



Office of Children and Family Services

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Commissioner

December 16, 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) 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.

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

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

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

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

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

Sincerely,



Nina Aledort, PhD
Deputy Commissioner

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

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

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

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

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

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

Please direct any STSJP plan questions to:

- [Geneva Hilliard](mailto:Geneva.Hilliard@ocfs.ny.gov): 518-486-1819
- [Lynn Tubbs](mailto:Lynn.Tubbs@ocfs.ny.gov): 518-473-9116

MUNICIPALITY INFORMATION	
NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION: Genesee	
LEAD AGENCY FOR STSJP SUBMISSION: 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 file name "STSJP 2019-2020 Annual Plan – (Name of County)";
- c. Work from the "saved" application document, using it to record all of your municipality information;
- d. Once you have completed entering the required data, save the document.

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

PART I – STSJP PROGRAMS

SECTION 1	PLAN AMOUNTS	
EXPENSES		
1. Total program expenses		\$ 142,189.61
2. State reimbursement		\$ 88,157.56
3. Local share amount		\$ 54,032.05
Reimbursements for the plan (Enter all amounts that are applicable.)		
4. STSJP allocation amount	\$ 40,000	
5. STSJP local approved plan amount		\$ 40,000.00
6. Detention approved amount shifted to STSJP		\$ 25,000.00
7. PY rollover approved amount		\$ 23,157.56
8. Total approved amounts for state reimbursement		\$ 88,157.56

SECTION 2	LIST OF STSJP PROGRAMS TO BE FUNDED		
Program Name	Local Share (38 percent)	State Share (62 percent)	Total Program Expenses (100 percent)
STSJP Program 1 S.T.A.R.	\$ 21,922.05	\$ 35,767.56	\$ 57,689.61
STSJP Program 2 PINS Diversion	\$ 28,500.00	\$ 46,500.00	\$ 75,000.00
STSJP Program 3	\$ 3,610.00	\$ 5,890.00	\$ 9,500.00

Electronic Monitoring			
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			\$ 142,189.61

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: S. T. A. R.	STSJP Program 1 Type: Alternative to Placement	
STSJP Program 1 Operating Agency: P.O. Box 1701, Batavia, NY 14021		
Program Mailing Address 80 Union Street		
Address Line 2		
City Batavia	State NY	Zip Code 14020
Contact Person for Program Captain Jim Davis	Email starmib@yahoo.com	
Title Program Coordinator	Phone (585) 343 - 1164	Ext

STSJP Program 1 Service Detailed Information

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 57,689.61

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

3. 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 referred to STAR by the schools, probation, DSS or the parent can self refer the child.

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? 0165

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

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

7. What projected outcomes were met and how were they met? **(100 words or less)**
 This past school year, the youth in STAR saw their G.P.A. increase by approximately 16% 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 5% were placed in DSS or OCFS custody. This is a success rate of about 95%.

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)**
 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.

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 40 days

10. Total number of youth served by this program during the previous STSJP PY: ~150

11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 23157.56

STSJP Program 2		
STSJP Program 2 Name: PINS Diversion	STSJP Program 2 Type: Early Intervention	
STSJP Program 2 Operating Agency: Genesee County Probation		
Program Mailing Address 15 Main St.		
Address Line 2		
City Batavia	State NY	Zip Code 14020
Contact Person for Program Timothy Michalak	Email timothy.michalak@co.genesee.ny.us	
Title Probation Director	Phone (585) 815 - 7807	Ext 2270

STSJP Program 2	Service Detailed Information
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 75,000.00	
2. Please indicate the specific zip codes this program will target. All Genesee County Zip Codes,	
3. 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. Officers coordinate services and referrals to counseling and/or community service and they track and monitor the progress of the child and can refer the matter to a judge for court supervision if deemed appropriate.	
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? 0035	
If the STSJP Program 2 received STSJP funds in the previous STSJP PY, answer the questions below.	
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 .	
7. What projected outcomes were met and how were they met? (100 words or less) Out of the projected number of High Risk Youth that were served in the previous program year, our records show that only approximately 13% were placed with DSS during the program year. Outcome achieved.	
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) Although 87% of the youth that were served did achieve the desired outcome (ATP), 13% went into placement. Despite every effort and all the diligence, there are going to be a small number of youth that have a greater likelihood 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.

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 240.

