



Office of Children
and Family Services

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Commissioner

February 27, 2020

Dear Chief Executive Officer,

Thank you for submitting Seneca 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.

Seneca 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 Seneca 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

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 October / 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: Seneca County	
LEAD AGENCY FOR STSJP SUBMISSION: Seneca County Division of Human Services	NAME OF CONTACT PERSON: Michael Whirtley
CONTACT PERSON'S PHONE NUMBER: 315 539-1794	CONTACT PERSON'S EMAIL ADDRESS: mwhirtley@co.seneca.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 Youth Advocate Program	\$ 38,000	\$ 23,560	\$ 14,440
STSJP Program 2 Boys to Men Group	\$ 5,000	\$ 3100	\$ 1,900
STSJP Program 3 Glovehouse Respite Services	\$ 2,000	\$ 1240	\$ 760
STSJP Program 4 Seneca County Addictions	\$ 2,000	\$ 1240	\$ 760
STSJP Program 5 Seneca County Mental Health	\$ 2,000	\$ 1240	\$ 760
STSJP Program 6 Family Counseling Services of the Finger Lakes	\$ 2,000	\$ 1240	\$ 760

STSJP Program 7 Electronic Home Monitoring	\$ 2250	\$ 1395	\$ 855
STSJP Program 8	\$	\$	\$
STSJP Program 9	\$	\$	\$
STSJP Program 10	\$	\$	\$
STSJP Program 11	\$	\$	\$
STSJP Program 12	\$	\$	\$
TOTAL	\$ 53,250	\$ 33,015	\$ 20,235
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Seneca County Probation Dept. Electronic Home monitoring bracelets and monitoring/supervision	\$ 0		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Boys to Men Group	\$ 0		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Youth Advocate Program	\$ 0		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$ 0		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$ 0		
TOTAL	\$ 0	\$ 0	\$ 0

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) Seneca County includes the largest communities of Seneca Falls and Waterloo zip codes of 13148 and 13165. In addition Hillside Childrens Center located in Varick has a number of youth that are arrested as juvenile delinquents while residing there. The 2 communities listed above and have the highest number of Juvenile Delinquents and Persons in Need of Supervision . The contributing factors associated with identifying some of these youths is both communities have full time police departments, the highest youth populations, low income housing complexes, the most businesses and increased access to drugs and alcohol

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) We had 1 youth total in detention or placement according to the 2017 data. The number of youth in placement or detention was insignificant to determine any disparity.

If such disparity exists, describe how the service/program addresses issues described above.
(250 words or less)

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) From January 2017 to September 30, 2018 there have been 2 youth placed in non secure detention or placement with an average length of stay less than 30 days. Referred youth will remain out of the Juvenile Justice/Criminal Justice System.

- Youth and families will recognize their strengths and continue to engage in programs and other support services that promote positive youth development.
- The Youth Advocate Program will provide intense services during the initial 30 days to support the youth in remaining arrest free, no violations and attend all court appearances.
- Youth will engage in positive youth development activities

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) The Commissioner of Human Services, Deputy Commissioner, Workforce Development Youth Bureau Director, Director of Services, Youth Advocate Program Director Probation Director met to discuss the planning of this years Raise the Age and STSJP programs, as both programs and services will intersect. The focus was on program support services that are available, but have not been used often or sometimes not at all. This is still important to have these supports in place if necessary. As part of the STSJP and Raise the Age This year will focus on utilizing both the Raise The Age and STSJP funding and programs to service all of the populations of PINS, Juvenile Delinquents, Adolescent Offenders and Youthful Offenders as required. The Criminal Justice Advisory Board that includes court representatives, public defender, district attorney, law enforcement and service providers are aware of the programs and services provided through STSJP to service this population.

**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 STSJP:

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

SECTION SEVEN– Plan amounts

Expenses

1. Total Program expenses		\$ 53,250
2. State reimbursement (Program expenses*.62)		\$ 33,015
3. State share amount (Program expenses*.38)		\$ 20,235

Add in Reimbursements for the plan (fill out all that are applicable)		
4. STSJP allocation	\$ 33,015	
5. STSJP approved		\$ 33,015
6. JDAI allocation	\$	
7. JDAI approved		\$
8. Detention approved amount shifted to STSJP		\$
9. PY rollover approved		\$
10. Total approved amounts for state reimbursement		\$ 33,015
11. Total amount of approved STSJP-RTA 100% state reimbursement		\$ 0

