



## Office of Children and Family Services

ANDREW M. CUOMO  
Governor

SHEILA J. POOLE  
Commissioner

November 6, 2019

Dear Chief Executive Officer,

Thank you for submitting Broome 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**

Broome 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 Broome County plans to shift its detention allocation for STSJP eligible expenses, please submit a request on official letterhead to Lynn Tubbs and email it to [stsjp@ocfs.ny.gov](mailto:stsjp@ocfs.ny.gov) outlining the amount that will be shifted and the type of programming or services the re-purposed detention funds will be used for under STSJP. An amended STSJP plan will also need to be submitted.

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

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

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

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

Sincerely,



Nina Aledort, PhD  
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, 2046 - SEPTEMBER 30, 2020**

**STSJP plans are due to the Office of Children and Family Services (OCFS) by 09/10/2019**

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

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

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

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

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

|  |  |  |  |
|--|--|--|--|
| <b>MUNICIPALITY INFORMATION</b>  |  |  |  |
| NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION:<br>Broome County             |  |  |  |
| LEAD AGENCY FOR STSJP SUBMISSION:<br>Broome County Department of Social Services |  | NAME OF CONTACT PERSON:<br>Emily Burns                         |  |
| CONTACT PERSON'S PHONE NUMBER:<br>607-778-3757                                   |  | CONTACT PERSON'S EMAIL ADDRESS:<br>emily.burns@dfa.state.ny.us |  |

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

**PART I – STSJP PROGRAMS**

| SECTION 1  |  | PLAN AMOUNTS |            |
|--|--|--------------|------------|
| EXPENSES   |  |              |            |
| 1.   | Total program expenses                         |              | \$ 201,500 |
| 2.   | State reimbursement                            |              | \$ 124,930 |
| 3.   | Local share amount                             |              | \$ 76,570  |
| Reimbursements for the plan (Enter all amounts that are applicable.) |  |              |            |
| 4.   | STSJP allocation amount                        | \$ 124,930   |            |
| 5.   | STSJP local approved plan amount               |              | \$ 124,930 |
| 6.   | Detention approved amount shifted to STSJP     |              | \$ 0       |
| 7.   | PY rollover approved amount                    |              | \$ 0       |
| 8.   | Total approved amounts for state reimbursement |              | \$ 124,930 |

| SECTION 2                |                             | LIST OF STSJP PROGRAMS TO BE FUNDED |   |  |
|--------------------------|-----------------------------|-------------------------------------|---|--|
| Program Name             | Local Share<br>(38 percent) | State Share<br>(62 percent)         | Total Program Expenses<br>(100 percent) |  |
| STSJP Program 1<br>DAASP | \$ 76,570                   | \$ 124,930                          | \$ 201,500                              |  |
| STSJP Program 2          | \$                          | \$                                  | \$                                      |  |
| STSJP Program 3          | \$                          | \$                                  | \$                                      |  |

|                  |    |    |            |
|------------------|----|----|------------|
| STSJP Program 4  | \$ | \$ | \$         |
| STSJP Program 5  | \$ | \$ | \$         |
| STSJP Program 6  | \$ | \$ | \$         |
| STSJP Program 7  | \$ | \$ | \$         |
| STSJP Program 8  | \$ | \$ | \$         |
| STSJP Program 9  | \$ | \$ | \$         |
| STSJP Program 10 | \$ | \$ | \$         |
| STSJP Program 11 | \$ | \$ | \$         |
| STSJP Program 12 | \$ | \$ | \$         |
| <b>TOTAL</b>     |    |    | \$ 201,500 |

**STSJP PROGRAMMING DETAILS**

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

**STSJP Program 1**

|  |  |  |          |
|--|--|--|----------|
| STSJP Program 1 Name:<br>Detention Alternative After School Program  |  | STSJP Program 1 Type:<br><b>JO/JD-Alternative to Detention</b> |          |
| STSJP Program 1 Operating Agency:<br>Our Lady of Lourdes - Ascension |  |  |          |
| Program Mailing Address<br>169 Riverside Drive                       |  |  |          |
| Address Line 2   |  |  |          |
| City<br>Binghamton   |  | State<br>NY  | Zip Code |
| Contact Person for Program<br>Ralphalla Richardson                   |  | Email<br>rrichardson1@ascension.org                            |          |
| Title<br>Program Director  |  | Phone<br>(607) 584 - 3118                                      | Ext      |

