



Office of Children
and Family Services

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Commissioner

October 29, 2019

Dear Chief Executive Officer,

Thank you for submitting Ulster County's Supervision and Treatment Services for Juveniles Program (STSJP) plan for Program Year (PY) 2019-20. Your plan has been reviewed by the Office of Children and Family Services (OCFS), and we are pleased to inform you that your STSJP plan has been **approved**.

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

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 non-Raise The Age detention services expenditures up to the capped allocation amount. If your municipality shifts a portion of its detention allocation into its STSJP plan, your municipality will receive 62% State reimbursement if such shifted funds are spent on STSJP eligible expenditures. A municipality may make a detention allocation shift at the time of the STSJP plan submission or up until 6/30/20, unless otherwise approved by the Office of Children and Family Services. If Ulster 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 the amount that will be shifted and the type of programming or services the re-purposed detention funds will be used for under STSJP. An amended STSJP plan will also need to be submitted.

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

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

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

If you have any questions, please email us at stsjp@ocfs.ny.gov 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.

Sincerely,



Nina Aledort, PhD
Deputy Commissioner
Division of Youth Development and Partnerships for Success
Office of Children and Family Services

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

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

STSJP plans are due to the Office of Children and Family Services (OCFS) by 9/2/2019

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

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

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

Please direct any STSJP plan questions to:

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

MUNICIPALITY INFORMATION	
NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION: Ulster County	
LEAD AGENCY FOR STSJP SUBMISSION: Department of Social Services	NAME OF CONTACT PERSON: Jennifer Stevenson
CONTACT PERSON'S PHONE NUMBER: 845-334-5066	CONTACT PERSON'S EMAIL ADDRESS: jennifer.stevenson@dfa.state.ny.us

PLAN SUBMISSION INSTRUCTIONS
Instructions for submitting an STSJP plan for OCFS review: <ol style="list-style-type: none"> 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. <p>Send the completed application to OCFS via the STSJP email address at: stsjp@ocfs.ny.gov</p>

PART I – STSJP PROGRAMS

SECTION 1	PLAN AMOUNTS	
EXPENSES		
1. Total program expenses		\$ 232,112
2. State reimbursement		\$ 143,909.44
3. Local share amount		\$ 88,203
Reimbursements for the plan (Enter all amounts that are applicable.)		
4. STSJP allocation amount	\$ 40,000	
5. STSJP local approved plan amount		\$ 40,000
6. Detention approved amount shifted to STSJP		\$ 83,909.44
7. PY rollover approved amount		\$ 20,000
8. Total approved amounts for state reimbursement		\$ 143,909.44

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 Liberty Resources, Inc EI MultiSystemic Therapy	\$ 16,055	\$ 26,195	\$ 42,250
STSJP Program 2 Liberty Resources, Inc ATP	\$ 16,055	\$ 26,195	\$ 42,250

**See Addendum for Enhanced Funding*

MultiSystemic Therapy			
STSJP Program 3 Youth Advocate Program EI	\$ 23,940	\$ 39,060	\$ 63,000
STSJP Program 4 Youth Advocate Program ATP	\$ 7,980	\$ 13,020	\$ 21,000
STSJP Program 5 Family of Woodstock Inc EI STSJP Case Manager	\$ 10,938.68	\$ 17,847.32	\$ 28,786
STSJP Program 6 Family of Wodstock Inc ATP STSJP Case Manager	\$ 10,938.68	\$ 17,847.32	\$ 28,786
STSJP Program 7 Family of Woodstock Inc Family House Respite ATP	\$ 1,836.16	\$ 2,995.84	\$ 4,832
STSJP Program 8 Family of Woodstock Inc Family House Respite EI	\$ 459.04	\$ 748.96	\$ 1208
STSJP Program 9	\$	\$	\$
STSJP Program 10	\$	\$	\$
STSJP Program 11	\$	\$	\$
STSJP Program 12	\$	\$	\$
TOTAL			\$ 232,112

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: MST Ulster		STSJP Program 1 Type: Early Intervention	
STSJP Program 1 Operating Agency: 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		Email akayden@Liberty-Resources.org	
Title MST Supervisor		Phone (845) 750 - 3271	Ext

STSJP Program 1 Service Detailed Information

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 42,250
2. Please indicate the specific zip codes this program will target. 12401, 12561, 12428, 12589
3. How will the program be utilized to serve targeted youth in your municipality? **(100 words or less)** The MST program will provide intensive, home-based services to an annual caseload of 7 Diversion youth who have been assessed 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 PINS and JD Diversion youth at risk of going to petition. Services are often multiple times per week with 24/7 support and help families to determine drivers to behaviors so that parent interventions can be more effective.

