



Office of Children and Family Services

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Commissioner

July 8, 2021

Dear Chief Executive Officer,

Thank you for submitting Erie County's Supervision and Treatment Services for Juveniles Program (STSJP) plan for Program Year (PY) 2020-2021. 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. Upon NYS DOB approval, OCFS will send out a revised STSJP approval letter reflecting the STSJP-RTA programming amount approved by NYS DOB for 2020-2021 as applicable.

Erie 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, up to the capped allocation, 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 June 30, 2021, unless otherwise approved by the Office of Children and Family Services.

If the 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

1. the amount that will be shifted and
2. the type of programming or services the re-purposed detention funds will be used for under STSJP

Once the shift is approved, an amended STSJP plan will 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 comprehensive RTA plan and approved by the NYS Division of Budget.

All STSJP claims must be submitted electronically via the Juvenile Detention Automated System (JDAS) for the service period of October 1, 2020 to September 30, 2021. Questions on all aspects of the claiming process should be directed to the STSJP mailbox at stsjp@ocfs.ny.gov with the subject line "STSJP Claiming questions".

If you have any STSJP plan questions, please also email us at stsip@ocfs.ny.gov and write “STSJP Plan Questions” in the subject line or reach out to Geneva Hilliard at (518) 486-1819 or Lynn Tubbs at (518) 473-9116.

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.

Sincerely,



Nina Aledort, PhD, LMSW
Deputy Commissioner

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

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
SUPERVISION AND TREATMENT SERVICES FOR JUVENILES PROGRAM (STSJP)
ANNUAL PLAN FOR PROGRAM YEAR OCTOBER 1, 2020 – SEPTEMBER 30, 2021

SUBMITTING MUNICIPALITY CONTACT INFORMATION

Name of applicant county, counties, or jurisdiction: Erie		
Lead agency for STSJP submission: Erie County DSS Youth Services Division		
Contact Person's Name: Kate Hilliman	Title: Sr. Youth Bureau Director	
Phone: (716) 9234051	Ext:	Email: katherine.hilliman@erie.gov

PLAN SUBMISSION INSTRUCTIONS

STSJP plans are due to the Office of Children and Family Services (OCFS) by 10 / 20 / 2020

- Once you have opened this form on your computer, please use the "Save As" function to save a copy with the following file name: "STSJP 2020-2021 Annual Plan – [Municipality Name]."
- Work from the copy saved in Step 1 as you record your municipality information. Save your work as you complete each section.
- Email the completed application to OCFS at stsip@ocfs.ny.gov. Use the subject line "STSJP 2020-2021 Annual Plan – [Municipality Name]" to facilitate timely review of your plan.

Please direct any STSJP plan questions to Geneva Hilliard 518-486-1819 or Lynn Tubbs 518-473-9116.

NOTE:

Cooperative Applications Submitted Jointly by Two or More Counties

Two or more eligible local jurisdictions (counties) may join together to establish, operate and maintain STSJP programs, and may enter into agreements in connection therewith. Counties submitting such applications must provide additional information under **Part I - Municipality Level Details, Section A. Cooperative Application.**

PART I – MUNICIPALITY LEVEL DETAILS

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

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

N/A

- Describe how personnel will be compensated across and between counties in the cooperative:

N/A

- Will a single fiscal officer be the custodian of the funds made available for STSJP?

Yes (If yes, please provide their contact details below.)

No (If no, skip to Q4.)

Officer's Name:

Title:

Phone: ()

Ext:

Email:

- Describe who will be responsible for collecting and submitting STSJP data for joint-funded programs:

B. Municipality Level Analysis

- (a) Identify communities or neighborhoods from which the highest number of Youthful Offenders (YO), Adolescent Offenders (AO), Juvenile Offenders (JO), Juvenile Delinquents (JD), and Persons in Need of Supervision (PINS) enter the youth justice system, are remanded to detention, and/or are residentially placed; then (b) Discuss what factors may be contributing to these high numbers:

Historically and currently, two zip codes in Erie County have produced approximately 30% of all JD detention admissions. Year to date 17% of detention admissions come from zip code 14215 (10 AO, 24 JD, 3 JO) 13% from zip code 14211 (10 JO, 16 JD). 44% of detention admissions are unique to there zip code. The remaining 26% are from zip

codes 14204, 14208, 14212, 14210, 14206, 14207, 14225 in that order from largest to smallest. These statistics from residential placements are very similar in that in 2019 20% came from 14215, 13% from 14211. 32% of placements are unique to their zip code with the remaining 35 percent coming from 14207, 14212, 14206, 14208, 14220, 14224, 14204, 14201 in that order from largest to smallest. Both zip codes 14215, 14211 are relatively high-density urban areas and face a variety of issues which may contribute to the higher rates of juvenile justice system involvement such as the disproportionate detention and placement rates referenced above including high rates of poverty, 47% of children in 14211 and 43% of children in 14215 live in poverty. Unemployment rates in both zip codes are typically significantly higher than regional average at approximately 15%. African American male youth who live in these communities have a 30% chance of being suspended from school at least once any given school year.

