



Office of Children
and Family Services

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Acting Commissioner

July 24, 2019

Dear Chief Executive Officer,

Thank you for submitting Monroe 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 entire STSJP plan, including the amounts listed for PY 2018-19 STSJP-RTA, has been approved.

Monroe 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 Monroe 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 Lynn Tubbs at (518) 473-9116/Lynn.Tubbs@ocfs.ny.gov or Geneva Hilliard at (518) 486-1819/Geneva.Hilliard@ocfs.ny.gov

Sincerely,

Nina Aledort, Ph.D., LMSW
Deputy Commissioner
Division of Youth Development and Partnerships for Success

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: Monroe	
LEAD AGENCY FOR STSJP SUBMISSION: Department of Human Services	NAME OF CONTACT PERSON: Amy Natale-McConnell
CONTACT PERSON'S PHONE NUMBER: 585-753-6431	CONTACT PERSON'S EMAIL ADDRESS: Amy.Natale-McConnell@dfa.state.ny.us

Plan Submission Instructions
<p>Instructions for submitting an STSJP plan for OCFS review.</p> <ol style="list-style-type: none"> Once you have opened this form on your computer, please immediately use the "Save As" function in Microsoft Word to save a copy; Save your application using the following name "PY 2018 - 2019 STSJP Plan -- (Name of municipality)"; Work from the "saved" application document, using it to record all of your municipality's information; Once you have completed entering the required data, save the document; Prior to submission, review calculation in section eight for accuracy. Complete the "Approval and Certification" section before submission to OCFS; <p>Send the completed application to OCFS via the STSJP email address at: stsjp@ocfs.ny.gov</p>

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 ATD Team	\$ 652,394.00	\$ 404,484.28	\$ 247,909.72
STSJP Program 2 VTCC	\$ 122,154.00	\$ 75,735.48	\$ 46,418.52
STSJP Program 3 JMH Clinical Support Team	\$ 169,802.00	\$ 105,277.24	\$ 64,524.76
STSJP Program 4 Education Liaison	\$ 63,509.00	\$ 39,375.58	\$ 24,133.42
STSJP Program 5 JDAI Coordinator	\$ 105,000.00	\$ 65,100.00	\$ 39,900.00
STSJP Program 6 Respite	\$ 75,000.00	\$ 46,500.00	\$ 28,500.00
STSJP Program 7 Mediation	\$ 25,000.00	\$ 15,500.00	\$ 9,500.00

STSJP Program 8	\$	\$	\$
STSJP Program 9	\$	\$	\$
STSJP Program 10	\$	\$	\$
STSJP Program 11	\$	\$	\$
STSJP Program 12	\$	\$	\$
TOTAL	\$ 1,212,859.00	\$ 751,972.58	\$ 460,886.42
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) <small>Agency Contact RMOMS Electronic Monitoring RTA/STSJP</small>	\$ 12,000.00		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Educational Liaison	\$ 0.00		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
TOTAL	\$ 12,000.00	\$	\$

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) According to recent data, approximately 79,966 youth between the ages of 10 and 17 live in Monroe County; 29% of them reside within the City of Rochester. In Monroe County approximately 60% of youth are white, 21% are black and 14% Hispanic, but in the City approximately 79% of youth are of color. The poverty rate in the region currently stands at 14.3%, in stark contrast to the City where 56.4% of children are growing up in poverty. This is the third highest rate in the nation when compared to cities of similar size. The concentration of poverty is staggering; the number of census tracts with poverty rates greater than 40% grew 164% between 1990 and 2016. Five of the highest poverty zip codes in Rochester (14621, 14611, 14609, 14608 and 14613) account for the majority of JDs, JOs and PINS youth. These neighborhoods demonstrate not only high poverty rates, but high rates of unemployment, single parent families, drop-outs, teen pregnancy and infant mortality, as well as poor graduation rates, poor housing and limited access to health care. The residents of those neighborhoods are predominantly Black and Hispanic. Youth in these high poverty areas tend to have experienced more trauma, family fragmentation and toxic stress than their peers because of where they live. This exposure is compounded by the lack of access to services, supports and pro-social opportunities in their neighborhoods.