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? 7

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**) Of the 7 youth released, 86% avoided arrest, truancy and had successful adjustments.

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**) One youth significantly struggled despite the MST intervention. That youth was truant, went to petition, detention and was arrested. The outcome was that she was ultimately placed in a VA. It was reported that the youth had recently moved our county and was placed with a parent she had never lived with. Her behaviors escalated quickly and included multiple incidences of running away. Because her parent did not agree to sign releases to speak with the previous guardian, her needs were not well understood. The remaining 6 youth avoided detention and placement 100%, but this did not meet our total 90% goal for all youth served.

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 118

10. Total number of youth served by this program during the previous STSJP PY: 9

11. What amount of rollover funds from the previous STSJP PY will be spent on this program? \$2,500

STSJP Program 2

STSJP Program 2 Name:

MST Ulster

STSJP Program 2 Type:

Alternative to Placement

STSJP Program 2 Operating Agency:

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

Email

akayden@Liberty-Resources.org

Title

MST Supervisor

Phone

(845) 750 - 3271

Ext

STSJP Program 2

Service Detailed Information

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 42,250

2. Please indicate the specific zip codes this program will target. 12401, 12428, 12561, 12589

3. How will the program be utilized to serve targeted youth in your municipality? (**100 words or less**) The MST program will provide intensive, home-based services to an annual caseload of 7 youth who are on JD or PINS probation and who are at risk of placement outside of the home. The Ulster County MST team is co-located within DSS and utilizes evidence-based treatment with youth and families. Services are often multiple times per week with 24/7 support and help the family to create clear, calm limits, to reduce unsafe behavior.

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? 7

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

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

7. What projected outcomes were met and how were they met? **(100 words or less)** Of the 3 youth released and served, 100% avoided arrest, warrants, detention, VOPs and placement.

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)** Unfortunately, MST had a staffing shortage for the majority of the year and this resulted in fewer youth being served by this part of the program.

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 139.5

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

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: Youth Advocate Program-Ulster		
Program Mailing Address 380 Aaron Court		
Address Line 2		
City Kingston	State NY	Zip Code 12401
Contact Person for Program Hannah Calhoun-Pastor	Email hcalhoun@yapinc.org	
Title Director	Phone (845) 339 - 2859	Ext

STSJP Program 3	Service Detailed Information
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 63,000	
2. Please indicate the specific zip codes this program will target. 12401, 12561, 12428, 12589	
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Ulster County YAP provides PINS and JD Diversion youth with an intensive, wrap-around advocacy/mentor model. YAP staff meet with youth and families flexibly multiple times during the week. They provide hourly respite, advocacy, supervision, prosocial outlets and role-modeling as well as supported employment to youth who are engaging in high risk choices. Activities and goals are personalized and strengths-based.	
4. Does your municipality plan to replicate the program across multiple locations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program? 12	
If the STSJP Program 3 received STSJP funds in the previous STSJP PY, answer the questions below.	
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 .	
7. What projected outcomes were met and how were they met? (100 words or less) Of the 7 youth released, 86% avoided suspension and 100% avoided arrest and detention.	
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) Of the 7 youth released, 4 struggled with periods of truancy, leaving 42% of released youth in school consistently. A total of 5 youth had successful adjustments (71%), but two youth continued to miss school and went to petition. YAP and Ulster County as a whole will be looking at ways to work more collaboratively with schools to try and problem-solve solutions to school avoidance.	
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 215.4	

10. Total number of youth served by this program during the previous STSJP PY: 12
11. What amount of rollover funds from the previous STSJP PY will be spent on this program? \$7,500

