



Office of Children
and Family Services

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Commissioner

January 13, 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) 2019-20. Your plan has been reviewed by the Office of Children and Family Services (OCFS), and we are pleased to inform you that your STSJP plan has been **approved**.

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

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 non-Raise The Age detention services expenditures up to the capped allocation amount. If your municipality shifts a portion of its detention allocation into its STSJP plan, your municipality will receive 62% State reimbursement if such shifted funds are spent on STSJP eligible expenditures. A municipality may make a detention allocation shift at the time of the STSJP plan submission or up until 6/30/20, unless otherwise approved by the Office of Children and Family Services. If Seneca County plans to shift its detention allocation for STSJP eligible expenses, please submit a request on official letterhead to Lynn Tubbs and email it to stsjp@ocfs.ny.gov outlining the amount that will be shifted and the type of programming or services the re-purposed detention funds will be used for under STSJP. An amended STSJP plan will also need to be submitted.

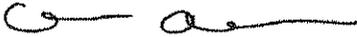
As a reminder, to access RTA reimbursement for which a municipality may be eligible, the expenditures must be specifically included in a locality's Division of Budget approved comprehensive RTA plan.

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

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

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

Sincerely,



Nina Aledort, PhD
Deputy Commissioner
Division of Youth Development and Partnerships for Success
Office of Children and Family Services

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

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

STSJP plans are due to the Office of Children and Family Services (OCFS) by 8/19/19

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

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

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

Please direct any STSJP plan questions to:

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

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

Instructions for submitting an STSJP plan for OCFS review:

- a. Once you have opened this form on your computer, please immediately use the "Save As" function in Microsoft Word to save a copy;
- b. Save your application using the file name "STSJP 2019-2020 Annual Plan – (Name of County)";
- c. Work from the "saved" application document, using it to record all of your municipality information;
- d. Once you have completed entering the required data, save the document.

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

PART I – STSJP PROGRAMS

SECTION 1	PLAN AMOUNTS	
EXPENSES		
1. Total program expenses		\$ 51,750
2. State reimbursement		\$ 32,085
3. Local share amount		\$ 19,665
Reimbursements for the plan (Enter all amounts that are applicable.)		
4. STSJP allocation amount	\$ 40,025	
5. STSJP local approved plan amount		\$ 32,085
6. Detention approved amount shifted to STSJP		\$ 0
7. PY rollover approved amount		\$ 0
8. Total approved amounts for state reimbursement		\$ 32,085

SECTION 2	LIST OF STSJP PROGRAMS TO BE FUNDED		
Program Name	Local Share (38 percent)	State Share (62 percent)	Total Program Expenses (100 percent)
STSJP Program 1 Seneca County Youth Advocate Program	\$ 15,960	\$ 26,040	\$ 42,000
STSJP Program 2 Boys to Men	\$ 1,900	\$ 3,100	\$ 5,000

STSJP Program 3 Seneca County Community Counseling Center	\$ 760	\$ 1,240	\$ 2,000
STSJP Program 4 Seneca County Addictions Program	\$ 760	\$ 1,240	\$ 2,000
STSJP Program 5 Seneca county Probation Electronic home monitoring	\$ 285	\$ 465	\$ 750
STSJP Program 6	\$	\$	\$
STSJP Program 7	\$	\$	\$
STSJP Program 8	\$	\$	\$
STSJP Program 9	\$	\$	\$
STSJP Program 10	\$	\$	\$
STSJP Program 11	\$	\$	\$
STSJP Program 12	\$	\$	\$
TOTAL			\$ 51,750

STSJP PROGRAMMING DETAILS

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

STSJP Program 1

STSJP Program 1 Name: Seneca County Youth Advocate Program		STSJP Program 1 Type: Alternative to Placement	
STSJP Program 1 Operating Agency: Seneca County Youth Advocate Program			
Program Mailing Address 34 Fall Street Suite 3			
Address Line 2			
City Seneca Falls		State NY	Zip Code 13148
Contact Person for Program Cedra Murphy		Email cmurphy@yapinc.org	
Title Director		Phone (315) 712 - 4272	Ext

STSJP Program 1 Service Detailed Information

- The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 42,000
- Please indicate the specific zip codes this program will target. 13165, 13148, 14521, 14541, 14860, 14847
- 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.
- Does your municipality plan to replicate the program across multiple locations? Yes No

5. What is the projected number of youth who will receive services from this program? 15

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

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

7. What projected outcomes were met and how were they met? **(100 words or less)** The youth that completed the program remained out of placement, and did not return to court. Six cases were successfully closed or adjusted. One youth moved to another county prior to completing program. Two youth are still receiving services through the program. The youth who did not successfully complete the program were not referred to court.

8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? **(100 words or less)** Although there were 2 youth that did not complete the program, they did not return to court and their cases were closed.