**STSJP Program 1 Service Detailed Information**

- The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 124,930
- Please indicate the specific zip codes this program will target. 13901, 13905, 13903, 13790, 13760
- How will the program be utilized to serve targeted youth in your municipality? **(100 words or less)** DAASP will work with youth identified to be at the highest risk of detention during the pendency of their case. Participants will attend court appearances, will not have additional arrests and will demonstrate an increased ability to deal with peer pressure, anger, and understanding of consequences. Participants will identify and address factors leading to their involvement in the Juvenile Justice System. Program staff will be available at Family Court for immediate referral to/engagement in the program.
- Does your municipality plan to replicate the program across multiple locations?  Yes  No
- What is the projected number of youth who will receive services from this program? 40

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

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

7. What projected outcomes were met and how were they met? **(100 words or less)** Outcomes met include: 100% of youth participants attended scheduled court appearances; 96% of youth participants were not placed in detention or residential care; and 96% of youth participants were not arrested/re-arrested. These goals were met using approaches including physical activities, life skills development, parent & family centered activities, parent supports and experiential learning. YTD satisfaction rate is 100%, based on survey responses.
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)** DAASP failed to serve 35 youth; to date they have served 28 youth. Again, this was due to lack of referrals. To address this issue DAASP will reinvent the referral and engagement process, placing staff at Family Court to take detention diversion referrals directly from the Judges handling the cases and will focus on providing ATD services only. DAASP will immediately meet with the youth and his/her family to begin services.
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 56.7
10. Total number of youth served by this program during the previous STSJP PY: 28
11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 0

**STSJP Program 2**

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

**STSJP Program 2 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 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)**
  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 3**

|                                   |  |                       |  |
|-----------------------------------|--|-----------------------|--|
| STSJP Program 3 Name:             |  | STSJP Program 3 Type: |  |
| STSJP Program 3 Operating Agency: |  |                       |  |

|                            |                |          |
|----------------------------|----------------|----------|
| Program Mailing Address    |                |          |
| Address Line 2             |                |          |
| City                       | State          | Zip Code |
| Contact Person for Program | Email          |          |
| Title                      | Phone<br>( ) - | Ext      |

**STSJP Program 3 Service Detailed Information**

|   |
|---|
| 1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$   |
| 2. Please indicate the specific zip codes this program will target.   |
| 3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)   |
| 4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 5. What is the projected number of youth who will receive services from this program?   |
| <b>If the STSJP Program 3 received STSJP funds in the previous STSJP PY, answer the questions below.</b>  |
| 6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, <b>answer #7</b> ; If No, <b>skip to #8</b> ; If Partially, <b>answer #7 and #8</b> . |
| 7. What projected outcomes were met and how were they met? (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 4**

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

**STSJP Program 4 Service Detailed Information**

|   |
|---|
| 1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$   |
| 2. Please indicate the specific zip codes this program will target.   |
| 3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)   |
| 4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 5. What is the projected number of youth who will receive services from this program?   |
| <b>If the STSJP Program 4 received STSJP funds in the previous STSJP PY, answer the questions below.</b>  |
| 6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, <b>answer #7</b> ; If No, <b>skip to #8</b> ; If Partially, <b>answer #7 and #8</b> . |
| 7. What projected outcomes were met and how were they met? (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 5**

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

**STSJP Program 5 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 5 received STSJP funds in the previous STSJP PY, answer the questions below.**
- 6. Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, **answer #7**; If No, **skip to #8**; If Partially, **answer #7 and #8**.  
If Yes, **answer #7**. If No, **skip to #8**.
- 7. What projected outcomes were met and how were they met? **(100 words or less)**
- 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 6**