STSJP Program 4		
STSJP Program 4 Name: Youth Advocate Program		STSJP Program 4 Type: Alternative to Placement
STSJP Program 4 Operating Agency: Youth Advocate Program-Ulster		
Program Mailing Address 380 Aaron Court		
Address Line 2		
City Kingston	State NY	Zip Code 12401
Contact Person for Program Hannah Calhoun-Pastor	Email hcalhoun@yapinc.org	
Title Director	Phone (845) 339 - 2859	Ext

STSJP Program 4	Service Detailed Information
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 21,000	
2. Please indicate the specific zip codes this program will target. 12401, 12561, 12428, 12589	
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Ulster County YAP provides youth on probation with an intensive, wrap-around advocacy/mentor model. YAP meet with youth and families to provide hourly respite, supervision, advocacy, and employment/prosocial outlets for youth in an effort to keep them in the community with their families. YAP collaborates with Probation, mental health, schools and other treatment providers to problem-solve about youth needs. Activities are personalized and strengths-based.	
4. Does your municipality plan to replicate the program across multiple locations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program? 5	
If the STSJP Program 4 received STSJP funds in the previous STSJP PY, answer the questions below.	
6. Did projected performance outcomes meet expected outcomes? <input 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) Of the 3 youth released, 100% avoided arrest, detention, VOPs and placement.	
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.) 290.25	
10. Total number of youth served by this program during the previous STSJP PY: 4	
11. What amount of rollover funds from the previous STSJP PY will be spent on this program? \$7,500	

STSJP Program 5		
STSJP Program 5 Name: STSJP Case Management		STSJP Program 5 Type: Early Intervention
STSJP Program 5 Operating Agency: Family of Woodstock, Inc		
Program Mailing Address 7 John St.		
Address Line 2		
City Kingston	State NY	Zip Code 12401
Contact Person for Program	Email	

Dana Katz		dkatz@familyofwoodstockinc.org	
Title Program Director	Phone (845) 331 - 7080	Ext	
STSJP Program 5 Service Detailed Information			
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 28,786			
2. Please indicate the specific zip codes this program will target. 12401, 12561, 12428, 12589			
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Case Management will be provided for youth on JD and PINS Diversions to reduce the potential for future involvement in the juvenile justice system. It will include crisis intervention; family mediation; advocacy and referrals to needed services; anger management; substance abuse prevention with EBT Teen Intervene; Restorative Justice-One80, collaboration with providers including MH, schools and probation; connection to prosocial supports and activities; counseling; transportation; use of natural and formal supports and education around life skills and healthy choices.			
4. Does your municipality plan to replicate the program across multiple locations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
5. What is the projected number of youth who will receive services from this program? 7			
If the STSJP Program 5 received STSJP funds in the previous STSJP PY, answer the questions below.			
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 . If Yes, answer #7 . If No, skip to #8 .			
7. What projected outcomes were met and how were they met? (100 words or less) Of the 6 youth released, 100% avoided a PINS referral.			
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) Of the 6 youth released, 5 (83%) avoided arrest which was below our goal of 100%. In addition 5 (83%) avoided suspension and truancy which was slightly below our goal of 85%. Finally, 50% of the 6 youth had successful adjustments upon ending with casemanagement. The 3 remaining did not go to petition during or immediately following the casemanagement, but their Diversion status continued while they engaged in other programming. In total youth served, 1 teen particularly struggled with an arrest, truancy and a lack of engagement with offered services. The five remaining youth met the majority of goals at 100% (aside from 1 suspension).			
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 85.4			
10. Total number of youth served by this program during the previous STSJP PY: 9			
11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 0			

STSJP Program 6

STSJP Program 6 Name: STSJP Case Management		STSJP Program 6 Type: Alternative to Placement	
STSJP Program 6 Operating Agency: Family Of Woodstock			
Program Mailing Address 7 John St.			
Address Line 2			
City Kingston		State NY	Zip Code 12401
Contact Person for Program Dana Katz		Email dkatz@familyofwoodstockinc.org	
Title Program Director		Phone (845) 331 - 7080	Ext