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) Disparity is evident across our JJ system, but is most pronounced at the point of detention and placement. 2017 data indicates that while 21% of youth aged 10-17 are black, they account for 74% of JD detention admissions and 68% of JD placements. Hispanic youth represent 14% of the juvenile population, but account for 20% of JD detention admissions and 20% of JD placements. Similarly, black youth account for 64% of PINS detention admissions, while Hispanic youth account for 25%. Multiple factors influence each decision point. The disparity in the decision to detain may be due in part to increased police presence in minority, impoverished neighborhoods. Law enforcement is more likely to have increased contact with youth, which may factor into the decision to arrest and then detain. Prior contacts impact DRAI scores, and may result in some youth being fast-tracked to detention on relatively minor charges. Reducing the use of detention for minority youth will reduce the number of minority youth referred to the Juvenile Prosecutor's office, and will ultimately reduce the number of minority youth sent to placement. Disparities have been magnified by an increase in the percent of detention admissions due to OCFS warrants and VOPS.

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

(250 words or less) Monroe County continues to emphasize detention reduction through its STSJP allocation. JD detentions have decreased 31% from the 2016-17 Program Year; PINS detentions are down 41%. Reducing the length of time in detention is also a focus: LOS for PINS is down 20% this past year. Programming focuses on addressing the reasons youth are, and remain, detained: Providing supervision so youth can be safe and successful in the community; providing educational advocacy, consultation and support to ensure successful educational re-entry; and identifying, assessing, evaluating and addressing mental health needs that may pose a barrier to release or lead to out of home care. Our youth come from impoverished areas that are predominantly Black and Hispanic. Focusing advocacy, support, supervision and access to educational and mental health services should allow youth increased opportunities to experience success, thereby changing the trajectory of their experience in the juvenile justice system. The JDAI Coordinator oversees systemic and process issues that may contribute to disparity and develops collaborative strategies to identify, analyze and impact disparity. JDAI will establish a Racial Equity Workgroup in 2018-19.

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) OVERALL GOAL/MEASURES: (1) Reduce JD admissions by 10%; (2) Reduce the number of SD days by 15%; (3) Reduce PINS admissions by 15%; and (4) Reduce the number of NSD days by 10%

REDUCE FTA: 90% of youth will appear for their court appearances (TeleTask); 85% of youth placed on EM/GPS as an ATD will make all court appearances (ATD Team); 90% of JD youth on ATD will make all court appearances; 85% of all PINS/PINS VOP youth will make all court appearances (VTCC); reduce # of bench warrants issued for FTA by 10% (TeleTask, IPR)

REDUCE RISK OF OFFENDING: 85% of youth on GPS/EM will be in compliance & not offend (ATD Team); 90% of youth will not offend or re-offend pending crt disposition (ATD Team & VTCC)

REDUCE THE USE/DAYS OF CARE IN SD AND NSD: 75% of detained JDs will have DRAI score of 3 or 4 (ATD Team); 85% of youth referred to an ATD will be enrolled within 24 hrs (ATD Team & VTCC); 90% of JDs in SD 5 days or more & who can return to the community will have education plan completed & enroll (Ed Liaison)

REDUCE THE USE OF RESIDENTIAL PLACEMENT: 90% of youth will have assessments completed within court timeframes (MH/JJ); provide consultation to POs on youth at risk of revocation or re-adjudication due to non-compliance (MH/JJ)

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) Monroe County has a long history of active collaboration around juvenile justice issues. STSJP program data is reviewed by JDAI's Data & ATD Workgroups on a quarterly basis. The ATD workgroup (comprised of

representatives from LDSS, Probation, Office of Mental Health, Family Court, Juvenile Prosecutor's Office, Attorney for the Child Program and several community based agencies) meets on a monthly basis to assess system gaps, explore alternatives for programming and recommend new services to the JDAI Steering Committee. The Steering Committee is comprised of 30+ members representing numerous segments of our community. The actual 2018-2019 application was written in collaboration with staff from Probation, Office of Mental Health and DHS (LDSS).

