ( <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 5			
<b>If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.</b>			
5. Did projected performance outcome meet expected outcomes? ( <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less) Out of the 4 youth released, 100% avoided detention, 100% avoided placement and 100% avoided a Violation of Probation.			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 116			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 7			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)			

<b>Program five name:</b>	Family of Woodstock STSJP Case Management	<b>Type of program:</b>	Early Intervention
<b>Program operating agency:</b>	Family of Woodstock		
Program mailing address 7 John St.			
Address line 2			
City Kingston		State NY	Zip code 12401
Contact person for program Kelly Warringer			
Title Director of Adolescent Services		Phone number (845) 331-7080	Ext.
Email kwarringer@familyofwoodstockinc.org			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 28,800			
1. Please indicate the specific zip codes this program will target? Zip Codes 12401, 12477, 12428			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Case Management will provide: Crisis intervention, family mediation, advocacy and referral for entitlements and available services, anger management, school support and advocacy, substance abuse prevention with the EBT Teen Intervene, Restorative Justice--One80, advocacy with MH providers, connection to prosocial supports and activities, transportation, supported employment, parenting skills, use of natural and formal supports, life skills.			
3. Does your municipality plan to replicate program across multiple locations? ( <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 7			
<b>If the program received STSJP funds in the previous program year 2007 - 2018, answer the questions below.</b>			
5. Did projected performance outcome meet expected outcomes? ( <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less) Of total 4 youth released, 100% avoided detention, 100% had successful adjustments and 100% stayed in school.			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 172.6			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 8			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)			

<b>Program six name:</b>	Family of Woodstock STSJP Case Management	<b>Type of program:</b>	ATP
<b>Program operating agency:</b>	Family of Woodstock		
Program mailing address 7 John St.			
Address line 2			
City Kingston		State NY	Zip code 12401
Contact person for program Kelly Warringer			
Title Director of Adolescent Services		Phone number (845) 331-7080	Ext.
Email kwarringer@familyofwoodstockinc.org			
<b>Program service detailed information</b>			

The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 28,800

1. Please indicate the specific zip codes this program will target? Zip Codes 12401, 12477, 12428

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Will target youth on probation at risk of placement by providing: Crisis Intervention, family mediation, advocacy and referral for entitlements and available services, anger management, school support and advocacy, substance abuse prevention with the EBT Teen Intervene, advocacy with MH providers, court support, increased supervision via connection to prosocial supports and activities, transportation, supported employment, parenting skills, use of natural and formal supports, life skills.

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

4. What is the projected number of youth who will receive service from this program? (4-character number) 7

**If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.**

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

6. What projected outcomes were met and how were they met? (100 word or less) Of the 9 youth released, 100 % of avoided out of home placement and detention. 89% (8) did not have a Violation of Probation.

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

8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 120

9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 12

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

<b>Program seven name:</b>	Family House Respite and Teen Shelter	<b>Type of program:</b>	ATP
<b>Program operating agency:</b>	Family of Woodstock Inc		
Program mailing address 7 John St.			
Address line 2			
City Kingston		State NY	Zip code 12401
Contact person for program Kelly Warringer			
Title Director of Adolescent Services		Phone number (845) 331-7080	Ext
Email kwarringer@familyofwoodstockinc.org			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 6,856			
1. Please indicate the specific zip codes this program will target? Zip Codes 12401, 12477, 12428			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Family House, located in Rosendale NY, will provide respite in a safe, structured and supervised environment for youth who are at risk of placement outside of the home. Family house will provide: crisis individual counseling, and family reunification counseling, life/chore skills training, advocacy for educational, legal, medical, mental health and substance abuse so that families and youth are better prepared to manage day to day challenges.			
3. Does your municipality plan to replicate program across multiple locations? <input type="checkbox"/> yes or <input checked="" type="checkbox"/> no			
4. What is the projected number of youth who will receive service from this program? (4-character number) 8			
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>			
5. Did projected performance outcome meet expected outcomes? <input type="checkbox"/> yes or <input type="checkbox"/> no If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less) This is a new category			

- 7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
- 8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)
- 9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 0
- 10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

<b>Program eight name:</b>	Family House Respite and Teen Shelter	<b>Type of program:</b>	ATD
<b>Program operating agency:</b>	Family of Woodstock Inc		
Program mailing address 7 John St.			
Address line 2			
City Kingston		State NY	Zip code 12401
Contact person for program Kelly Warringer			
Title Director of Adolescent Services		Phone number (845) 331	Ext. 7080
Email kwarringer@familyofwoodstockinc.org			

**Program service detailed information**

- The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 1,714
- 1. Please indicate the specific zip codes this program will target? Zip Codes 12401, 12477, 12428
- 2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Family House, located in Rosendale NY, will provide respite in lieu of detention in a safe, structured and supervised environment. Family house will provide: crisis individual counseling, and family reunification counseling, life/chore skills training, advocacy for educational, legal, medical, mental health and substance abuse.
- 3. Does your municipality plan to replicate program across multiple locations? ( yes or  no)
- 4. What is the projected number of youth who will receive service from this program? (4-character number) 2