STSJP Program 6 Service Detailed Information

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 28,786

2. Please indicate the specific zip codes this program will target. 12401, 12561, 12428, 12589
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Case Management will be provided to youth on Probation to prevent out-of-home placement. It will include: Crisis intervention; family mediation; advocacy and referrals to needed services; anger management; substance abuse prevention with EBT Teen Intervene; collaboration with providers including MH, schools and probation; connection to prosocial supports and activities; counseling; transportation; use of natural and formal supports and education around life skills and healthy choices.
4. Does your municipality plan to replicate the program across multiple locations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. What is the projected number of youth who will receive services from this program? 7
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 checked="" type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 .
7. What projected outcomes were met and how were they met? (100 words or less) Of the 6 youth released, 100% avoided warrant, arrest, detention, VOP and placement.
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) It was innitially reported by Probation that 1 youth had been arrested in the first half of year and that would have resulted in only 83% (5) of youth avoiding arrest for the year, however, it was learned that the youth's arrest was prior to his starting the STSJP casemanagment program and was the reason behind the referral. All the youth met goals during their program intervention period.
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 88.17
10. Total number of youth served by this program during the previous STSJP PY: 9
11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 0

STSJP Program 7

STSJP Program 7 Name: Family House Respite and Teen Shelter		STSJP Program 7 Type: Alternative to Placement	
STSJP Program 7 Operating Agency: Family of Woodstock			
Program Mailing Address 7 John St.			
Address Line 2			
City Kingston	State NY	Zip Code 12401	
Contact Person for Program Cynthia Bennett	Email cbennett@familyofwoodstockinc.org		
Title Program Director	Phone (845) 338 - 5953	Ext	

STSJP Program 7 Service Detailed Information

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 4,832
2. Please indicate the specific zip codes this program will target. 12401, 12428, 12589, 12561
3. 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: individual crisis counseling, family reunification counseling, life/chore skills training, advocacy and referral for legal, medical, mental health and substance abuse programming so involved families and youth are better prepared to handle conflict and manage day-to-day challenges.
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? 8

If the STSJP Program 7 received STSJP funds in the previous STSJP PY, answer the questions below.

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

7. What projected outcomes were met and how were they met? **(100 words or less)** Of the 3 youth served and released, 100% avoided arrest, VOPs, detention, warrants and placement. While this service was under utilized by STSJP, we see that as positive and indicating that many youth had other informal supports to provide respite.

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 days

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

11. What amount of rollover funds from the previous STSJP PY will be spent on this program? \$2,500

STSJP Program 8

STSJP Program 8 Name: Family House Respite and Teen Shelter		STSJP Program 8 Type: Early Intervention	
STSJP Program 8 Operating Agency: Family of Woodstock			
Program Mailing Address 7 John St.			
Address Line 2			
City Kingston	State NY	Zip Code 12401	
Contact Person for Program Cynthia Bennett	Email cbennett@familyofwoodstockinc.org		
Title Program Director	Phone (845) 338 - 5953	Ext	

STSJP Program 8 Service Detailed Information

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 1,208

2. Please indicate the specific zip codes this program will target. 12401, 12561, 12428, 12589

3. 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 to youth to prevent Diversion youth and newly charged youth from further penetrating the juvenile justice system. Family House will provide: individual crisis counseling, life/chore skills training, transportation to court and appointments as well as advocacy and referral for legal, medical, mental health and substance abuse programming.

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

5. What is the projected number of youth who will receive services from this program? 2

If the STSJP Program 8 received STSJP funds in the previous STSJP PY, answer the questions below.

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

7. What projected outcomes were met and how were they met? **(100 words or less)** One youth was served who had run away from home and was facing a trespassing charge. He also had a previous JD charge that was in process. This youth avoided detention and was able to be supported, counseled and supervised safely as he awaited further services and intervention.