2. (a) Compare the racial/ethnic distributions among your local system’s detention and/or residential placements with the racial/ethnic distributions in your municipality’s general population; then (b) Discuss any racial/ethnic disparities you identified and how this plan will address the disparities:

Approximately 54% of youth detained at the Erie County Secure Youth Center at any time are African American despite African Americans being only 14% of the local population. The two zip codes with the highest rates of detention admissions described above between 72-77% of the population is African American. African American youth are also disproportionately represented in residential placement and at most stages of system involvement. The STSJP plan addresses the disparity by providing high quality services to youth at every decision point in order to reduce system penetration and assist youth exiting as quickly as possible while providing resources and support to the entire family reducing the risk for future system involvement. There are several local collaborative initiatives aimed at reducing racial and ethnic disparities in the Juvenile Justice system. Two such collaborations include the Disproportionate Minority Representation (Racial and Ethnic Disparity) Committee which is a Georgetown CJJR Capstone Project lead by two Erie County Family Court Judges and the NYS Court Improvement Program and the Community Foundation of Greater Buffalo Racial Equity Round Table Juvenile Justice Works Collaboration with support from the Haywood Burns Institute. The writer of this plan is heavily involved in both collaborations.

C. Local Collaboration

1. STSJP legislation requires local collaboration. 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, service providers, schools, and youth development programs:

The Erie County Juvenile Justice System is highly collaborative. The Erie County Juvenile Justice Collaborative group consists of leadership representatives from all relevant departments and agencies including probation, MH, DSS, county attorney, legal aide, law enforcement and others. This group meets monthly and focuses on system reform and improvement. This group is also directly connected to the Western Regional Youth Justice Team and NY statewide Partnership for Youth Justice.

PART II – PROGRAM LEVEL DETAILS

PROGRAM 1

A. Program 1 Contact Information

Program 1 Name: Probation High Risk Supervision

Operating Agency: Erie County Probation

Program Mailing Address: 1 Niagara Plaza

Address Line 2:

City: Buffalo

State: NY

Zip Code: 14202

Program Contact’s Name: Michelle Olszowy

Title: Deputy Commissioner

Phone: (716) 858-8224 Ext:

Email: michelle.olszowy@erie.gov

B. Program 1 Description and Target Population

1. This program meets the legal definition of a **Family Support Services (FSS) program (Social Services Law Section 458-m)** and will operate in this capacity for PY 2020-2021. Yes No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:

STSJP	STSJP-RTA	
<input type="checkbox"/>	<input type="checkbox"/>	Prevention (P)
<input type="checkbox"/>	<input type="checkbox"/>	Early Intervention (EI)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Alternative to Placement (ATP)
<input type="checkbox"/>	<input type="checkbox"/>	Reentry / Aftercare (R / A)
<input type="checkbox"/>	<input type="checkbox"/>	Indirect Services

3. Please list the zip codes this program will target:
14210; 14204; 14207; 14208; 14211; 14212; 14213; 14215; 14150; 14075

4. Describe the program, including how it is family focused. If you answered “yes” to Q1 (FSS), be sure to demonstrate how your program meets the definition. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them.

The High Risk Supervision (HRS) program involves the supervision of youth and requires intensive case management which includes numerous contacts with youth in the community, the family, Family Court, collateral / ancillary services as well as other community organizations which engage the youth and family. Some contacts require after hours home visits and site visits (planned and unplanned / unannounced); crisis response, service provider and family team meetings. This high-intensity supervision is offered to post-dispositional youth.

5. Is the program capable of being replicated across multiple locations? Yes No

C. Program 1 Performance History (Refer to your municipality’s STSJP data files.)

1. What funding did this program receive in PY 2019-2020?
 None (If none, skip to section D.) STSJP STSJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	0	0	0	0	0	15	0	15
STSJP-RTA	0	0			0	0	0	0	0
Total	0	0	0	0	0	0	15	0	15

3. Based on the program’s record of youth served (Q2), do you anticipate this program being over or under its budgeted capacity on 9/30/2020? Please explain:

This program will meet its budgeted capacity. The high-risk probation caseload is 15 and is generally at that capacity at all times.

4. Please use the table to record the **average lengths of service (days)** for youth who exited the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	Program Type							
	P	EI	ATD/ATPDP				ATP	R/A
			(PINS)	(JO/JD)	(JD-RTA)	(AO)		
STSJP	0.00	0.00	0.00	0.00	0.00	0.00	300.00	0.00
STSJP-RTA	0.00	0.00			0.00	0.00	0.00	0.00

5. How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths of stay for youth who were in detention and residential placements during the same time period.

The average LOS is in line with expectations due to the general duration of formal supervision duration. Formal probation is typically longer duration than residential placement.

6. Will this program's outcomes meet the PY 2019-2020 projected goals by 9/30/2020?

Yes (If yes, skip to section D.) Partially No

7. (a) What outcomes are on track to meet the goals set for PY 2019-2020? (b) How will they be met?

The high-risk supervision caseload allows for more intensive supervision as well as support due to the lower capacity and specialized knowledge of the assigned probation officer. This knowledge includes community risk factors and available services and resources. The goal of this service is to assist youth in successfully completing the term of supervision while avoiding violations and placement.

8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.

9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2020-2021?

D. Program 1 Service Projections for PY 2020-2021

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2020-2021. Enter zero (0) if not applicable.

Approved Funding	Program Type								
	P	EI	ATD/ATPDP				ATP	R/A	Total
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	0	0	0	0	0	26	0	26
STSJP-RTA	0	0			0	0	0	0	0
Total	0	0	0	0	0	0	26	0	26

PROGRAM 2

A. Program 2 Contact Information

Program 2 Name: Erie County Youth Bureau Coordination

Operating Agency: Erie County DSS

Program Mailing Address: 810 East Ferry St.