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

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

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

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

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

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

SECTION SEVEN- Plan amounts		
Expenses		
1. Total Program expenses		\$ 1,212,859.00
2. State reimbursement (Program expenses*.62)		\$ 751,972.58
3. State share amount (Program expenses*.38)		\$ 460,886.42
Add In Reimbursements for the plan (fill out all that are applicable):		
4. STSJP allocation	\$ 427,932.00	
5. STSJP approved		\$ 427,932.00
6. JDAI allocation	\$ 83,333.00	
7. JDAI approved		\$ 65,100.00
8. Detention approved amount shifted to STSJP		\$ 258,940.58
9. PY rollover approved		\$ 0
10. Total approved amounts for state reimbursement		\$ 751,972.58
11. Total amount of approved STSJP-RTA 100% state reimbursement		\$ 12,000.00

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:	ATD Program	Type of program:	ATD
Program operating agency:	Monroe County Office of Probation - Community Corrections		
Program mailing address			
33 S. Fitzhugh St			
Address line 2			
City	Rochester	State	NY
Zip code	14616		

Contact person for program Kristine Durante		
Title Assistant Chief Probation Officer	Phone number (585) 753-3382	Ext:
Email kdurante@monroecounty.gov		
Program service detailed information		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 652,394.00		
1. Please indicate the specific zip codes this program will target? Zip Codes All Monroe County Zipcodes		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) ATD has 5 components: (1) monitor youth 7 days/week via evening field visits, curfew and school checks, and referrals to other programming; (2) provide assessment/recommendations regarding the use of Electronic Monitoring & provide service when so ordered; (3) maintain TeleTask system (calls and text); (4) Provide IPR (Immediate Probation Response) at court's request; and (5) review all PINS petitions prior to 1st appearance, providing recommendations to court around alternatives to detention.		
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)		
4. What is the projected number of youth who will receive service from this program? (4-character number) 300		
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? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.		
6. What projected outcomes were met and how were they met? (100 word or less) 2017-2108 PY: 306 youth served: 134 JDs and 172 PINS. JD Appearance rate: 86%; PINS appearance Rate: 88%; Re-arrest rate: JDs 12%, PINS 10%; 76% of youth referred to IPR avoided having a warrant issued for FTA; 105 PINS petitions reviewed & recommendations given to MCFC		
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) Fewer youth have been referred to EM due to judicial preference, resulting in lower percentage of success. Only highest risk youth are now referred for EM. A higher percentage of youth with lower DRAI scores have been detained because of the need for several low level overrides due to the nature of offense and/or community safety.		
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 33.2		
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 306		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0		
Program two name:	Villa Tracking & Curfew Check (VTCC)	Type of program: ATD
Program operating agency:	Villa of Hope	
Program mailing address 1099 Jay Street		
Address line 2		
City Rochester	State NY	Zip code 14611
Contact person for program Megan O'Donnell		
Title Director of Family Services	Phone number (585) 328-0740	Ext. 552
Email Megan.O'Donnell@villaofohope.org		
Program service detailed information		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 122,154.00		

1. Please indicate the specific zip codes this program will target?	Zip Codes All City of Rochester Zipcodes 14605,14607,14618,14610,14608,14613,14606,14614,14604,14627, 14617,14619,14620,14611,14615,14616,14612,14622,14621,14609
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)	VTCC addresses the FTA appear rate for PINS youth in the City of Rochester. The program monitors youth 7 days a week via evening field visits; curfew checks & school checks. They also work with families/youth to identify barriers to appearing in court and develop strategies to address barriers (e.g., bus passes, trouble shooting transportaton & child care issues). Program will be open to referrals of PINS youth who live outside Rochester when the program is under census.
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)	
4. What is the projected number of youth who will receive service from this program? (4-character number)	170
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? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.	
6. What projected outcomes were met and how were they met? (100 word or less)	VTCC has meet their objective of a 77% court appearance rate for the Program Year.
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)	Due to declining PINS numbers over the past year, VTCC did not meet their target for number of youth served. Quarterly meetings are in place to help identify strategies to address lower than expected enrollment.
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)	33
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)	124
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)	0