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:	Seneca County Youth Advocate Program	Type of program:	ATP
Program operating agency:	Youth Advocate Programs, Inc		
Program mailing address 34 Fall Street Suite 3			
Address line 2			
City Seneca Falls	State NY	Zip code 13021	
Contact person for program Cedra Murphy			
Title Director	Phone number (315) 712-4272	Ext.	
Email cmurphy@yapinc.org			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 38,000			
1: Please indicate the specific zip codes this program will target? Zip Codes 13165,13148, 14521, 14541, 14860, 14847			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Referrals to the STSJP program will be referred through the Probation Department or Division of Human Services for PINS and Juvenile Delinquents to avoid placement. Case Management services include youth engagement activities and youth and family meetings.			
3. Does your municipality plan to replicate program across multiple locations? (<input checked="" 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) 20			
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) The youth referred to the program were not re-arrested or placed into detention or placement			
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) Outcomes were met			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 120 to 180			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 16			

10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0			
Program two name:	Boys to Men Group	Type of program:	Early Intervention
Program operating agency:	Fatherhood Connection		
Program mailing address 3 Mountain Rise			
Address line 2			
City Fairport		State NY	Zip code 14450
Contact person for program Reginald Cox			
Title Founder/Facilitator		Phone number (585) 284-2445	Ext.
Email thefatherhoodconnection@gmail.com			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 5,000			
1. Please indicate the specific zip codes this program will target? Zip Codes 13165, 13148,			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The group will serve youth referred through Probation, Youth Advocate Program, Division of Human Services, Youth Bureau that are involved with the Juvenile Justice System, and Runaway Homeless Youth as appropriate. The group will focus on issues associated with boys moving into adulthood.			
3. Does your municipality plan to replicate program across multiple locations? (<input checked="" 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) 5			
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 three name:	Glove House Respite Services	Type of program:	Early Intervention
Program operating agency:	Glove House, Inc.		
Program mailing address 2495 Bona Dent Drive			
Address line 2			
City Seneca Falls		State NY	Zip code 13148
Contact person for program John Treahy			
Title Program Director		Phone number (315) 568-3724	Ext.
Email jtreahy@glovehouse.org			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 2,000			
1. Please indicate the specific zip codes this program will target? Zip Codes 13165, 13148,14521, 14541, 14860,14847			

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) GloveHouse respite services will be utilized for PINS and Juvenile Delinquents involved in the STSJP program. Referrals will be made by the Division of Human Services staff. The role of Respite will be to provide a time out period to the family to re-assess issues and develop a service plan.
3. Does your municipality plan to replicate program across multiple locations? (<input checked="" 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) 5
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 checked="" 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) No youth were referred
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) No youth were referred
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) no youth were referred
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 0
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

Program four name:	Seneca County Addictions Program	Type of program:	Early Intervention
Program operating agency:	Seneca County Community Counseling center		
Program mailing address 31 Thurber Drive			
Address line 2			
City Waterloo	State NY	Zip code 13165	
Contact person for program Tammy Orlopp			
Title Prevention and Treatment Director	Phone number (315) 539-1957	Ext.	
Email torlopp@co.seneca.ny.us			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 2,000			
1. Please indicate the specific zip codes this program will target? Zip Codes 13148, 13165, 14521, 14541, 14860, 14847			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Youth experiencing difficulties with substance use or alcohol can be referred for evaluation and or treatment. Referrals will be made through the Seneca County Probation Department, Youth Advocate Program or Division of Human Services Children and Family Services staff.			
3. Does your municipality plan to replicate program across multiple locations? (<input checked="" 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) 5			
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 checked="" 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) No youth were referred			
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) No youth were referred			

8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) Not applicable
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 0
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

Program five name:	Seneca County Mental Health	Type of program:	Early Intervention
Program operating agency:	Seneca County Community Counseling Center		
Program mailing address 31 Thurber Drive			
Address line 2			
City Waterloo		State NY	Zip code 13165
Contact person for program Robert Dinan			
Title Clinical Program Director		Phone number (315) 539-1980	Ext.
Email rdinan@co.seneca.ny.us			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 2,000			
1. Please indicate the specific zip codes this program will target? Zip Codes 13165, 13148, 14521, 14541, 14860, 14847			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Youth experiencing mental health will be referred for mental health evaluation and or treatment/counseling. Referrals will be made through the Youth Advocate Program, Division of Human Services or Probation to serve the PINS and Juvenile Delinquent population involved in STSJP			
3. Does your municipality plan to replicate program across multiple locations? (<input checked="" 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) 5			
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 checked="" 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) No youth were referred			
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) No youth were referred			
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) 0			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)			

Program six name:	Family Counseling Services	Type of program:	Early Intervention
Program operating agency:	Family Counseling Services of the Finger Lakes		
Program mailing address 671 South Exchange Street			
Address line 2			
City Geneva		State NY	Zip code 14456
Contact person for program Barbara Pierce Morrow			