Address Line 2:

City: Buffalo

State: NY

Zip Code: 14211

Program Contact's Name: Kate Hilliman

Title: Sr. Youth Bureau Director

Phone: (716) 923-4051 Ext:

Email: katherine.hilliman@erie.gov

B. Program 2 Description and Target Population

1. This program meets the legal definition of a **Family Support Services (FSS) program (Social Services Law Section 458-m)** and will operate in this capacity for PY 2020-2021. Yes No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:

STSJP	STSJP-RTA	
<input type="checkbox"/>	<input type="checkbox"/>	Prevention (P)
<input type="checkbox"/>	<input type="checkbox"/>	Early Intervention (EI)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Placement (ATP)
<input type="checkbox"/>	<input type="checkbox"/>	Reentry / Aftercare (R / A)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Indirect Services

3. Please list the zip codes this program will target:
14201; 14207; 14208; 14211; 14212; 14213; 14215; 14150; 14075

4. Describe the program, including how it is family focused. If you answered “yes” to Q1 (FSS), be sure to demonstrate how your program meets the definition. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them.

The Erie County Youth Bureau is dedicated to providing quality services to youth and families of Erie County along a broad spectrum, including an array of positive youth development programs; screening, assessment, appropriate diversion, accountability, monitoring and intervention services to youth involved in Family Court matters. Additionally, Youth Bureau staff meets with youth -serving agencies to explain program requirements and monitor and evaluate agency compliance. The Youth Bureau Director directly oversees all STSJP programs and leads collaborative juvenile justice reform initiatives in Erie County.

5. Is the program capable of being replicated across multiple locations? Yes No

C. Program 2 Performance History (Refer to your municipality’s STSJP data files.)

1. What funding did this program receive in PY 2019-2020?
 None (If none, skip to section D.) STSJP STSJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	Program Type								
	P	EI	ATD/ATPDP				ATP	R/A	Total
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	0	0	0	0	0	0	0	0
STSJP-RTA	0	0			0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0

3. Based on the program’s record of youth served (Q2), do you anticipate this program being over or under its budgeted capacity on 9/30/2020? Please explain:

4. Please use the table to record the **average lengths of service (days)** for youth who exited the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	Program Type							
	P	EI	ATD/ATPDP				ATP	R/A
			(PINS)	(JO/JD)	(JD-RTA)	(AO)		
STSJP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STSJP-RTA	0.00	0.00			0.00	0.00	0.00	0.00

5. How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths of stay for youth who were in detention and residential placements during the same time period.

6. Will this program's outcomes meet the PY 2019-2020 projected goals by 9/30/2020?
 Yes (If yes, skip to section D.) Partially No

7. (a) What outcomes are on track to meet the goals set for PY 2019-2020? (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.

9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2020-2021?

D. Program 2 Service Projections for PY 2020-2021

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2020-2021. Enter zero (0) if not applicable.

Approved Funding	Program Type								
	P	EI	ATD/ATPDP				ATP	R/A	Total
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	0	0	0	0	0	0	0	0
STSJP-RTA	0	0			0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0

PROGRAM 3

A. Program 3 Contact Information

Program 3 Name: Berkshire Farms Stepping Stones

Operating Agency: Berkshire Farm Center and Services for Youth

Program Mailing Address: 13640 Rt. 22

Address Line 2:

City: Canaan

State: NY

Zip Code: 12029

Program Contact's Name: Lucas Jacobs

Title: Director

Phone: (518) 242-0578

Ext:

Email: ljacobs@berkshirefarms.org

B. Program 3 Description and Target Population

1. This program meets the legal definition of a **Family Support Services (FSS) program (Social Services Law Section 458-m)** and will operate in this capacity for PY 2020-2021. Yes No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:

STSJP	STSJP-RTA	
<input type="checkbox"/>	<input type="checkbox"/>	Prevention (P)
<input type="checkbox"/>	<input type="checkbox"/>	Early Intervention (EI)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Alternative to Placement (ATP)
<input type="checkbox"/>	<input type="checkbox"/>	Reentry / Aftercare (R / A)
<input type="checkbox"/>	<input type="checkbox"/>	Indirect Services

3. Please list the zip codes this program will target:
14201; 14207; 14208; 14211; 14212; 14213; 14215; 14150; 14075

4. Describe the program, including how it is family focused. If you answered “yes” to Q1 (FSS), be sure to demonstrate how your program meets the definition. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them.

This program is primarily used as a high intensity case management service for RTA and non-RTA youth at both the pre and post dispositional stages to avoid detention and placement. This program has a low caseload but youth and families receive 2-3 in person contacts per week in order to help resolve crisis, provide for basic needs, link to services and insure conditions of court are being met. The program is expected to assist Erie County reduce detention days, violation of probation, re-arrest and recidivism for referred youth at the post-dispositional stage as well as for youth referred youth during the pendency of their case. Secondary outcomes include assisting youth link to pro-social activities, promote and support healthy attachments to their family, development conflict management skills, increase school attendance, participate in court ordered treatment, and link youth to natural supports.

5. Is the program capable of being replicated across multiple locations? Yes No

C. Program 3 Performance History (Refer to your municipality’s STSJP data files.)

1. What funding did this program receive in PY 2019-2020?
 None (If none, skip to section D.) STSJP STSJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	0	3	10	0	0	6	0	19
STSJP-RTA	0	0			0	0	7	0	7
Total	0	0	3	10	0	0	13	0	26

3. Based on the program’s record of youth served (Q2), do you anticipate this program being over or under its budgeted capacity on 9/30/2020? Please explain:

This program was on track to meet its budgeted capacity however with court shutdown/slowdown and other pandemic related disruptions it is unlikely they will now reach that capacity. This provider has continued to receive referrals and provide youth with quality service throughout pandemic but with reduced frequency.

4. Please use the table to record the **average lengths of service (days)** for youth who exited the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	Program Type							
	P	EI	ATD/ATPDP				ATP	R/A
			(PINS)	(JO/JD)	(JD-RTA)	(AO)		
STSJP	0.00	0.00	62.50	153.00	0.00	0.00	127.20	0.00
STSJP-RTA	0.00	0.00			0.00	0.00	113.00	0.00

5. How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths of stay for youth who were in detention and residential placements during the same time period.