10. Total number of youth served by this program during the previous STSJP PY: 30

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

STSJP Program 3

STSJP Program 3 Name: Electronic Monitoring (BI INC)		STSJP Program 3 Type: JO/JD-Alternative to Detention	
STSJP Program 3 Operating Agency: Genesee County			
Program Mailing Address 5130 East Main St			
Address Line 2			
City Batavia	State NY	Zip Code 14020	
Contact Person for Program Rebecca Nigro	Email rebecca.nigro@dfa.state.ny.us		
Title Supervisor	Phone (585) 344 - 2580	Ext 6448	

STSJP Program 3 Service Detailed Information

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 9,500.00

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

3. 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.

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? 0011

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

6. Did projected performance outcomes meet expected outcomes? 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)

The goal of ATD is to avoid placement of youth in detention. 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 were 7 youth placed on a EM accounting for 214 days. Since 10/1/18 there have been 4 youth placed on EM accounting for 242 days. There have been no youth that have had to be placed in detention while on the EM.

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) N/A

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 63 Days

This past planning year, to date, there have been 4 youth on the EM with an average length of stay of about 63 days. In PY 2016, the average length of EM is 53 days. In 2017, the length of stay was about 26 days. We note that these numbers for current PY have been less than our projected total, we still have avoided detention for all youth. Detention Costs are approximately \$500/day, much more than the cost of the EM.

10. Total number of youth served by this program during the previous STSJP PY: 004

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

STSJP Program 4

STSJP Program 4 Name:

STSJP Program 4 Type:

STSJP Program 4 Operating Agency:

Program Mailing Address

Address Line 2

City

State

Zip Code

Contact Person for Program

Email

Title

Phone

Ext

STSJP Program 4 Service Detailed Information

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 4 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 5

STSJP Program 5 Name:

STSJP Program 5 Type:

STSJP Program 5 Operating Agency:

Program Mailing Address

Address Line 2

City

State

Zip Code

Contact Person for Program

Email

Title

Phone

Ext

STSJP Program 5 Service Detailed Information

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 () -	Ext	

STSJP Program 6 Service Detailed Information

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

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

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

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

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

If the STSJP Program 6 received STSJP funds in the previous STSJP PY, answer the questions below.

6. Did projected performance outcomes meet expected outcomes? 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 7

STSJP Program 7 Name:		STSJP Program 7 Type:	
STSJP Program 7 Operating Agency:			
Program Mailing Address			
Address Line 2			
City	State	Zip Code	

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

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

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

STSJP Program 9		
STSJP Program 9 Name:		STSJP Program 9 Type:
STSJP Program 9 Operating Agency:		
Program Mailing Address		
Address Line 2		
City	State	Zip Code
Contact Person for Program	Email	
Title	Phone () -	Ext

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

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

STSJP Program 10	Service Detailed Information
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$	
2. Please indicate the specific zip codes this program will target.	
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)	
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program?	

If the STSJP Program 10 received STSJP funds in the previous STSJP PY, answer the questions below.

6. Did projected performance outcomes meet expected outcomes? 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 11

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

STSJP Program 11 Service Detailed Information

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

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

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

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

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

If the STSJP Program 11 received STSJP funds in the previous STSJP PY, answer the questions below.

6. Did projected performance outcomes meet expected outcomes? 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 12

STSJP Program 12 Name:		STSJP Program 12 Type:	
STSJP Program 12 Operating Agency:			
Program Mailing Address			
Address Line 2			
City	State	Zip Code	
Contact Person for Program	Email		

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: Electronic Monitoring		Program 1 Type: JO/JD-Alternative to Detention	
Program 1 Operating Agency: Genesee County DSS			
Program Mailing Address 5130 East Main St			
Address Line 2			
City Batavia	State NY	Zip Code 14020	
Contact Person for Program Rebecca Nigro		Email rebecca.nigro@dfa.state.ny.us	
Title Supervisor	Phone (585) 344 - 2580	Ext 6448	

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? \$ 41,602
2. Please indicate the specific zip codes this program will target. All Genesee County;
3. 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 and 17 year olds, from the new Raise the Age legislation. The EM Program is designed to be used on the youth pre-disposition to keep them out of detention until court is resolved at final adjudication. EM is 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.
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? 0020
If the STSJP-RTA Program 1 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input 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 2

Program 2 Name: Accountability Cirlces		Program 2 Type: Prevention	
Program 2 Operating Agency: Genesee Orleans Council on Alcoholism and Substance Abuse			
Program Mailing Address 430 East Main St.			
Address Line 2			