Title Executive Director	Phone number (315 789-2613)	Ext.
Email bpmorrow@fcsfl.orgl		
Program service detailed information		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 2,000		
1. Please indicate the specific zip codes this program will target? Zip Codes 13148, 13165, 14521, 14541, 14860, 14847		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Youth will be referred through STSJP Youth Advocate Program, Division of Human Services or Probation. With access to Family Counseling Services, a broad spectrum of emotional , behavioral and mental health issues faced by families, such as single-parenting, parent/child conflicts, children's school problems, anger-management, trauma, and work-related stress. These issues can be addressed prior to a crisis situation		
3. Does your municipality plan to replicate program across multiple locations? (<input checked="" 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) 5		
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 checked="" 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) No youth were referred		
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) No youth were referred		
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) 0		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)		

Program seven name:	Electronic Home Monitoring	Type of program:	ATD
Program operating agency:	Seneca		
Program mailing address			
1 DiPronio Drive			
Address line 2			
City Waterloo		State NY	Zip code 13165
Contact person for program David Terry, Jr.			
Title Director	Phone number (315) 539-1916		Ext
Email dterry@co.seneca.ny.us			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 2250			
1. Please indicate the specific zip codes this program will target? Zip Codes 13148, 13165, 14541, 14521, 14860, 14847			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The Probation Department may use electronic home monitoring bracelets in lieu of detention. This will be used when court ordered or deemed appropriate through Probation. With RTA youth, the purchase or lease of additional bracelets and cost of monitoring by the Probation Officer for 7 bracelets for RTA youth and 3 for Non RTA youth			
3. Does your municipality plan to replicate program across multiple locations? (<input checked="" 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) 4			

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)

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) There was one youth that ended up in detention, despite many programs and services offered.

8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) less than 30 days

9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 3

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

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

Program service detailed information

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

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

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

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

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

If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.

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

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

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

8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)

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

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

Program nine name:		Type of program:	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			

Title	Phone number ()	Ext.
Email		
Program service detailed information		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$		
1. Please indicate the specific zip codes this program will target? Zip Codes		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)		
3. Does your municipality plan to replicate program across multiple locations? (<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:	
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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:	Seneca County Electronic home monitoring	Type of program:	STSJP-RTA
Program operating agency:	Seneca County Probation Dept.		
Program mailing address 1 DiPronio Drive			
Address line 2			
City Waterloo		State NY	Zip code 13165
Contact person for program David Terry			
Title Director		Phone number (315) 539-1916	Ext.
Email dterry@co.seneca.ny.us			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 0			
1. Please indicate the specific zip codes this program will target? Zip Codes 13148, 13165, 14521, 14541, 14860, 14847			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) When appropriate youth will be placed on EHM in lieu of detention, based on all information available from service providers, law enforcement, Division of Human Services staff.			
3. Does your municipality plan to replicate program across multiple locations? (<input checked="" 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) 7			
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:	Fatherhoo/Boys to Men/Motherhood	Type of program:	New Program STSJP-RTA
Program operating agency:	Fatherhood connection		
Program mailing address 3 Mountain Rise			
Address line 2			
City Fairport		State NY	Zip code 14450
Contact person for program Reggie Cox			
Title Founder/Facilitator		Phone number (585) 284-2445	Ext.
Email thefatherhoodconnection@gmail.com			

Program service detailed information	
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 0	
1. Please indicate the specific zip codes this program will target? Zip Codes 13165, 13148, 14541, 14521, 14860, 14847	
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The group will serve youth referred through Probation, Youth Advocate Program, Division of Human Services, Youth Bureau as appropriate. The group will focus on issues associated with boys moving into adulthood.	
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)	

STSJP/RTA Program name:	Youth Advocate Program	Type of program:	STSJP-RTA
Program operating agency:	Youth Advocate Program		
Program mailing address 34 Fall Street Suite 3			
Address line 2			
City Seneca Falls		State NY	Zip code 13165
Contact person for program Cedra Murphy			
Title Director		Phone number (315) 712-4272	Ext.
Email cmurphy@yap.inc			

Program service detailed information	
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 0	
1. Please indicate the specific zip codes this program will target? Zip Codes 13165, 13148, 14541, 14521, 14847	
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Referrals to the STSJP program will be referred through the Probation Department or Division of Human Services for Raise the Age Youth to avoid placement. Case Management services include youth engagement activities and youth and family meetings.	
3. Does your municipality plan to replicate program across multiple locations? (<input checked="" 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) 15	
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 Seneca County		municipality, I certify that the CEO
Robert Hayssen-Chairman Board of Supervisors		has reviewed and approved the 2018 - 2019 STSJP plan.
per County Attorney approval 2.14.20		
Date: 2/19/2020		STSJP Lead User ID 45a615
STSJP Lead printed name: Michael Whirtley		
Approval of the OCFS STSJP Program Lead		
As OCFS STSJP reviewer. I certify that I approve of this STSJP plan for Seneca		
municipality, for 2018 - 2019		
Date: 2/26/20	User ID: IT0911	Printed name Lynn Tubbs