Program three name:	Juvenile Justice Mental Health Clinical Support Team	Type of program:	Approved to not have continuum service type.
Program operating agency:	Coordinated Care Services Inc.		
Program mailing address	1099 Jay Street		
Address line 2			
City	Rochester	State	NY
Zip code	14611		
Contact person for program	Melissa Hayward LMSW		
Title	Senior Manager Children's Behavioral Health	Phone number (585-753-2909)	Ext.
Email	mhayward@monroecounty.gov		
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program?	\$ 169,802.00		
1. Please indicate the specific zip codes this program will target?	Zip Codes All Monroe County Zipcodes		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)	Mental Health assessment/evaluation/consultation services will be provided for pre and post adjudicated PINS, JD and JO youth to MCFC, Youth Part and Probation to 1) assist in maintaining youth pending the outcome of their case, 2) provide timely and accurate clinical information to assist in decision making & care planning, 3) recommend appropriate modality/intensity of Behavioral Health Services and 4) assist in referral and engagement for ongoing treatment services.		
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number)	150		

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) 141 youth were served: Full assessments/evaluations were provided to 69 youth, consultation was provided on behalf of 62 youth, 36 youth were referred to community services and JJMHC attended court on behalf of 90 youth. Additionally, 100% of assessments were completed and provided within specified time frames.

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) The number of youth served was slightly under projection due to lower than usual referral numbers and staff vacancies. The program is working with court and probation to identify additional strategies to infuse a MH perspective throughout the system to benefit our youth. Hiring of new staff is in process.

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) 141

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

Program four name:	Educational Liaison	Type of program:	Approved to not have continuum service type.
Program operating Agency:	Rochester City School District		
Program mailing address 39 West Broad Street			
Address line 2			
City Rochester	State NY	Zip code 14604	
Contact person for program Elizabeth Hoffer			
Title Associate Director Of Attendance	Phone number (585) 262-8788	Ext.	
Email Elizabeth.Hoffer@RCSDK12.org			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 63,509.00			
1. Please indicate the specific zip codes this program will target?			
		Zip Codes All City Zip Codes 14605,14607,14618,14610,14608,14613,14606,14614,14604,14627, 14617,14619,14620,14611,14615,14616,14612,14622,14621,14609	
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The Liaison works on behalf of detained youth who could be/are released (pre or post adjudication) to facilitate re-entry into school, including ensuring good communication, identifying & addressing potential problems, working with schools to develop plans, set up class schedules, secure uniforms/supplies, meet with parents and staff and requesting alternative placement if needed. The Liaison also provides education consultation to Probation around the educational needs of PINS & JD youth.			
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 100			
If the program received STSJP funds in the previous program year 2018 - 2019, answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less) 497 youth received service through the Educational Liaison. Case Management services were provided for 65 youth in regards to their education,			

placement and programming needs. Consultant services, including case review, record requests, advocacy and recommendations were provided to Probation on behalf of an additional 433 youth.
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) Referrals out of secure detention have been less than expected. We are working closely with secure detention to identify potential barriers, clarify expectations and time frames around referrals and better define the scope of work to increase referrals directly out of detention and to improve outcomes.
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) 497
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0

Program five name:	JDAI Coordinator	Type of program:	JDAI
Program operating agency:	Monroe County Department of Human Services		
Program mailing address 111 Westfall Road			
Address line 2			
City Rochester	State NY	Zip code 14620	
Contact person for program Amy Natale-McConnell			
Title Director	Phone number (585) 753- 6431	Ext.	
Email Amy.Natale-McConnell@dfa.state.ny.us			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 105,000.00			
1. Please indicate the specific zip codes this program will target? Zip Codes All Monroe County ZipCodes			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The JDAI Coordinator will drive and support reform across the JJ system, utilizing data to inform decision making and ensuring cross-system collaboration, with particular emphasis on reducing JD & PINS detention, expanding the ATD array and reducing racial, ethnic and gender disparities at all juvenile justice contact points, utilizing JDAI principles and philosophy to work within various local planning efforts.			
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) N/A			
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? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less) N/A There are no established Outcomes for JDAI Coordinator			
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			
Program six name:	Respite	Type of program:	Early Intervention

Program operating agency:		TBA	
Program mailing address			
TBA			
Address line 2			
City		State	Zip code
Contact person for program TBA			
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? \$ 75,000.00			
1. Please indicate the specific zip codes this program will target? Zip Codes All Monroe County ZipCodes			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) After significantly reducing PINS detentions, youth who are detained are primarily runaways, notably young women who are being trafficked and/or youth with a high degree of family conflict. We plan to develop/issue an RFP to provide short term respite prior to petitions being filed and/or at the diversion level to prevent the need for a petition. Substantial development is needed as no local respite exists. Funds will be used for start-up and training and a reduced number of youth in Year 1.			
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 10			
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? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less)			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)			