City Batavia	State N.Y.	Zip Code 14020
Contact Person for Program Sheri Bensley	Email sbensley@gcasa.org	
Title Assistant Director of Prevention	Phone (585) 331 - 8742	Ext
STSJP-RTA Program 2 Service Detailed Information		
1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 350.		
2. Please indicate the specific zip codes this program will target. All zip codes in Genesee County,		
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Accountability Circles provides education to 16 and 17 year old RTA at risk youth, regarding the dangers of drinking and drug use, in addition to personal discussion about the impact of their use on themselves and others. They are facilitated by a trained prevention educator with participation from community members. After the initial discussion, if a participant appears to be in need of further drug or alcohol treatment, a referral will be made.		
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? 007		
If the STSJP-RTA Program 2 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.		
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input 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: Teen Intervene	Program 3 Type: Prevention	
Program 3 Operating Agency: Genesee Orleans Council on Alcoholism and Substance Abuse		
Program Mailing Address 430 East Main St		
Address Line 2		
City Batavia	State NY	Zip Code 14020
Contact Person for Program Sheri Bensley	Email sbensley@gcasa.org	
Title Assistant Director of Prevention	Phone (585) 331 - 8742	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? \$ 952.		
2. Please indicate the specific zip codes this program will target. All zip codes in Genesee County,		
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Teen Intervene are one hour sessions, for which youth attend up to 6 sessions, and it provides education, support and guidance for at risk Raise the Age 16 and 17 year olds (who are experiencing mild to moderate problems associated with alcohol or other drug use) and their parents. Youth work one to one with a prevention specialist in identifying and changing their		

choices and behaviors. Youth participate in 3 one hour sessions that are conducted one week apart. The first two session are with the youth and the third session includes the parents.

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? 004

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

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

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

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

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

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

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

STSJP-RTA Program 4

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

STSJP-RTA Program 4 Service Detailed Information

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

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

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

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

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

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

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

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

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

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

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

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

STSJP-RTA Program 5

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

STSJP-RTA Program 5 Service Detailed Information

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

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

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

STSJP-RTA Program 6

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

STSJP-RTA Program 6 Service Detailed Information

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

If the STSJP-RTA Program 6 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.

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

PART III – STSJP-RTA PROGRAM ANALYSIS

SECTION 1 Overall Analysis

A. Overall Analysis of Communities

Discuss and identify the neighborhoods or communities by zip codes or areas from which the highest number of Youthful Offenders (YO), Adolescent Offenders (AO), Juvenile Delinquents (JD) and Persons in Need of Supervision (PINS) enter the youth justice system, and the factors that may be contributing.

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.

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.

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 latest data provided by OCFS Bureau of Research, Evaluation and Performance Analytics, in 2018 Genesee County only placed two youth in detention, however, they were both minorities. Additionally, Genesee County placed 9 youth in residential in 2018. Half were minority. Although the higher rate of placement, the outcomes appear to be similar. Genesee County is aware of this disparity and have been in talks with OCFS regarding cultural awareness trainings. We will continue our discussions about the issue and we are looking at ways to change our intake practices.

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

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. 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 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)

Program # 1 (STAR) will serve youth and families, with the goal of successfully keeping 85% of youth in the community with no out-of-home placements (ATP).

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.

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

RTA Program #1 (EM) - Will divert 90% of the RTA youth from having to go to detention.

RTA Program #2 (Accountability Circles) - This program will reduce substance use and successfully prevent 90% of the RTA youth from entering DSS custody.

RTA Program #3 (Teen Intervene) - This This program will reduce substance use and successfully prevent 90% of the RTA youth from entering DSS custody.

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.

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. We are also excited about a new initiative called Juvenile Adjustment Services Committee which will meet every two weeks. This will be different from JJPC in that it will include the actual service providers in the area (Probation, DSS, Mental Health, School, Family) and we will be discussing case specific youth and how to best keep them out of any kind of placement. This is to fall in line with the Family First initiative, however, it is appropriate to mention for STSJP as well.

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 Genesee County municipality, I certify that the CEO Jay Gsell has reviewed and approved the 2020 STSJP plan.

Date: 10 / 28 / 2019 User ID: 18a714

Print name: Ben Dennis

SECTION 2 APPROVAL OF THE OCFS PROGRAM LEAD

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

Date: 12 / 09 / 2019 User ID: GG1130

Print name: Patti Anderson