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

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

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

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

| <b>STSJP Program 8</b> |                       |
|------------------------|-----------------------|
| STSJP Program 8 Name:  | STSJP Program 8 Type: |

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

**STSJP Program 8 Service Detailed Information**

|   |
|---|
| 1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$   |
| 2. Please indicate the specific zip codes this program will target.   |
| 3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)   |
| 4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 5. What is the projected number of youth who will receive services from this program?   |
| <b>If the STSJP Program 8 received STSJP funds in the previous STSJP PY, answer the questions below.</b>  |
| 6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8. |
| 7. What projected outcomes were met and how were they met? (100 words or less)  |
| 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 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<br>( ) -        | 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?   |
| <b>If the STSJP Program 9 received STSJP funds in the previous STSJP PY, answer the questions below.</b>  |
| 6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8. |

|   |
|---|
| 7. What projected outcomes were met and how were they met? (100 words or less)  |
| 8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) |
| 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)   |
| 10. Total number of youth served by this program during the previous STSJP PY:  |
| 11. What amount of rollover funds from the previous STSJP PY will be spent on this program?   |

|                                    |                        |          |
|------------------------------------|------------------------|----------|
| <b>STSJP Program 10</b>            |                        |          |
| 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<br>( ) -         | Ext      |

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

|                                    |                        |          |
|------------------------------------|------------------------|----------|
| <b>STSJP Program 11</b>            |                        |          |
| 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<br>( ) -         | Ext      |

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

| <b>STSJP Program 12</b>            |                        |          |
|------------------------------------|------------------------|----------|
| 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<br>( ) -         | Ext      |

| <b>STSJP Program 12</b>   | <b>Service Detailed Information</b> |
|---|-------------------------------------|
| 1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$   |                                     |
| 2. Please indicate the specific zip codes this program will target.   |                                     |
| 3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b>  |                                     |
| 4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                                     |
| 5. What is the projected number of youth who will receive services from this program?   |                                     |
| <b>If the STSJP Program 12 received STSJP funds in the previous STSJP PY, answer the questions below.</b>   |                                     |
| 6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, <b>answer #7</b> ; If No, <b>skip to #8</b> ; If Partially, <b>answer #7 and #8</b> . |                                     |
| 7. What projected outcomes were met and how were they met? <b>(100 words or less)</b>   |                                     |
| 8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? <b>(100 words or less)</b>  |                                     |
| 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)   |                                     |
| 10. Total number of youth served by this program during the previous STSJP PY:  |                                     |
| 11. What amount of rollover funds from the previous STSJP PY will be spent on this program?   |                                     |

| <b>PART II – STSJP-RTA PROGRAMS</b> |                               |
|-------------------------------------|-------------------------------|
| <b>SECTION 1</b>                    | <b>STSJP RTA PLAN AMOUNTS</b> |

| <b>Expenses</b>  |                               |
|--|-------------------------------|
| 1. RTA-approved plan amount                              | \$ 465,000                    |
| 2. Total program expenses                                | \$ 465,000                    |
| <b>SECTION 2 LIST OF STSJP-RTA PROGRAMS TO BE FUNDED</b> |                               |
| <b>Program Name</b>                                      | <b>Total Program Expenses</b> |
| STSJP-RTA Program 1<br>Detention Alternative Program     | \$ 465,000                    |
| STSJP-RTA Program 2                                      | \$                            |
| STSJP-RTA Program 3                                      | \$                            |
| STSJP-RTA Program 4                                      | \$                            |
| STSJP-RTA Program 5                                      | \$                            |
| STSJP-RTA Program 6                                      | \$                            |
| <b>TOTAL</b>   | \$ 465,000                    |

**STSJP-RTA PROGRAMMING DETAILS**

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

**STSJP-RTA Program 1**

|  |                |   |  |
|--|----------------|---|--|
| Program 1 Name:<br>Detention Alternative Program                           |                | Program 1 Type:<br>JO/JD-Alternative to Detention |  |
| Program 1 Operating Agency:<br>Agency to be Determined through RFP process |                |   |  |
| Program Mailing Address  |                |   |  |
| Address Line 2   |                |   |  |
| City   | State          | Zip Code  |  |
| Contact Person for Program   |                | Email   |  |
| Title  | Phone<br>( ) - | Ext   |  |