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 days

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

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

STSJP Program 9		
STSJP Program 9 Name:	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	\$ 338,575
2. Total program expenses	\$ 338,575

SECTION 2 LIST OF STSJP-RTA PROGRAMS TO BE FUNDED

Program Name	Total Program Expenses
STSJP-RTA Program 1 Functional Family Therapy EI RTA	\$ 150,000
STSJP-RTA Program 2 Youth Advocate Program EI RTA	\$ 170,575
STSJP-RTA Program 3 Family House Respite EI RTA	\$ 18,000
STSJP-RTA Program 4	\$
STSJP-RTA Program 5	\$
STSJP-RTA Program 6	\$
TOTAL	\$ 338,575

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: Functional Family Therapy		Program 1 Type: Early Intervention	
Program 1 Operating Agency: 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		Email	
Title FFT Program Coordinator/Site Lead	Phone (518) 256 - 1272	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? \$ 150,000
2. Please indicate the specific zip codes this program will target. 12401, 12428, 12561, 12589
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) FFT is an evidence-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 services is planned to be directed at Raise the Age youth who are newly charged or in a Diversion process (or under probation supervision as ATP if the need arises). It is 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. It provides swift and intensive support in the home to families experiencing conflict and stress.
4. Does your municipality plan to replicate the program across multiple locations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. What is the projected number of youth who will receive services from this program?
If the STSJP-RTA Program 1 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input 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) We have not begun this endeavor as our RTA numbers have been lower than anticipated, our contract provider was experiencing difficulty in recruitment, and our RTA plan is still awaiting approval. We are anticipating more youth in need as the 17 year-olds become included in Raise the Age this October. We are asking for an increase in program funds so that our contractor can adjust salary to entice a qualified therapist candidate and to avoid potential turnover in the position.
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
10. Total number of youth served by this program during the previous STSJP-RTA PY:
11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program?

STSJP-RTA Program 2

Program 2 Name: Community Based Mentor Program (YAP)	Program 2 Type: Early Intervention
Program 2 Operating Agency:	

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	Email hcalhoun@yapinc.org	
Title Director	Phone (845) 339 - 2859	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? \$ 170,575			
2. Please indicate the specific zip codes this program will target. 12401, 12561, 12428, 12589			
3. 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 who are newly charged, on Diversion, or under Probation supervision (as ATP if the need arises). 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 and social outlets, provide added guidance and supervision as well as paid work internships that can often lead to direct employment.			
4. Does your municipality plan to replicate the program across multiple locations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
5. What is the projected number of youth who will receive services from this program? 15			
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) This RTA program has not begun as our RTA numbers have been lower than anticipated and our RTA plan has not yet been approved.			
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)			
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)			
10. Total number of youth served by this program during the previous STSJP-RTA PY:			
11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program?			

STSJP-RTA Program 3		
Program 3 Name: Family House Respite	Program 3 Type: Early Intervention	
Program 3 Operating Agency: 7 John St.		
Program Mailing Address 7 John St.		
Address Line 2		
City Kingston	State NY	Zip Code 12401
Contact Person for Program Cynthia Bennett	Email cbennett@familyofwoodstockinc.org	
Title Program Director	Phone (845) 338 - 5953	Ext
STSJP-RTA Program 3		Service Detailed Information

1. The amount of STSJ-P-RTA funds that your jurisdiction will devote to the services from this program? \$ 18,000
2. Please indicate the specific zip codes this program will target. 12401, 12561, 12428, 12589
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Family house will provide respite in lieu of detention/placement to Raise the Age youth across the juvenile justice continuum in a safe, structured and supervised environment. We are budgeting for an average LOS to be 10 days at \$150 per day.
4. Does your municipality plan to replicate the program across multiple locations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. What is the projected number of youth who will receive services from this program? 12
If the STSJ-P-RTA Program 3 received STSJ-P-RTA funds in the previous STSJ-P-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) This RTA program has not begun as our RTA numbers have been lower than anticipated and our RTA plan has not yet been approved. We did have 1 RTA youth go to Specialized Secure during the PY, however that youth was sent directly from an out-of-county VA after a violent assault against staff and would not have been appropriate for this lower level of care.
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-P-RTA PY:
11. What amount of rollover funds from the previous STSJ-P-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 STSJ-P-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 STSJ-P-RTA Program 4 received STSJ-P-RTA funds in the previous STSJ-P-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? <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 5 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.
7. What projected outcomes were met and how were they met? (100 word or less)
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
10. Total number of youth served by this program during the previous STSJP-RTA PY:
11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program?