The average LOS for this program has been coming down over the past several years due to an intentional process of working with the provider. The reason average LOS for this program has typically been longer as this program generally receives referrals for the most challenging cases. The provider has been able to bring average LOS down while continuing to achieve quality outcomes for youth. In many cases the average LOS is less than comparable time spent in placement.

6. Will this program's outcomes meet the PY 2019-2020 projected goals by 9/30/2020?

Yes (If yes, skip to section D.) Partially No

7. (a) What outcomes are on track to meet the goals set for PY 2019-2020? (b) How will they be met?

The program provided intensive case management for some of the most at-risk system involved youth. Many of the youth referred to this program had received other services previously which had not been successful. Case managers met with youth and families multiple times per week assisting entire family in meeting basic needs as well as social and educational needs. Program met many benchmarks regarding avoiding detention and re-arrest.

8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.

9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2020-2021?

D. Program 3 Service Projections for PY 2020-2021

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2020-2021. Enter zero (0) if not applicable.

Approved Funding	Program Type								
	P	EI	ATD/ATPDP				ATP	R/A	Total
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	0	15		0	0	12	0	27
STSJP-RTA	0	0			32	32	32	0	96
Total	0	0	0	0	32	32	59	0	123

PROGRAM 4

A. Program 4 Contact Information

Program 4 Name: Be-A-Friend

Operating Agency: Big Brothers and Big Sisters of Erie, Niagara and the Southern Tier

Program Mailing Address: Suite 104, 100River Rock Dr.

Address Line 2:

City: Buffalo

State: NY

Zip Code: 14207

Program Contact's Name: Thomas Guagliardo		Title: CEO
Phone: (716) 873-5833	Ext:	Email: tguagliardo@beafriend.org

B. Program 4 Description and Target Population

1. This program meets the legal definition of a **Family Support Services (FSS) program (Social Services Law Section 458-m)** and will operate in this capacity for PY 2020-2021. Yes No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:

STSJP	STSJP-RTA	
<input type="checkbox"/>	<input type="checkbox"/>	Prevention (P)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Early Intervention (EI)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Placement (ATP)
<input type="checkbox"/>	<input type="checkbox"/>	Reentry / Aftercare (R / A)
<input type="checkbox"/>	<input type="checkbox"/>	Indirect Services

3. Please list the zip codes this program will target:
14201; 14207; 14208; 14211; 14212; 14213; 14215; 14150; 14075

4. Describe the program, including how it is family focused. If you answered "yes" to Q1 (FSS), be sure to demonstrate how your program meets the definition. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them.

BBBS Be-A-Friend program matches youth justice system involved youth with professional mentors for individual and small group mentoring sessions and outings. The program will be utilized as an early intervention program at the appearance ticket stage as well as an Alternative to detention at the pre-dispositional stage for both RTA and traditional aged youth. The program is expected to assist Erie County reduce re-arrest and recidivism for referred youth during the pendency of their case. Secondary outcomes include assisting youth link to pro-social activities, promote and support healthy attachments to their family, development conflict management skills, increase school attendance, participate in court ordered treatment, and link youth to natural supports. Mentoring services have been identified by youth, families and probation officers as a needed support service for juvenile justice system involved youth.

5. Is the program capable of being replicated across multiple locations? Yes No

C. Program 4 Performance History (Refer to your municipality's STSJP data files.)

1. What funding did this program receive in PY 2019-2020?
 None (If none, skip to section D.) STSJP STSJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	10	0	16	0	0	0	0	26
STSJP-RTA	0	0			0	0	2	0	2
Total	0	10	0	16	0	0	2	0	28

3. Based on the program's record of youth served (Q2), do you anticipate this program being over or under its budgeted capacity on 9/30/2020? Please explain:

This program was on track to meet its budgeted capacity however with court shutdown/slowdown and other pandemic related disruptions it is unlikely they will now reach that capacity. This provider has continued to receive referrals and provide youth with quality service throughout pandemic but with reduced frequency.

4. Please use the table to record the **average lengths of service (days)** for youth who exited the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	Program Type							ATP	R/A
	P	EI	ATD/ATPDP						
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0.00	140.70	0.00	144.73	0.00	0.00	0.00	0.00	
STSJP-RTA	0.00	0.00			0.00	0.00	0.00	0.00	

5. How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths of stay for youth who were in detention and residential placements during the same time period.

Average LOS for this program is in line with expectations. This program focuses on mentoring relationships and and the provider, a national organization focused exclusively on evidence based mentoring supports, cites a minimum of 12 months as best practice for mentoring relationships. Expectations for this program are that LOS be between 4-6 months with an emphasis on transitioning as close to 4 months as is appropriate. This LOS is typically longer than the average LOS for youth in residential placement.

6. Will this program's outcomes meet the PY 2019-2020 projected goals by 9/30/2020?

Yes (If yes, skip to section D.) Partially No

7. (a) What outcomes are on track to meet the goals set for PY 2019-2020? (b) How will they be met?

The program delivered high quality services for referred youth. The program engaged youth in one on one and group mentoring opportunities and sought to engage youth in continued mentoring and supportive relationships after system involvement. The program was successful in linking youth to services such as MH counseling and reconnection youth to school. The program was reviewed favorably by youth, parents and juvenile justice system representatives. The program received and served a high volume of referrals.

8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.

9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2020-2021?

D. Program 4 Service Projections for PY 2020-2021

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2020-2021. Enter zero (0) if not applicable.

