NEW YORK STATE | Office of Children and Family Services

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Acting Commissioner

March 1, 2019

Dear Chief Executive Officer,

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

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

Genesee County is eligible to receive 62% State reimbursement for STSJP expenditures up to the capped STSJP allocation amount. Your municipality will continue to receive 49% State reimbursement for eligible detention services expenditures up to the capped allocation amount. If your municipality shifts a portion of its detention allocation into its STSJP plan, your municipality will receive 62% State reimbursement if such shifted funds are spent on STSJP eligible expenditures. A municipality may make a detention allocation shift at the time of the STSJP plan submission or at any time during the program year. If Genesee County plans to shift its detention allocation for STSJP eligible expenses, please submit a request on official letterhead to John Johnson and email it to stsjp@ocfs.ny.gov 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 that a municipality may be eligible for, the expenditures must be specifically included in a locality's comprehensive RTA plan. Plan approval for 100% reimbursement will be determined on a case-by-case basis by the Office of Children and Family Services, the Department of Criminal Justice Services and the Division of Budget.

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

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

If you have any questions, please email us at stsjp@ocfs.ny.gov 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 John Johnson at (518) 486-4665/John.Johnson@ocfs.ny.gov or Nadine Kayajian at (518) 474-6603/ Nadine.Kayajian@ocfs.ny.gov

Sincerely,

Nina Aledort, Ph.D., LMSW
Associate Commissioner, Youth and Young Adult Services
Division of Child Welfare and Community Services & Division of Juvenile Justice and Opportunities for Youth

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

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

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

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

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

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

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

Please direct any STSJP plan questions to:
John E. Johnson: Ph. 518-486-4665

MUNICIPALITY INFORMATION		
NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION: Genesee County		
LEAD AGENCY FOR STSJP SUBMISSION: Genesee County Department of Social Services		NAME OF CONTACT PERSON: Ben Dennis
CONTACT PERSON'S PHONE NUMBER: 585-344-2580 x6400	CONTACT PERSON'S EMAIL ADDRESS: ben.dennis2@dfa.state.ny.us	

Plan Submission instructions

Instructions for submitting an STSJP plan for OCFS review.

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

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

SECTION ONE - List of programs to be funded

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

Program Name	Total Program Expense (100 percent)	State Share (62 percent)	County Share (38 percent)
STSJP Program 1 Student Transition and Recovery (STAR)	$ 83,488.29	$ 51,762.74	$ 31,725.55
STSJP Program 2 PINS Diversion	$ 75,000	$ 46,500	$ 28,500
STSJP Program 3 Electronic Monitoring (BI,Inc.)	$ 9,500	$ 5,890	$ 3,610
STSJP Program 4	$	$	$
STSJP Program 5	$	$	$
STSJP Program 6	$	$	$

STSJP Program 7	$	$	$
STSJP Program 8	$	$	$
STSJP Program 9	$	$	$
STSJP Program 10	$	$	$
STSJP Program 11	$	$	$
STSJP Program 12	$	$	$
TOTAL	$ 167,988.29	$ 104,152.74	$ 63,835.55
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Electronic Monitoring STSJP/RTA	$ 36,400.00		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Accountability CCL STSJP/RTA	$ 350.00		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) EB Prom - Teen InterveneSTSJP/RTA	$ 952.00		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	$		
TOTAL	$ 37,702	$	$

SECTION TWO – Overall analysis of communities

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

(500 words or less)

Genesee County has a population of approximately 60,000 people. Batavia and Leroy are the 2 largest cities, yet all youth in the County receive the same level of services. Being such a small County and primarily rural, we have about 13 zip codes including Batavia and Leroy. There are small pockets in Batavia and Leroy of which we are aware could be problematic, however, the issues are not significant enough to a point where we need target these services as opposed to other areas in the County. Additionally, we are able to know our kids very well so there is no need to program for specific neighborhoods or communities. When we have approximately 150 youth in STAR, 30 PINS youth and 11 EM youth, we are able to know who they are and where they live and what school they attend. The local law enforcement in Genesee County work well with schools and other service providers to serve the entire Genesee County Community. Therefore, for the purpose of STSJP Planning, we are including all youth in Genesee County and not differentiating by a certain zip code.

SECTION THREE – Overall analysis of disparity

Please provide information indicating whether the use of detention or residential placement in your service area exhibits disparate outcomes for one racial/ethnic group as compared to outcomes for another racial/ethnic group.
(Please consult with the Detention and Placement data provided by OCFS and the County Profile data provided by DCJS as part of your STSJP plan support documentation).