STSJP-RTA Program 6

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

PART III – STSJP-RTA PROGRAM ANALYSIS

SECTION 1 Overall Analysis

A. Overall Analysis of Communities

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.

The majority of youth who entered the juvenile justice system in Ulster County in 2018 did so in the community of Kingston (12401) where 49% of PINS petitions and 49% of JD petitions 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 to outlying areas, the majority of low income families reside in Kingston. From research, we know poverty is a high risk factor for youth becoming involved with juvenile justice. In addition, Kingston displays pockets of gang activity where youth are often inducted into the lifestyle by peers and family members. The town of New Paltz (12561) also had a high number of justice involved adolescents in 2018 with 9.7% of PINS and 32% of JD Petitions originating from that area. Demographically, New Paltz has a higher median income than many of our Ulster County towns, but it has a high population concentration per square mile and is an active college town with a busy nightlife, all of which we see as potential contributors. Ellenville (12428) continued to turn out a high level of PINS (7.9%) and JDs (5%) for such a small municipality. However it is one of the most isolated and rural regions in our county, displaying a lack of industry, jobs and a shortage of prosocial activities for youth. Finally, we saw an unexpected rise in juvenile justice activity in Wallkill, NY (12589) where 6% of Ulster County's PINS and 19% of JDs occurred. Wallkill is in the southernmost area of Ulster, neighboring the city/town of Newburgh in Orange County. It was reported that many Wallkill youth who became involved with Probation were gravitating to Newburgh and engaging in negative behavior with peers from that bigger town/city.

As a whole, Ulster County continues to suffer from the loss of high paying jobs over the last decade, resulting in many parents having to work long hours or multiple jobs. This leaves little time to supervise their children getting to school, participating in prosocial 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. We have found that many of our justice involved youth have parents whose parenting ability is hindered by their dependence on and/or abuse of these drugs. Finally, vaping is a growing trend for youth across the nation and we have observed an increase in youth being charged for vaping illegal substances on school grounds or even in classrooms.

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.

Overall, Ulster County's detention placements are declining. There was a total of 7 youth placed in detention in 2018. 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, 33% of those admitted to detention in 2018 were Black. There was improvement with PINS VA placements of which Ulster County only had 4 and of those, 0% were African American.

If such disparity exists, describe how this STSJ plan addresses the issues of disparity.

STSJP funded programs will continue to prioritize referrals of minority clients whenever possible. PY data show that of 56 total youth served by STSJ, 35% (20) were Black and 18% (10) were Hispanic. When out-of-home placement of African American or Hispanic youth is being ordered by the court, we will continue to strongly advocate for the least restrictive setting, such as respite over detention and family members, group homes or Voluntary Agencies over OCFS placements. Our programs will continue in efforts to recruit and retain minority staff and to provide cultural diversity training across the system of care.

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)** Our new goals:

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

85% of all served youth will have no arrests.

80% of Early intervention youth will remain in school programs. (was 80% PY)

85% of Early Intervention youth will have successful adjustments.

85% of ATP youth will avoid VOPs.

Our 2018 outcomes were positive in several areas. We were able to serve 56 youth across programs. Of the 36 total youth released from our STSJ services, 97% (35) avoided detention and placement. Of the 15 youth released by APT programming, 93% (14) had no arrests and 93% (14) avoided VOPs. We had some successes with EI youth as well. Of the 20 EI youth released, 90% (18) avoided arrest and 90% avoided PINS petitions.

In regards to areas needing improvement, only 70% (14) of EI youth released were able to end their particular STSJ services with adjustment. Those youth not adjusted displayed a common struggle to engage and fully utilize the programming and were referred back to Probation with continued Diversion needs. School functioning was another area of challenge for our EI youth. Of the 20 released youth, 70% avoided truancy and 80% avoided suspension. In response to the data, Ulster County will be prioritizing collaboration with schools in an effort to work towards the common goal of keeping youth in school, successfully. If approved, we would like to utilize the one-time additional allocation for 2019/2020 to pilot an intervention with Kingston City Schools to reduce our higher rates of petition in that community.