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

|  |
|--|
| 1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 465,000  |
| 2. Please indicate the specific zip codes this program will target. 13901 , 13905, 13790, 13760  |
| 3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b> Program will be available 24/7. Program staff will be present in court to accept referrals and immediately engage the youth and family in the ATD process. Program will work with RTA youth to insure attendance at all scheduled court appearances, reduce the risk of new arrests, eliminate the need for dentetion, reduce the risk of out of home placement and assess & plan for the youth's individual needs. Programming will focus on engaging the youth and family in his/her community and will focus on each participant's unique strenghts. |
| 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? 15   |
| <b>If the STSJP-RTA Program 1 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.</b>   |
| 6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, <b>answer #7</b> ; If No, <b>skip to #8</b> ; If Partially, <b>answer #7 and #8</b> .  |
| 7. What projected outcomes were met and how were they met? <b>(100 word or less)</b> The identified agency will design a Detention Alternative Program for 16 and 17 year old youth focusing on intensive case management  |
| 8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? <b>(100 words or less)</b>   |
| 9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)  |
| 10. Total number of youth served by this program during the previous STSJP-RTA PY:   |
| 11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program?  |

**STSJP-RTA Program 2**

|                             |       |                 |  |
|-----------------------------|-------|-----------------|--|
| Program 2 Name:             |       | Program 2 Type: |  |
| Program 2 Operating Agency: |       |                 |  |
| Program Mailing Address     |       |                 |  |
| Address Line 2              |       |                 |  |
| City                        | State | Zip Code        |  |

|   |                |     |
|---|----------------|-----|
| Contact Person for Program  | Email          |     |
| Title   | Phone<br>( ) - | Ext |
| <b>STSJP-RTA Program 2 Service Detailed Information</b>   |                |     |
| 1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$   |                |     |
| 2. Please indicate the specific zip codes this program will target.   |                |     |
| 3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)   |                |     |
| 4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                |     |
| 5. What is the projected number of youth who will receive services from this program?   |                |     |
| <b>If the STSJP-RTA Program 2 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.</b>  |                |     |
| 6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input 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 3**

|                             |                 |          |
|-----------------------------|-----------------|----------|
| Program 3 Name:             | Program 3 Type: |          |
| Program 3 Operating Agency: |                 |          |
| Program Mailing Address     |                 |          |
| Address Line 2              |                 |          |
| City                        | State           | Zip Code |
| Contact Person for Program  | Email           |          |
| Title                       | Phone<br>( ) -  | Ext      |

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

|   |  |  |
|---|--|--|
| 1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$   |  |  |
| 2. Please indicate the specific zip codes this program will target.   |  |  |
| 3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)   |  |  |
| 4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |
| 5. What is the projected number of youth who will receive services from this program?   |  |  |
| <b>If the STSJP-RTA Program 3 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.</b>  |  |  |
| 6. Did projected performance outcomes meet expected outcomes? <input 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? |

|                             |                 |          |
|-----------------------------|-----------------|----------|
| <b>STSJP-RTA Program 4</b>  |                 |          |
| 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<br>( ) -  | Ext      |

|   |                                     |
|---|-------------------------------------|
| <b>STSJP-RTA Program 4</b>  | <b>Service Detailed Information</b> |
| 1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$   |                                     |
| 2. Please indicate the specific zip codes this program will target.   |                                     |
| 3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)   |                                     |
| 4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                                     |
| 5. What is the projected number of youth who will receive services from this program?   |                                     |
| <b>If the STSJP-RTA Program 4 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.</b>  |                                     |
| 6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input 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?   |                                     |

|                             |                 |          |
|-----------------------------|-----------------|----------|
| <b>STSJP-RTA Program 5</b>  |                 |          |
| 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<br>( ) -  | Ext      |