(250 words or less)

When we look at the demographic of the youth in the custody of GCDSS and that are residing in detention facilities or residential facilities, it appears that there is a disproportionate representation. According to the data provided by OCFS Strategic Planning and Policy Development, we have a total of 25% of our detention population as minority. This is a higher percentage than our overall population of minorities. WIth respect to the outcomes for one racial or ethnic group compared to another, there does not appear to be a significant finding. Therefore, although the higher rate of placement, the outcomes appear to be similar. Genesee County is aware of this. We will continue our discussions about the issue and we are looking at ways to change our intake practices. We have initiated a new Kinship Policy that we are hopeful will help reduce the rate of placement overall, especially for minorities. Additionally, DSS staff, Family Court staff and others have attended multiple Cultural Diversity Training over the past several years, including but not limited to, Khatib Waheed and other experts in DMR as arranged by OCFS.

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

(250 words or less)

Genesee County is aware of the disproportionality of youth placed in residential or detention facilities and we are continuing to address these issues. We have ongoing meetings with the multiple disciplines involved in juvenile justice. We are looking at our intake and referral processes with respect to identifying and utilizing kin or fictive kin as much as possible in order to keep children out of placement.

SECTION FOUR – Performance outcomes

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

(250 word or less)

Program # 1 (STAR, Inc.) will serve youth and families, with the goal of successfully keeping 87% of youth in the community with no out-of-home placements (ATP). This is an increase from last years goal of 85%.

Program # 2 (PINS Diversion) will have the goal of having 87% of the youth on PINS Diversion to successfully avoid further legal involvement leading to adjudication and out-of-home placement. This too is an increase in last years goal of 85%.

Program # 3 (EM) - ATD will divert about 90% of youth from being placed in detention in PY 2018-2019.

SECTION FIVE – Collaboration

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

(250 words or less)

Collaborative efforts are made with various key components in Genesee County. Regular meetings are conducted between Probation and DSS as well as the County Youth Bureau and the provider agencies, like STAR. Genesee County has a rich history of local government departments, law enforcement and others to cooperate and collaborate regarding Juvenile Justice issues. Genesee County has a Juvenile Justice Planning Committee (JJPC) that meets on a monthly basis to review data and approaches to serving youth and families in the Juvenile Justice system. STAR (Program # 1) and Pins Diversion (Program # 2) thru Genesee County Probation are ATP Programs that have been successful over the years in preventing out-of-home placement of at risk youth. Genesee County Family Court also supports and recognizes the use of (ATD) Electronic Monitoring (Program # 3) as an effective way of keeping youth out of detention and safely in the community.

SECTION SIX – Cooperative applications submitted jointly by two or more counties

(Complete this section only if this is a joint application)
Two or more eligible local jurisdictions (counties) may join together to establish, operate, and maintain supervision and treatment services for juveniles' programs and may make and perform agreements in connection therewith. Counties submitting such applications must provide the following information: Describe the provisions for the proportionate cost to be borne by each county: N/A
Describe the manner of employment of personnel across and between counties in the cooperative: N/A
Identify whether a single fiscal officer shall be the custodian of the funds made available for STSJP: N/A
PLEASE DO NOT INCLUDE ANY RTA PROGRAM FUNDING IN SECTION SEVEN (section directly below)

SECTION SEVEN– Plan amounts		
Expenses		
1. Total Program expenses		$ 167,988.29
2. State reimbursement (Program expenses*.62)		$ 104,152.74
3. State share amount (Program expenses*.38)		$ 63,835.55
Add in Reimbursements for the plan (fill out all that are applicable)		
4. STSJP allocation	$ 40,000	
5. STSJP approved		$ 40,000
6. JDAI allocation	$ 0	
7. JDAI approved		$ 0
8. Detention approved amount shifted to STSJP		$ 39,000
9. PY rollover approved		$ 25,152.74
10. Total approved amounts for state reimbursement		$ 104,152.74
11. Total amount of approved STSJP-RTA 100% state reimbursement		$ 62,133

Program detail inserts

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

Program one name:	Student Transtion and Recovery (STAR)	**Type of program:**	ATP
Program operating agency:	STAR, Inc.		
Program mailing address P.O. Box 1701, Batavia, NY 14021			
Address line 2 80 Union St.			
City Batavia	State New York	Zip code 14020	
Contact person for program Captain Jim Davis			
Title Program Coordinator	Phone number (585) 343-1164	Ext.	
Email starmib@yahoo.com			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program?	$ 83,488.29		

1. Please indicate the specific zip codes this program will target?	Zip Codes All Genesee County Zip Codes

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
The STAR program is designed to provide supervision, educational support, behavioral modification and many other positive developmental activities to youth that are at "high-risk" of out-of-home placement. Many youth in the STAR program have been adjudicated a PINS and/or JD and get refered to STAR by the schools, probation, DSS or the parent can self refer the child.