**If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.**

- 5. Did projected performance outcome meet expected outcomes? ( yes or  no) If yes, answer # 6, If no, skip to #7.
- 6. What projected outcomes were met and how were they met? (100 word or less) There were 2 youth requiring Alternative to Detention beds in the second half of the year. 100% avoided detention and further arrest.
- 7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) Family House tracked a more limited number of STSJP youth this past year as they were seeking clarity on Federal audit feedback and wanted to ensure that there was not a duplication of funding with federal dollars. As a result, UC was not billed for youth in the first half of the year. This made it difficult to detect patterns/outcomes.
- 8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 5.5
- 9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 2
- 10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

<b>Program nine name:</b>		<b>Type of program:</b>	
<b>Program operating agency:</b>			
Program mailing address			
Address line 2			

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

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

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

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

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

<b>STSJP/RTA Program name:</b>	Functional Family Therapy	<b>Type of program:</b>	STSJP-RTA
<b>Program operating agency:</b>	Berkshire Farm Center and Services for Youth		
Program mailing address 13640 State Route 22			
Address line 2			
City Canaan		State NY	Zip code 12029
Contact person for program Katrina Lesniak, LCSW			
Title FFT Program Coordinator/Site Lead		Phone number (518) 256-1272	Ext.
Email			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 110,00			
1. Please indicate the specific zip codes this program will target? Zip Codes all ulster county			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) FFT is an Evidenced Based Model designed to strengthen family relationships and address risk and protective factors that impact the identified adolescent. It is short-term with an average of 12-14 sessions. This service is being directed at Raise the Age youth who may be either in a Diversion process or under probation supervision. It was felt that the positive and short-term nature of this program would be well suited to older, busy teens who might otherwise be hard to engage.			
3. Does your municipality plan to replicate program across multiple locations? ( <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 40			
<b>If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.</b>			
5. Did projected performance outcome meet expected outcomes? ( <input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less)			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)			

<b>STSJP/RTA Program name:</b>	Community Based Mentor Program	<b>Type of program:</b>	New Program STSJP-RTA
<b>Program operating agency:</b>	Youth Advocate Program		
Program mailing address 380 Aaron Court			
Address line 2			
City Kingston		State NY	Zip code 12401

Contact person for program Hannah Calhoun-Pastor		
Title Director	Phone number (845) 338-2859	Ext.
Email hcalhoun@yapinc.org		
<b>Program service detailed information</b>		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 170,575		
1. Please indicate the specific zip codes this program will target? Zip Codes all Ulster County		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Ulster County has had success with this mentoring program and we seek to build another 8 slots to serve Raise the Age youth. We have noted that our older youth who become involved with the juvenile justice system are easily led by negative peer groups and that they often lack parental supervision and job readiness. YAP provides mentors who can introduce these youth to healthier recreational outlets, provide role modeling as well as paid work internships that often lead to direct employment.		
3. Does your municipality plan to replicate program across multiple locations? ( <input checked="" type="checkbox"/> yes or <input type="checkbox"/> no)		
4. What is the projected number of youth who will receive service from this program? (4-character number) 15		
<b>If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.</b>		
5. Did projected performance outcome meet expected outcomes? ( <input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.		
6. What projected outcomes were met and how were they met? (100 word or less)		
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)		
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)		
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)		

<b>STSJP/RTA Program name:</b>	Respite (Alternative to Detention)	<b>Type of program:</b>	STSJP-RTA
<b>Program operating agency:</b>	Family of Woodstock--Family House		
Program mailing address 7 John St.			
Address line 2			
City Kingston		State NY	Zip code 12401
Contact person for program Kelly Warringer			
Title Director of Adolescent Services		Phone number (845) 331-7080	Ext.
Email kwarringer@familyofwoodstockinc.org			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 18,000			
1. Please indicate the specific zip codes this program will target? Zip Codes All			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Family House, located in Rosendale NY, will provide respite in lieu of detention in a safe, structured and supervised environment. Family house will provide: crisis individual counseling, and family reunification counseling, life/chore skills training, advocacy for educational, legal, medical, mental health and substance abuse and aftercare services. We are expanding our use of Family House to accommodate RTA youth as an ATD anticipating an average LOS to be 10 daysX \$150/day.			
3. Does your municipality plan to replicate program across multiple locations? ( <input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 12			

**If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.**

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

**SECTION EIGHT – Plan Approval**

**Approval of the Chief Executive Officer**

As STSJP Lead for Ulster County municipality, I certify that the CEO  
 Michael P. Hein, County Executive has reviewed and approved the 2018 - 2019 STSJP plan.  
 Date: 10 / 15 / 2018 STSJP Lead User ID 51A833  
 STSJP Lead printed name: Michael Iapocce, Ulster County DSS Commissioner

**Approval of the OCFS STSJP Program Lead**

As OCFS STSJP reviewer. I certify that I approve of this STSJP plan for Ulster  
 municipality, for 2018 - 2019.  
 Date: 1/21/2020 User ID: IT0911 Printed name Lynn Tibbbs