Approved Funding	Program Type							ATP	R/A	Total
	P	EI	ATD/ATPDP							
			(PINS)	(JO/JD)	(JD-RTA)	(AO)				
STSJP	0	15	5	10	0	0	0	0	30	
STSJP-RTA	0	40			40	40	0	0	120	
Total	0	55	5	10	40	40	0	0	150	

PROGRAM 5

A. Program 5 Contact Information

Program 5 Name: Way Connect

Operating Agency: OLV Human Services

Program Mailing Address:		
Address Line 2: 790 Ridge Rd.		
City: Lackawanna	State: NY	Zip Code: 14218
Program Contact's Name: Sharon Cavanaugh		Title: Director
Phone: (716) 828-7083	Ext:	Email: scavanaugh@olvhumanservices

B. Program 5 Description and Target Population

1. This program meets the legal definition of a **Family Support Services (FSS) program (Social Services Law Section 458-m)** and will operate in this capacity for PY 2020-2021. Yes No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:

STSJP	STSJP-RTA	
<input type="checkbox"/>	<input type="checkbox"/>	Prevention (P)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Early Intervention (EI)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Alternative to Placement (ATP)
<input type="checkbox"/>	<input type="checkbox"/>	Reentry / Aftercare (R / A)
<input type="checkbox"/>	<input type="checkbox"/>	Indirect Services

3. Please list the zip codes this program will target:
14201; 14207; 14208; 14211; 14212; 14213; 14215; 14150; 14075

4. Describe the program, including how it is family focused. If you answered “yes” to Q1 (FSS), be sure to demonstrate how your program meets the definition. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them.

The program will be utilized as an Alternative to Detention Program and Alternative to Placement. The program is expected to assist Erie County reduce detention days, violation of probation, re-arrest and recidivism for referred youth during the pendency of the case as well as post disposition. Youth at diversion/adjustment services will be served by the program to prevent their further entry into the juvenile justice system. Secondary outcomes include assisting youth link to pro-social activities, promote and support healthy attachments to their family, development conflict management skills, increase school attendance, participate in court ordered treatment, and link youth to natural supports which link youth to positives adult figures and provide for belonging such as connections to school, community centers, clubs, teams and volunteer opprtunities. In addition this program places speacial emphasis on vocational skills.

5. Is the program capable of being replicated across multiple locations? Yes No

C. Program 5 Performance History (Refer to your municipality's STSJP data files.)

1. What funding did this program receive in PY 2019-2020?
 None (If none, skip to section D.) STSJP STSJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	0	0	19	0	0	3	0	22
STSJP-RTA	0	0			0	0	0	0	0
Total	0	0	0	19	0	0	3	0	22

3. Based on the program's record of youth served (Q2), do you anticipate this program being over or under its budgeted capacity on 9/30/2020? Please explain:
 This program was on track to meet its budgeted capacity however with court shutdown/slowdown and other pandemic related disruptions it is unlikely they will now reach that capacity. This provider has continued to receive referrals and provide youth with quality service throughout pandemic but with reduced frequency.

4. Please use the table to record the **average lengths of service (days)** for youth who exited the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	Program Type							ATP	R/A
	P	EI	ATD/ATPDP						
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0.00	0.00	0.00	140.75	0.00	0.00	120.00	0.00	
STSJP-RTA	0.00	0.00			0.00	0.00	0.00	0.00	

5. How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths of stay for youth who were in detention and residential placements during the same time period.
 The average LOS is slightly longer for this program than expected. After follow up and subsequent discussions with the provider it was determined that the LOS expectations were not clear to the provider in there first 6 month period as a new operator. The provider understands the county would like the LOS reduced to 90-120 days approximately to align with Detention and Residential Placements.

6. Will this program's outcomes meet the PY 2019-2020 projected goals by 9/30/2020?
 Yes (If yes, skip to section D.) Partially No

7. (a) What outcomes are on track to meet the goals set for PY 2019-2020? (b) How will they be met?
 This program has been able to engage with youth and their families and has proven very popular with probation officers and other referral sources. Youth have engaged in volunteer work, vocational training, become more connected to school and received quality case management.

8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.

9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2020-2021?

D. Program 5 Service Projections for PY 2020-2021

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2020-2021. Enter zero (0) if not applicable.

Approved Funding	Program Type								
	P	EI	ATD/ATPDP				ATP	R/A	Total
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	10	0	30	0	0	12	0	52
STSJP-RTA	0	0			0	0	0	0	0
Total	0	10	0	30	0	0	12	0	52

PROGRAM 6

A. Program 6 Contact Information

Program 6 Name: Buffalo Urban League

Operating Agency: Buffalo Urban League

Program Mailing Address: 15 Genesee		
Address Line 2:		
City: Buffalo	State: NY	Zip Code: 14203
Program Contact's Name: Ivy Diggs-Waahington		Title: Director
Phone: (716) 250-2400	Ext:	Email: idwashington@buffalourban

B. Program 6 Description and Target Population

1. This program meets the legal definition of a **Family Support Services (FSS) program (Social Services Law Section 458-m)** and will operate in this capacity for PY 2020-2021. Yes No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:

STSJP	STSJP-RTA	
<input type="checkbox"/>	<input type="checkbox"/>	Prevention (P)
<input type="checkbox"/>	<input type="checkbox"/>	Early Intervention (EI)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Alternative to Placement (ATP)
<input type="checkbox"/>	<input type="checkbox"/>	Reentry / Aftercare (R / A)
<input type="checkbox"/>	<input type="checkbox"/>	Indirect Services

3. Please list the zip codes this program will target:
14201; 14207; 14208; 14211; 14212; 14213; 14215; 14150; 14075

4. Describe the program, including how it is family focused. If you answered "yes" to Q1 (FSS), be sure to demonstrate how your program meets the definition. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them.