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

4. What is the projected number of youth who will receive service from this program? (4-character number) 0165

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

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

6. What projected outcomes were met and how were they met? (100 word or less)
This past school year, the youth in STAR saw their G.P.A. increase by approximately 15.2% on average. They also saw their attendance improve by about 85% on average. Most importantly, of the students who participated in The STAR 30-day or 6-month program this past school year, less than 4% were placed in DSS or OCFS custody. This is a success rate of about 96%.

7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
Some students failed to meet goals of STAR program. Non-compliance, failure for parent participation, assaultive behavior were some of the reasons for dismissal from STAR. Mandated Preventive Services and other educational services or alternatives were subsequently provided to family, up to and including out-of-home placement.

8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)
Sixty-nine unique students particpated in the 30 day program, with several of those students having an additional 30 day extension. The 24 week (6 month) STAR III had 5 youth partipating for a total of 168 days each. STAR also has a one day program for which 74 students participated (20 of those youth repeated the program multiple times). It is difficult to determine the average length of stay (ALOS) of a youth in STAR due to the differing programs available. ALOS is not a true measure of the success or failure for the STAR Program. As noted, STAR has a 1 day, 30 day and 24 week program where 148 youth took part in total. If we were to calculate the ALOS for a youth in STAR, it would be about 40 days.

9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 0148

10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 25152.74

Program two name:	PINS Diversion	**Type of program:**	ATP

Program operating agency:	Genesee County Probation
Program mailing address 15 Main St.	
Address line 2	

City Batavia	State New York	Zip code 14020
Contact person for program Timothy Michalak		
Title Probation Director	Phone number (585) 815-7807	Ext. 2270
Email timothy.michalak@co.genesee.ny.us		

Program service detailed information

The amount of STSJP funds that your jurisdiction will devote to the services from this program?	$ 75,000
1. Please indicate the specific zip codes this program will target?	Zip Codes All of Genesee County

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

The Probation Department's PINS Diversion program is designed to prevent out-of-home placements by engaging the youth, family and others, in the home, school and community. Many of the youth in the PINS Diversion Program are considered "high-risk" for out-of-home placements. For the PY 2017 Genesee County Probation provided Diversion Services to 30 youth. Three of the 30 were placed in out-of-home placment. This past PY, 26 youth received Diversion, and 3 resulted in out of home placement.

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

4. What is the projected number of youth who will receive service from this program? (4-character number) 0035

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

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

6. What projected outcomes were met and how were they met? (100 word or less) Out of the projected number of High Risk Youth that were served in the previous program year, our records show that only about 11% were placed with DSS during the program year. Outcome achieved.

7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
Although 89% of the youth that were served did achieve the desired outcome (ATP), 11% went into placement. Despite every effort and all the diligence, there are going to be a small number of youth that have a greater liklihood of entering care. In cases like that, Mandated Preventive Services and other educational services or alternatives were subsequently provided to family, up to and including out-of-home placement.

8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)
Some kids were on Diversion for a month and some have been on Diversion in excess of 24 months. A true measure of the length of stay would be to say that a youth can be in PINS Diversion anywhere between 30 days and 2 years.

9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 0026

10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0

Program three name:	Electronic Monitoring (BI,Inc.)	**Type of program:**	ATD
Program operating agency:	Genesee County		
Program mailing address 5130 East Main St			
Address line 2			
City Batavia	State New York	Zip code 14020	
Contact person for program Rebecca Nigro			
Title Supervisor	Phone number (585) 344-2580	Ext. 6448	
Email rebecca.nigro@dfa.state.ny.us			

Program service detailed information

The amount of STSJP funds that your jurisdiction will devote to the services from this program? $ 9,500

1. Please indicate the specific zip codes this program will target? Zip Codes All Genesee County

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
Electronic Monitoring (EM) is an ATD Program. Genesee Co purchases the services from Behavioral Interventions. DSS staff receive alerts & act accordingly depending on nature of the violation. The EM program is designed to increase the likelihood that the youth attends their next court date as opposed to having him or her placed in detention. EM also used to deter youth from negative behaviors, identify whereabouts of a youth 24/7, keep the youth at home, in local schools & in the community.