Program seven name:	Mediation	Type of program:	Early Intervention
Program operating agency:		TBA	
Program mailing address			
Address line 2			
City		State	Zip code
Contact person for program TBA			
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? \$ 25,000.00			
1. Please indicate the specific zip codes this program will target? Zip Codes All Monroe County ZipCodes			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Monroe County intends to develop and release an RFP for Mediation Services to address family conflict that prohibits youth from being			

successful in their homes and communities and may lead to runaways and other dangerous behaviors. The program will provide mediation/arbitration to address family conflict through development of conflict resolution and problem solving skills to youth and their families prior to petition and/or at the diversion level to reduce the need for a petition.

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) 20

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

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

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

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

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? (<input type="checkbox"/> yes or <input type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number)			
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? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, if no, skip to #7.			

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

STSJP/RTA Program name:	Alternatives to Detention	Type of program:	Revised STSJP-RTA
Program operating agency:	Monroe County Department of Probation - Community Corrections		
Program mailing address 33 N. Fitzhugh Street			
Address line 2			
City Rochester	State NY	Zip code 14614	
Contact person for program Kristine Durante			
Title Assistant Chief Probation Officer	Phone number (585) 753-3382	Ext.	
Email kdurante@monroecounty.gov			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ RTA 12,000			
1. Please indicate the specific zip codes this program will target? Zip Codes All Monroe County Zip Codes			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) ATD services will be expanded to RTA youth, including (1) monitor youth 7 days/week via evening field visits, curfew checks, school checks and referrals to other programming; (2) provide assessment/recommendations to Court regarding the use of Electronic/GPS monitoring & provide such services if so ordered; (3) maintain TeleTask system including calls and text; (4) provide IPR (Immediate Probation Response) at the request of the court; 5) wrap funds for basic needs and as incentives.			
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 42			
If the program received STSJP funds in the previous program year 2014 - 2015, answer the questions below:			
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less)			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)			

STSJP/RTA Program name:	Educational Liaison	Type of program:	Revised STSJP-RTA
Program operating agency:	Rochester City School District		
Program mailing address 39 West Broad Street			
Address line 2			

City Rochester	State NY	Zip code 14614
Contact person for program Elizabeth Hoffer		
Title Associate Director of Attendance	Phone number (585) 262-8788	Ext.
Email Elizabeth.Hoffer@RCSDK12.org		
Program service detailed information		
The amount of STSJP funds that your jurisdiction will devote to the services from this program?		\$ RTA 0
1. Please indicate the specific zip codes this program will target?	Zip Codes All City Zip Codes 14605,14607,14618,14610,14608,14613,14606,14614,14604,14627, 14617,14619,14620,14611,14615,14616,14612,14622,14621,14609	
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The Liaison will work on behalf of detained/sentenced RTA youth who may be/are released to facilitate re-entry into school or other programming: will communicate, identify & address potential problems, work with schools/program to develop plans, set up class schedules, secure uniforms/supplies, meet with parents and staff and request alternative/vocational placement if needed. The Liaison will also provide consultation to Probation around the educational needs of and options for RTA youth.		
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)		
4. What is the projected number of youth who will receive service from this program? (4-character number) 50		
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? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.		
6. What projected outcomes were met and how were they met? (100 word or less)		
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)		
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)		
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)		

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

SECTION EIGHT - Plan Approval		
Approval of the Chief Executive Officer:		
As STSJP Lead for Monroe County	municipality, I certify that the CEO	
Cheryl DiNolfo	has reviewed and approved the 2018 - 2019 STSJP plan.	
Date: 12/10/18	STSJP Lead User ID: 26c233	
STSJP Lead printed name: Amy Natale-McConnell	<i>Amy Natale McConnell</i>	
Approval of the OCFS STSJP Program Lead:		
As OCFS STSJP reviewer, I certify that I approve of this STSJP plan for	<i>Monroe County</i>	
municipality, for 2018-2019		
Date: 7/24/19	User ID: J10911	Printed name: Lynn Tubbs