The program will be utilized as an Alternative to Placement. The program is expected to assist Erie County reduce detention days, violation of probation, re-arrest and recidivism for referred youth at the post-dispositional stage. The program may also be utilized during the pendency of a case as and ATD. This service will be offered to 16-17 year old rasie the age youth. The program will allow the court to safely maintain youth in the community and avoid placement. . This program places speacial emphasis on alternative education and vocational skills and has a strong track record working with older youth in these areas.

5. Is the program capable of being replicated across multiple locations? Yes No

C. Program 6 Performance History (Refer to your municipality's STSJP data files.)

1. What funding did this program receive in PY 2019-2020?
 None (If none, skip to section D.) STSJP STSJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	0	0	0	0	0	0	0	0
STSJP-RTA	0	0			4	0	0	0	4
Total	0	0	0	0	4	0	0	0	4

3. Based on the program's record of youth served (Q2), do you anticipate this program being over or under its budgeted capacity on 9/30/2020? Please explain:

Due to funding and contracting issues this program did not begin to accept referrals until March 2020. This provider has continued to receive referrals and provide youth with quality service throughout pandemic but with reduced frequency.

4. Please use the table to record the **average lengths of service (days)** for youth who exited the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	Program Type							ATP	R/A
	P	EI	ATD/ATPDP						
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
STSJP-RTA	0.00	0.00			113.00	0.00	0.00	0.00	

5. How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths of stay for youth who were in detention and residential placements during the same time period.

The average LOS for this program is in line with county expectations. The average LOS for Detention is approximately 15 days.

6. Will this program's outcomes meet the PY 2019-2020 projected goals by 9/30/2020?

Yes (If yes, skip to section D.) Partially No

7. (a) What outcomes are on track to meet the goals set for PY 2019-2020? (b) How will they be met?
 Many of the youth referred and enrolled in this program are out of school youth. This program has been successful in linking these youth to various alternative education programs and providing them with the resources necessary. This program has also been successful assisting youth and families with basic needs and case management throughout disruptions caused by Pandemic.

8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.

9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2020-2021?

D. Program 6 Service Projections for PY 2020-2021

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2020-2021. Enter zero (0) if not applicable.

Approved Funding	Program Type							ATP	R/A	Total
	P	EI	ATD/ATPDP							
			(PINS)	(JO/JD)	(JD-RTA)	(AO)				
STSJP	0	0	0	0	0	0	0	0	0	
STSJP-RTA	0	0			15	35	50	0	100	
Total	0	0	0	0	15	35	50	0	100	

PROGRAM 7

A. Program 7 Contact Information

Program 7 Name: Catholic Charities

Operating Agency: Catholic Charities

Program Mailing Address: 741 Delaware Ave

Address Line 2:

City: Buffalo

State: NY

Zip Code: 14209

Program Contact's Name: Marie Anderson-Strait		Title: Director
Phone: (716) 218-1400	Ext:	Email: Marie.anderson-strait@ccwny.org

B. Program 7 Description and Target Population

1. This program meets the legal definition of a **Family Support Services (FSS) program (Social Services Law Section 458-m)** and will operate in this capacity for PY 2020-2021. Yes No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:

STSJP	STSJP-RTA	
<input type="checkbox"/>	<input type="checkbox"/>	Prevention (P)
<input type="checkbox"/>	<input type="checkbox"/>	Early Intervention (EI)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Alternative to Placement (ATP)
<input type="checkbox"/>	<input type="checkbox"/>	Reentry / Aftercare (R / A)
<input type="checkbox"/>	<input type="checkbox"/>	Indirect Services

3. Please list the zip codes this program will target:
14201; 14207; 14208; 14211; 14212; 14213; 14215; 14150; 14075

4. Describe the program, including how it is family focused. If you answered "yes" to Q1 (FSS), be sure to demonstrate how your program meets the definition. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them.

The program will be utilized as an Alternative to Placement. The program is expected to assist Erie County reduce detention days, violation of probation, re-arrest and recidivism for referred youth at the post-dispositional stage. The program may also be utilized during the pendency of a case as and ATD. The program will allow the court to safely maintain youth in the community and avoid placement. This service will be offered to 16-17 yr old RTA youth. This program places special emphasis on alternative education and vocational skills and has a state of the art workforce training center located in a targeted neighborhood.

5. Is the program capable of being replicated across multiple locations? Yes No

C. Program 7 Performance History (Refer to your municipality's STSJP data files.)

1. What funding did this program receive in PY 2019-2020?
 None (If none, skip to section D.) STSJP STSJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	0	0	0	0	0	0	0	0
STSJP-RTA	0	0		0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0

3. Based on the program's record of youth served (Q2), do you anticipate this program being over or under its budgeted capacity on 9/30/2020? Please explain:
Due to funding and contracting issues this program did not begin to accept referrals until the end of March 2020. This provider has continued to receive referrals and provide youth with quality service throughout pandemic but with reduced frequency.

4. Please use the table to record the **average lengths of service (days)** for youth who exited the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	Program Type							
	P	EI	ATD/ATPDP				ATP	R/A
			(PINS)	(JO/JD)	(JD-RTA)	(AO)		
STSJP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
STSJP-RTA	0.00	0.00			0.00	0.00	0.00	0.00

5. How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths of stay for youth who were in detention and residential placements during the same time period.