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

4. What is the projected number of youth who will receive service from this program? (4-character number) 0012

If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.
5. Did projected performance outcome meet expected outcomes? (☒ yes or ☐ no) If yes, answer # 6, If no, skip to #7.
6. What projected outcomes were met and how were they met? (100 word or less) The goal of ATD is to avoid placement of youth in detention. In 2016, 11 youth have avoided detention by using the EM for 765 days. From 10/1/16 to 6/30/17, four youth have used the EM for 101 days and all of the children have remained at home, in their home school and community. In 2018, there have been 7 youth that have been placed on a EM accounting for 191 days so far. Two of these youths are still on a EM. There have been no youth that have had to be placed in detention while on the EM
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) None at this time.
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) In PY 2016, the average length of EM is 53 days. In 2017, the length of stay was about 26 days. So far for 2018, as noted, there have been 7 youth that have used the EM. While this is less than our projection of 10 children, we still have avoided detention for all 7 youth. It is also of note that 6 of these youths were placed on the EM after June 1, 2018 showing a rise in the usage. Detention Costs are approximately $500/day. One day of EM costs GCDSS approximately $8.00/day.
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 0005
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0

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

Program five name:		**Type of program:**	

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

Program six name:		**Type of program:**	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ( )	Ext.	
Email			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? $			
1. Please indicate the specific zip codes this program will target? Zip Codes			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)			
3. Does your municipality plan to replicate program across multiple locations? (☐ yes or ☐ no)			
4. What is the projected number of youth who will receive service from this program? (4-character number)			
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (☐ yes or ☐ no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less)			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)			

8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

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

Program eight name:		**Type of program:**	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ( )	Ext.	
Email			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? $			
1. Please indicate the specific zip codes this program will target? Zip Codes			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)			
3. Does your municipality plan to replicate program across multiple locations? (☐ yes or ☐ no)			

4. What is the projected number of youth who will receive service from this program? (4-character number)
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.
5. Did projected performance outcome meet expected outcomes? (☐ yes or ☐ no) If yes, answer # 6, If no, skip to #7.
6. What projected outcomes were met and how were they met? (100 word or less)
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

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

Program ten name:		**Type of program:**	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ( )	Ext.	

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

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

Program twelve name:		**Type of program:**	
Program operating agency:			

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

STSJP/RTA Program name:	Electronic Monitoring (BI Inc	**Type of program:**	STSJP-RTA
Program operating agency:	Genesee County		
Program mailing address 5130 East Main St			
Address line 2			
City Batavia	State New York	Zip code 14020	
Contact person for program Rebecca Nigro			
Title Supervisor	Phone number (585) 344-2580	Ext. 6448	
Email rebecca.nigro@dfa.state.ny.us			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? $ 62,133			
1. Please indicate the specific zip codes this program will target? Zip Codes All Genesee County			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Similar to how it is used as stated above. The RTA EM program will involve 16 year olds, from the new Raise the Age legislation. The EM Program is designed to increase the likelihood that the youth attends their next court appearance as opposed to having him or her placed in detention. EM also used to deter youth from negative behaviors, identify the whereabouts of a youth 24/7 and to keep the youth at home, in local schools, in the community.			
3. Does your municipality plan to replicate program across multiple locations? (☐ yes or ☒ no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 0008			
If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.			

5. Did projected performance outcome meet expected outcomes? (☐ yes or ☐ no) If yes, answer # 6, If no, skip to #7.
6. What projected outcomes were met and how were they met? (100 word or less) This is a new Program.
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) N/A
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) N/A
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) N/A
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0

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

STSJP/RTA Program name:		**Type of program:**	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ( )	Ext.	
Email			
Program service detailed information			

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

SECTION EIGHT – Plan Approval	
Approval of the Chief Executive Officer	
As STSJP Lead for Genesee County	municipality, I certify that the CEO
Jay Gsell	has reviewed and approved the 2018 - 2019 STSJP plan.
Date: / /	STSJP Lead User ID 18a714
STSJP Lead printed name: Ben Dennis	
Approval of the OCFS STSJP Program Lead	
As OCFS STSJP reviewer. I certify that I approve of this STSJP plan for Genesee County	
municipality, for 2018- 2019	
Date: 3 / 1 / 2019 User ID: XM8439	Printed name Nadine Kayajian