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 102

10. Total number of youth served by this program during the previous STSJP PY: 11

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

STSJP Program 2		
STSJP Program 2 Name: Boys to Men	STSJP Program 2 Type: Early Intervention	
STSJP Program 2 Operating Agency: The Fatherhood Connection		
Program Mailing Address 3 Mountain Rise		
Address Line 2		
City Fairport	State NY	Zip Code 14450
Contact Person for Program Reginald Cox	Email thefatherhoodconnection@gmail.com	
Title Founder	Phone (585) 284 - 2445	Ext

STSJP Program 2	Service Detailed Information
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 5,000	
2. Please indicate the specific zip codes this program will target. 13165, 13148, 14541, 14521, 14860, 14847	
3. 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, or who have been identified through the school student support services committees that are at risk of juvenile justice contact	
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program? 15	
If the STSJP Program 2 received STSJP funds in the previous STSJP PY, answer the questions below.	
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 .	
7. What projected outcomes were met and how were they met? (100 words or less) The youth who completed the program did improve their relationship at home, school, community, and avoided placement.	
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) The number of youth who did not complete all sessions. Barriers included transportation and time of group. The group time has been adjusted and discussions with service providers have taken place regarding transportation.	
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 64	

10. Total number of youth served by this program during the previous STSJP PY: 6

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

STSJP Program 3

STSJP Program 3 Name:

Seneca County Mental Health

STSJP Program 3 Type:

Early Intervention

STSJP Program 3 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

Email

rdinan@co.seneca.county.ny.us

Title

Program Director

Phone

(315) 539- - 1980

Ext

STSJP Program 3**Service Detailed Information**

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 2,000

2. Please indicate the specific zip codes this program will target. 13165, 13148, 14541, 14521, 14860, 14847

3. 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, Youth Bureau or Probation to serve youth identified at risk of becoming or, an alleged to be a PINS or Juvenile Delinquent

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

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

If the STSJP Program 3 received STSJP funds in the previous STSJP PY, answer the questions below.6. Did projected performance outcomes meet expected outcomes? Yes No Partially If Yes, **answer #7**; If No, **skip to #8**; If Partially, **answer #7 and #8**.7. What projected outcomes were met and how were they met? **(100 words or less)**8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? **(100 words or less)**

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

10. Total number of youth served by this program during the previous STSJP PY: 0

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

STSJP Program 4

STSJP Program 4 Name:

Seneca County Addictions Program

STSJP Program 4 Type:

Early Intervention

STSJP Program 4 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

Email

torlopp@co.seneca.ny.us

Title

Phone

Ext

Prevention and Treatment Services Director	(315) 539 - 1957
STSJP Program 4 Service Detailed Information	
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 2,000	
2. Please indicate the specific zip codes this program will target. 13148, 13165, 14860, 14847,14541, 14521	
3. 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 Youth Advocate Program, Division of Human Services, Youth Bureau or Probation to serve youth identified at risk of becoming or alleged to be a PINS or Juvenile Delinquent There are school based substance abuse counselors in all 4 school districts to serve youth in need	
4. Does your municipality plan to replicate the program across multiple locations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program? 3	
If the STSJP Program 4 received STSJP funds in the previous STSJP PY, answer the questions below.	
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 .	
7. What projected outcomes were met and how were they met? (100 words or less)	
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)	
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)	
10. Total number of youth served by this program during the previous STSJP PY: 0	
11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 0	

STSJP Program 5		
STSJP Program 5 Name: Seneca County Electronic Home monitoring		STSJP Program 5 Type: JO/JD-Alternative to Detention
STSJP Program 5 Operating Agency: Seneca County Probation		
Program Mailing Address 1 DiPronio Drive		
Address Line 2		
City Waterloo	State NY	Zip Code 13165
Contact Person for Program David Terry	Email dterry@co.seneca.ny.us	
Title Director	Phone (315) 539-1916 -	Ext

STSJP Program 5 Service Detailed Information	
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 750	
2. Please indicate the specific zip codes this program will target. 13148, 13165, 14541, 14521, 14860, 14847	
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) When appropriate youth will be placed on passive GPS in lieu of detention to monitor youth activities in the community, and ensure youth attend their scheduled court appearances. Youth placed on GPS tracking is based on all information available from service providers, DRAI assessment, law enforcement, and Division of Human Services staff.	
4. Does your municipality plan to replicate the program across multiple locations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program? 1	
If the STSJP Program 5 received STSJP funds in the previous STSJP PY, answer the questions below.	
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 .	

If Yes, **answer #7**. If No, **skip to #8**.