N/A

6. Will this program's outcomes meet the PY 2019-2020 projected goals by 9/30/2020?

Yes (If yes, skip to section D.) Partially No

7. (a) What outcomes are on track to meet the goals set for PY 2019-2020? (b) How will they be met?

N/A

8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.

N/A

9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2020-2021?

N/A

D. Program 7 Service Projections for PY 2020-2021

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2020-2021. Enter zero (0) if not applicable.

Approved Funding	Program Type								
	P	EI	ATD/ATPDP				ATP	R/A	Total
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP	0	0	0	0	0	0	0	0	0
STSJP-RTA	0	0			50	0	50	0	100
Total	0	0	0	0	50	0	50	0	100

PROGRAM 8

A. Program 8 Contact Information

Program 8 Name: Restorative Justice Training at Youth Detention

Operating Agency: Erie County Restorative Justice Coalition

Program Mailing Address: 567 Hertel Avenue

Address Line 2:

City: Buffalo

State: NY

Zip Code: 14207

Program Contact's Name: Dina Thompson

Title: Executive Director

Phone: (716) 810-1038 Ext:

Email: dthompson@ecrjc.org

B. Program 8 Description and Target Population

1. This program meets the legal definition of a **Family Support Services (FSS) program (Social Services Law Section 458-m)** and will operate in this capacity for PY 2020-2021. Yes No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:

STSJP	STSJP-RTA	
<input type="checkbox"/>	<input type="checkbox"/>	Prevention (P)
<input type="checkbox"/>	<input type="checkbox"/>	Early Intervention (EI)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Placement (ATP)
<input type="checkbox"/>	<input type="checkbox"/>	Reentry / Aftercare (R / A)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Indirect Services

3. Please list the zip codes this program will target:
14201; 14207; 14208; 14211; 14212; 14213; 14215; 14150; 14075

4. Describe the program, including how it is family focused. If you answered “yes” to Q1 (FSS), be sure to demonstrate how your program meets the definition. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them.

Erie County Restorative Justice Coalition will provide the Erie County Youth Detention Center of the Erie County Dept. of Social Services staff development through consulting, training, and support in restorative practices to equip the staff, residents, and families of the site with the tools to examine underlying issues that cause challenging behavior. Grounded in trauma-informed principles, Restorative practices draw on shared values and guidelines to develop trust and social-emotional skills. Staff, residents, and families will be equipped with the strategies necessary to help increase positive outcomes and reduce recidivism, thereby rebuilding relationships and reintegrating youth back into the community in a healthy way.

5. Is the program capable of being replicated across multiple locations? Yes No

C. Program 8 Performance History (Refer to your municipality’s STSJ data files.)

1. What funding did this program receive in PY 2019-2020?
 None (If none, skip to section D.) STSJP STSJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	Program Type							Total	
	P	EI	ATD/ATPDP				ATP		R/A
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP								0	
STSJP-RTA								0	
Total								0	

3. Based on the program’s record of youth served (Q2), do you anticipate this program being over or under its budgeted capacity on 9/30/2020? Please explain:
n/a

4. Please use the table to record the **average lengths of service (days)** for youth who exited the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	Program Type							
	P	EI	ATD/ATPDP				ATP	R/A
			(PINS)	(JO/JD)	(JD-RTA)	(AO)		
STSJP								
STSJP-RTA								

5. How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths of stay for youth who were in detention and residential placements during the same time period.
n/a
6. Will this program's outcomes meet the PY 2019-2020 projected goals by 9/30/2020?
 Yes (If yes, skip to section D.) Partially No
7. (a) What outcomes are on track to meet the goals set for PY 2019-2020? (b) How will they be met?
8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.
9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2020-2021?

D. Program 8 Service Projections for PY 2020-2021

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2020-2021. Enter zero (0) if not applicable.

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP				0		0			0
STSJP-RTA						0			0
Total						0			0

PROGRAM 9

A. Program 9 Contact Information

Program 9 Name: _____

Operating Agency: _____

Program Mailing Address: _____

Address Line 2: _____

City: _____ State: **NY** Zip Code: _____

Program Contact's Name: _____ Title: _____

Phone: () _____ Ext: _____ Email: _____

B. Program 9 Description and Target Population

1. This program meets the legal definition of a **Family Support Services (FSS) program (Social Services Law Section 458-m)** and will operate in this capacity for PY 2020-2021. Yes No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:

STSJP	STSJP-RTA	
<input type="checkbox"/>	<input type="checkbox"/>	Prevention (P)
<input type="checkbox"/>	<input type="checkbox"/>	Early Intervention (EI)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Placement (ATP)
<input type="checkbox"/>	<input type="checkbox"/>	Reentry / Aftercare (R / A)
<input type="checkbox"/>	<input type="checkbox"/>	Indirect Services

3. Please list the zip codes this program will target:

4. Describe the program, including how it is family focused. If you answered “yes” to Q1 (FSS), be sure to demonstrate how your program meets the definition. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them.

5. Is the program capable of being replicated across multiple locations? Yes No

C. Program 9 Performance History (Refer to your municipality’s STSJP data files.)

1. What funding did this program receive in PY 2019-2020?
 None (If none, skip to section D.) STSJP STSJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP									
STSJP-RTA									
Total									

3. Based on the program’s record of youth served (Q2), do you anticipate this program being over or under its budgeted capacity on 9/30/2020? Please explain:

4. Please use the table to record the **average lengths of service (days)** for youth who exited the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	Program Type							
	P	EI	ATD/ATPDP				ATP	R/A
			(PINS)	(JO/JD)	(JD-RTA)	(AO)		
STSJP								
STSJP-RTA								

5. How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths of stay for youth who were in detention and residential placements during the same time period.