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

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

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

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

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

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

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

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

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

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

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

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

|                             |                 |          |
|-----------------------------|-----------------|----------|
| <b>STSJP-RTA Program 6</b>  |                 |          |
| 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<br>( ) -  | Ext      |

|   |                                     |
|---|-------------------------------------|
| <b>STSJP-RTA Program 6</b>  | <b>Service Detailed Information</b> |
| 1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$   |                                     |
| 2. Please indicate the specific zip codes this program will target.   |                                     |
| 3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)   |                                     |
| 4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                                     |
| 5. What is the projected number of youth who will receive services from this program?   |                                     |
| <b>If the STSJP-RTA Program 6 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.</b>  |                                     |
| 6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8. |                                     |
| 7. What projected outcomes were met and how were they met? (100 word or less)   |                                     |
| 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. Broome County is located in the Southern Tier of New York, it covers 716 square miles and consists of a mix of urban, suburban, and rural areas. Broome County's population was reported in the 2010 census as 200,600, however the population continues to decline; in 2018 the population was estimated to be 191,659. Binghamton is the major urban center of Broome County with a population of 44,785, followed by Johnson City with 14,299, and Endicott with 12,645. The zip codes that are most prevalent in are Binghamton zip codes 13901 and 13905. Followed by Johnson City which is 13790 and Endicott which is 13760. The crime rate for both juveniles and adults is higher in these urban centers than in the rest of the county. Binghamton's crime rate is higher than the state and national averages for cities of the same size. Broome County's poverty rate and unemployment are both higher than the state and national averages. Families and juveniles in these zip codes face uncertainty and instability; the population is often transient, moving between these zip codes and changing school districts. On a daily basis families and juveniles in these zip codes deal with issues such as high crime rates, poverty, lack of jobs, substandard housing, gang activity, lack of transportation and lack of services.

**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. According to Broome County's DCJS Profile, the juvenile population in 2017 was 18,724 with 78% White, 10% Black, 8% Hispanic and 4% Asian or Pacific Islander (non Hispanic). Broome County's detention rate for Black juveniles dropped from 50% (2014) to 41% (2018) which is still significantly high based on the population make-up. The number of Broome County Hispanic youth placed in detention dropped from 27% (2014) to 11% (2018) which is more in line with Broome County's population make up. Placement of Broome County youth in OCFS facilities also remains disparate.

Racial disparity is evidenced throughout the process as a youth enters and moves through the Juvenile Justice System in Broome County. The rate of Probation intakes opened in 2018 for Black youth in Broome County was 36% and 8% for Hispanic youth. The rate of Probation cases opened in 2018 for Black youth was 41% and 9% for Hispanic youth. The rate of JD Probation violations filed in 2018 in Broome County for Black youth was 56% and 8% for Hispanic youth.

If such disparity exists, describe how this STSJ plan addresses the issues of disparity. DAASP will track zip codes prior to a youth's involvement with juvenile justice. They will also track the race and ethnicity of the youth who participate in the program. DAASP will prioritize youth at greatest risk of detention and will insure all services are provided in a culturally sensitive, strength-based and trauma informed manner. The disparity of youth referred to DAASP is anticipated to be in line with the disparity that exists through Broome County's Juvenile Justice System. DAASP staff are trained in cultural competency and any new staff will also receive cultural competency training. DAASP will use Restorative Justice practices.

**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)**

Projected out comes for DAASP:

90% of youth participants will not be re-arrested or have warrants issued against them

90% of youth participants will appear in court

90% of youth participants will not be remanded to detention

90% of youth participants will not be placed in a residential setting

85% of youth will successfully complete DAASP programming

20% of youth at risk of detention (as defined as being subject to an initial petition or violation petition) will be served in this program

**SECTION 3****COLLABORATION SECTION**

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

**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 Broome County Department municipality, I certify that the CEO Jason Garnar, County Executive has reviewed and approved the 2020 STSJP plan.

Date: 10 / 15 / 2019 User ID: 03b300

Print name: Emily Burns

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

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

Date: 11 / 06 / 19 User ID: JIM9737

Print name: Karen Sessions, Karen Sessions