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

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

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

10. Total number of youth served by this program during the previous STSJ PY: 0

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

STSJP Program 6

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

STSJP Program 6 Service Detailed Information

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

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

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

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

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

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

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

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

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

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

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

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

STSJP Program 7

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

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

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

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

STSJP Program 9	
STSJP Program 9 Name:	STSJP Program 9 Type:

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

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

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

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

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

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

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

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

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

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

STSJP Program 11

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

STSJP Program 11 Service Detailed Information

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

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

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

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

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

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

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

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

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

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

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

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

STSJP Program 12

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

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

PART II – STSJP-RTA PROGRAMS**SECTION 1****STSJP RTA PLAN AMOUNTS****Expenses**

1. RTA-approved plan amount	\$ 25,890
2. Total program expenses	\$ 25,890

SECTION 2**LIST OF STSJP-RTA PROGRAMS TO BE FUNDED**

Program Name	Total Program Expenses
STSJP-RTA Program 1 Motherhood	\$ 1,500
STSJP-RTA Program 2 Seneca County Probation Electronic Home Monitoring	\$ 10,050
STSJP-RTA Program 3 Boys 2 Men Fatherhood	\$ 12,000
STSJP-RTA Program 4 Seneca Mental Health Crisis Intervention	\$ 2340
STSJP-RTA Program 5	\$
STSJP-RTA Program 6	\$
TOTAL	\$ 25,890

STSJP-RTA PROGRAMMING DETAILS

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

STSJP-RTA Program 1

Program 1 Name: Motherhood		Program 1 Type: Prevention	
Program 1 Operating Agency: Seneca County Division of Human Services			
Program Mailing Address 1 DiPronio Drive			
Address Line 2			
City Waterloo	State NY	Zip Code 13165	
Contact Person for Program Mae Major	Email mmajor@co.seneca./ny.us		
Title Director of Services	Phone (315) 539 - 1867	Ext	

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

1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 1,500
2. Please indicate the specific zip codes this program will target. 13165,13148, 14541, 14521, 14860, 14847
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The motherhood program is a 10 week group facilitated by DHS staff to assist mothers of identified raise the age youth in parenting. Issues addressed include communication, co-parenting, conflict resolution , establishing boundaries and limitations.
4. Does your municipality plan to replicate the program across multiple locations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. What is the projected number of youth who will receive services from this program?
If the STSJP-RTA Program 1 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.
7. What projected outcomes were met and how were they met? (100 word or less)
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
10. Total number of youth served by this program during the previous STSJP-RTA PY:
11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program? 0

STSJP-RTA Program 2

Program 2 Name: Electronic Home Monitoring		Program 2 Type: JO/JD-Alternative to Detention	
Program 2 Operating Agency: Seneca County Probation			
Program Mailing Address 1 DiPronio Drive			
Address Line 2			
City Waterloo	State NY	Zip Code 13165	
Contact Person for Program	Email		

David Terry	dterry@co.seneca.ny.us	
Title Director	Phone (315) 539 - 1916	Ext
STSJP-RTA Program 2 Service Detailed Information		
1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 10,050		
2. Please indicate the specific zip codes this program will target. 13165, 13148, 14860, 14847, 14541 14521		
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) When appropriate RTA youth will be placed on passive GPS in lieu of detention to monitor youth activities in the community, ensure youth return to court appearances as scheduled and are placed on GPS tracking based on all information available from service providers, DRAI assessment, law enforcement, and Division of Human Services staff.		
4. Does your municipality plan to replicate the program across multiple locations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. What is the projected number of youth who will receive services from this program? 3-5		
If the STSJP-RTA Program 2 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.		
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.		
7. What projected outcomes were met and how were they met? (100 word or less)		
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)		
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)		
10. Total number of youth served by this program during the previous STSJP-RTA PY:		
11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program? 0		

STSJP-RTA Program 3		
Program 3 Name: Fatherhood /Boys to Men	Program 3 Type: Early Intervention	
Program 3 Operating Agency: Fatherhood Connection		
Program Mailing Address 3 Mountain Rise Drive		
Address Line 2		
City Fairport	State NY	Zip Code 14450
Contact Person for Program Reginald Cox	Email	
Title Founder/Facilitator	Phone (585) 284 - 2445	Ext

STSJP-RTA Program 3 Service Detailed Information		
1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 12,000		
2. Please indicate the specific zip codes this program will target. 13148, 13165, 14847, 14860, 14541, 14521		
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The group will serve RTA youth referred through Probation, Youth Advocate Program, Division of Human Services, Youth Bureau that are involved with youth identified as RTA eligible. The group consist of 8 weeks focusing on issues such as anger management, communication, healthy relationships,		
4. Does your municipality plan to replicate the program across multiple locations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. What is the projected number of youth who will receive services from this program? 10		
If the STSJP-RTA Program 3 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.		