SECTION 3

COLLABORATION SECTION

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

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 Ulster County Attorney's office, the AFCs and our 3 Family Court Judges to provide and utilize all available services to keep youth at home and in the community. We are all committed to avoiding the unnecessary use of detention and out-of-home placements and we have seen a significant decline in admissions and placements over the last few years. An area where we would like to more improvement is reducing our high level of filed petitions. On many occasions, probation has noted when we have had youth in our county who are improving in some areas but not others, petitioners have often felt strongly that court is needed to bring the youth to full compliance. Coinciding with the changes to PINS law in 2020, Ulster County is currently problem-solving ways that we can better partner with petitioners (which tend to be schools and parents), to reduce the reliance on Family Court as we work to help youth decrease behaviors that are getting in the way of their functioning.

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 Ulster County municipality, I certify that the CEO Patrick Ryan, County Executive has reviewed and approved the 2019 STSJP plan.

Date: 08 / 29 / 2019 User ID: 51A833

Print name: Michael Iapoce, Ulster County DSS Commissioner

SECTION 2 APPROVAL OF THE OCFS PROGRAM LEAD

As OCFS STSJP reviewer. I certify that I approve of this STSJP plan for Ulster municipality, for 2019-2020.

Date: 10 / 28 / 19 User ID: IT0911

Print name: Lynn Tablas

Enhanced STSJP Funding--PINS	
Ulster County	
Program Expenses	\$57,580.65
State Reimbursement	\$35,700.00
Local Share	\$21,880.65

COUNTY OF ULSTER

DEPARTMENT OF SOCIAL SERVICES
COORDINATED CHILDREN'S SERVICES:
CCS, NEXIS & MST PROGRAMS
1081 DEVELOPMENT COURT
KINGSTON, NEW YORK 12401-1959

Patrick K. Ryan, County Executive

Michael A. Iapoce, Esq., Commissioner
Cynthia Beisel, Deputy Commissioner
Barbara J. Sorkin, Deputy Commissioner

Jennifer Stevenson Longo, CCS Unit Leader



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bsor@co.ulster.ny.us

jennifer.stevenson@dfa.state.ny.us

August 27, 2019

Nina Aledort, PhD
Deputy Commissioner
Office of Children and Family Services
52 Washington Street
Rensselaer, New York 12144

Dear Dr. Aledort and the PINS/STSJP Committee;

Ulster County would like to thank you for the offering of a one-time allocation of \$35,700 to assist with impending changes in the New York State PINS law. We would absolutely be interested in this funding opportunity to pilot a program to reduce the high number of PINS petition filings in our county.

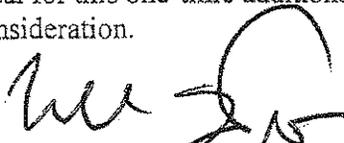
In looking at our data, we can see that Kingston (12401) tends to be the biggest hot spot in terms of filings in our area. In addition, the bulk of filings in 2018 occurred with youth ages 13 and under to 15. Of the total PINS Diversions that moved forward to petition, half were initiated by parents and the other half were initiated by schools. In consultation with Principals from Kingston City School District's two middle schools, truancy/school avoidance was identified as the most frequent factor in unsuccessful adjustments. Moreover, KCSD's J. Watson Bailey and Clifford R. Miller middle schools have both been identified by the State Education Department as needing improvement in the area of attendance.

In order to provide increased support to the KCSD middle schools and their students while also seeking to reduce our number of truancy related PINS filings, Ulster County would like to propose using the one-time allocation to contract with a part-time school/family liaison who could work with school staff and Diversion involved families. Because the home-school relationship is often strained in truancy cases, the liaison would be a neutral party who could provide added outreach to the family and potentially bridge the divide between home and school. This contract provider could assist the team in developing individualized solutions to improve school attendance for youth on PINS Diversion. Once the pilot year is over, data from this program could then be utilized by the schools to build future programming for students at risk of truancy.

We hope you will accept our proposal for this one-time additional allocation for this program to reduce our PINS petitions. Thank you for your consideration.

Sincerely,


Jennifer Stevenson, LCSW-R
Unit Leader/STSJP Contact Person


Michael Iapoce, Esq
Ulster County Commissioner of Social Services/STSJP Lead