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

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

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

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

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

11. What amount of rollover funds from the previous STSJ-P-RTA PY will be spent on this program? 0

STSJP-RTA Program 4

Program 4 Name: Mental Health Crisis Intervention		Program 4 Type: Early Intervention	
Program 4 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 Margaret Morse	Email mmorse@co.seneca.ny.us		
Title Director of Community Services	Phone (315) 539 - 1958	Ext	

STSJP-RTA Program 4 Service Detailed Information

1. The amount of STSJ-P-RTA funds that your jurisdiction will devote to the services from this program? \$ 2340

2. Please indicate the specific zip codes this program will target. 13165, 13148, 14860, 14521, 14541, 14847

3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Youth in need of mental health counseling after hours will have access to available mental health counselor to prevent further penetration into the juvenile justice system

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

5. What is the projected number of youth who will receive services from this program? 2

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

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

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

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

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

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

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

STSJP-RTA Program 5

Program 5 Name:	Program 5 Type:
Program 5 Operating Agency:	
Program Mailing Address	

Address Line 2		
City	State	Zip Code
Contact Person for Program	Email	
Title	Phone () - -	Ext

STSJP-RTA Program 5 Service Detailed Information

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

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

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

STSJP-RTA Program 6

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

STSJP-RTA Program 6 Service Detailed Information

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

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

- Did projected performance outcomes meet expected outcomes? Yes No Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.
- What projected outcomes were met and how were they met? (100 word or less)

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

PART III – STSJP-RTA PROGRAM ANALYSIS

SECTION 1 Overall Analysis

A. Overall Analysis of Communities

Discuss and identify the neighborhoods or communities by zip codes or areas from which the highest number of Youthful Offenders (YO), Adolescent Offenders (AO), Juvenile Delinquents (JD) and Persons in Need of Supervision (PINS) enter the youth justice system, and the factors that may be contributing. **(500 words or less)**

Seneca County includes the largest communities of Seneca Falls and Waterloo zip codes of 13148 and 13165. The 2 communities listed above have the highest number of Juvenile Delinquents and Persons in Need of Supervision. The contributing factors associated with identifying some of these youths is increased access to drugs and alcohol, low income housing projects.

B. Overall Analysis of Disparity

Please provide information indicating whether there is evidence of racial/ethnic disparity in your local system's use of detention or residential placement. **(250 words or less)** Based on the data, there was not any racial disparity, as the 3 youth placed into detention were all caucasian, which is the make up of the area.

If such disparity exists, describe how this STSJP plan addresses the issues of disparity. **(250 words or less)**

SECTION 2 PERFORMANCE OUTCOMES

For current program year, provide the projected performance outcomes for all of your proposed services and programs. Be sure to include an estimate of the anticipated reductions in detention utilization and residential placements. **(250 words or less)** In 2018 there was 1 youth placed in non secure detention for 7 days and 2 placed in secure or mixed placements for an average length of stay of 54 days. We anticipate with increased follow through from the youth and families into program and services there will be a reduction in youth going to detention and if in detention the length of stay will be reduced.

Referred youth will remain out of the Juvenile Justice/Criminal Justice System.

- Youth and families will engage and follow through with programs and other support services that promote positive youth development.

At this time, we anticipate these programs will reduce the total length of stay to 45 days.

SECTION 3 COLLABORATION SECTION

As per STSJP legislation, collaboration is required. Please describe your municipality's activities in developing this year's STSJP plan in collaboration with local agencies responsible for probation, law enforcement, detention, diversion, social services, courts, services providers, schools, and youth development programs. **(250 words or less)**

The Commissioner, Deputy Commissioner, Workforce Development Youth Bureau Director, Director of Services, discussed program services and ways to engage/refer at risk youth into the youth development program. The Criminal Justice Advisory Board members have been included in discussions on STSJP/RTA.

SECTION 4 COOPERATIVE APPLICATIONS SUBMITTED JOINTLY BY TWO OR MORE COUNTIES

(Complete this section only if this is a joint application.)

Two or more eligible local jurisdictions (counties) may join together to establish, operate and maintain Supervision and treatment services for juvenile programs, and may enter into agreements in connection therewith.

Counties submitting such applications must provide the following information:

1. Describe the provisions for the proportionate cost to be borne by each county: **(250 words or less)**
2. Describe how personnel will be compensated across and between counties in the cooperative:
3. If a single fiscal officer will be the custodian of the funds made available for STSJP, please provide the officer's name and contact information:

PART IV – PLAN APPROVAL**SECTION 1 APPROVAL OF THE CHIEF EXECUTIVE OFFICER**

As STSJP Lead for Seneca County municipality, I certify that the CEO Robert Shipley has reviewed and approved the 2019 STSJP plan.

Date: 09 / 12 / 2019 User ID: 45a615

Print name: Robert Shipley

SECTION 2 APPROVAL OF THE OCFS PROGRAM LEAD

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

Date: 12 / 03 / 2019 User ID: TY4555

Print name: Eric Warner