6. Will this program’s outcomes meet the PY 2019-2020 projected goals by 9/30/2020?
 Yes (If yes, skip to section D.) Partially No

7. (a) What outcomes are on track to meet the goals set for PY 2019-2020? (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.

9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2020-2021?

D. Program 9 Service Projections for PY 2020-2021

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2020-2021. Enter zero (0) if not applicable.

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP									
STSJP-RTA									
Total									

PROGRAM 10

A. Program 10 Contact Information

Program 10 Name: _____

Operating Agency: _____

Program Mailing Address: _____

Address Line 2: _____

City: _____ State: **NY** Zip Code: _____

Program Contact's Name: _____ Title: _____

Phone: () _____ Ext: _____ Email: _____

B. Program 10 Description and Target Population

1. This program meets the legal definition of a **Family Support Services (FSS) program (Social Services Law Section 458-m)** and will operate in this capacity for PY 2020-2021. Yes No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:

STSJP	STSJP-RTA	
<input type="checkbox"/>	<input type="checkbox"/>	Prevention (P)
<input type="checkbox"/>	<input type="checkbox"/>	Early Intervention (EI)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Placement (ATP)
<input type="checkbox"/>	<input type="checkbox"/>	Reentry / Aftercare (R / A)
<input type="checkbox"/>	<input type="checkbox"/>	Indirect Services

3. Please list the zip codes this program will target:

4. Describe the program, including how it is family focused. If you answered "yes" to Q1 (FSS), be sure to demonstrate how your program meets the definition. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them.

5. Is the program capable of being replicated across multiple locations? Yes No

C. Program 10 Performance History (Refer to your municipality's STSJP data files.)

1. What funding did this program receive in PY 2019-2020?
 None (If none, skip to section D.) STSJP STSJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP									
STSJP-RTA									
Total									

3. Based on the program's record of youth served (Q2), do you anticipate this program being over or under its budgeted capacity on 9/30/2020? Please explain:

4. Please use the table to record the **average lengths of service (days)** for youth who exited the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	Program Type							
	P	EI	ATD/ATPDP				ATP	R/A
			(PINS)	(JO/JD)	(JD-RTA)	(AO)		
STSJP								
STSJP-RTA								

5. How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths of stay for youth who were in detention and residential placements during the same time period.

6. Will this program's outcomes meet the PY 2019-2020 projected goals by 9/30/2020?
 Yes (If yes, skip to section D.) Partially No

7. (a) What outcomes are on track to meet the goals set for PY 2019-2020? (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.

9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2020-2021?

D. Program 10 Service Projections for PY 2020-2021

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2020-2021. Enter zero (0) if not applicable.

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP									
STSJP-RTA									
Total									

PROGRAM 11

A. Program 11 Contact Information

Program 11 Name:

Operating Agency:		
Program Mailing Address:		
Address Line 2:		
City:	State: NY	Zip Code:
Program Contact's Name:		Title:
Phone: ()	Ext:	Email:

B. Program 11 Description and Target Population

1. This program meets the legal definition of a **Family Support Services (FSS) program (Social Services Law Section 458-m)** and will operate in this capacity for PY 2020-2021. Yes No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:

STSJP	STSJP-RTA	
<input type="checkbox"/>	<input type="checkbox"/>	Prevention (P)
<input type="checkbox"/>	<input type="checkbox"/>	Early Intervention (EI)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Placement (ATP)
<input type="checkbox"/>	<input type="checkbox"/>	Reentry / Aftercare (R / A)
<input type="checkbox"/>	<input type="checkbox"/>	Indirect Services

3. Please list the zip codes this program will target:

4. Describe the program, including how it is family focused. If you answered "yes" to Q1 (FSS), be sure to demonstrate how your program meets the definition. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them.

5. Is the program capable of being replicated across multiple locations? Yes No

C. Program 11 Performance History (Refer to your municipality's STSJP data files.)

1. What funding did this program receive in PY 2019-2020?
 None (If none, skip to section D.) STSJP STSJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

	Program Type								
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
Approved Funding									
STSJP									
STSJP-RTA									
Total									

3. Based on the program's record of youth served (Q2), do you anticipate this program being over or under its budgeted capacity on 9/30/2020? Please explain:

4. Please use the table to record the **average lengths of service (days)** for youth who exited the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	Program Type							ATP	R/A
	P	EI	ATD/ATPDP						
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP									
STSJP-RTA									

5. How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths of stay for youth who were in detention and residential placements during the same time period.

6. Will this program's outcomes meet the PY 2019-2020 projected goals by 9/30/2020?

Yes (If yes, skip to section D.) Partially No

7. (a) What outcomes are on track to meet the goals set for PY 2019-2020? (b) How will they be met?

8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.

9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2020-2021?

D. Program 11 Service Projections for PY 2020-2021

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2020-2021. Enter zero (0) if not applicable.

Approved Funding	Program Type							ATP	R/A	Total
	P	EI	ATD/ATPDP							
			(PINS)	(JO/JD)	(JD-RTA)	(AO)				
STSJP										
STSJP-RTA										
Total										

PROGRAM 12

A. Program 12 Contact Information

Program 12 Name:

Operating Agency:

Program Mailing Address:

Address Line 2:

City:

State: **NY**

Zip Code:

Program Contact's Name:

Title:

Phone: ()

Ext:

Email:

B. Program 12 Description and Target Population

1. This program meets the legal definition of a **Family Support Services (FSS) program (Social Services Law Section 458-m)** and will operate in this capacity for PY 2020-2021. Yes No

2. Please check all applicable boxes below to identify the service types that will be utilized for this program in PY 2020-2021:

STSJP	STSJP-RTA	
<input type="checkbox"/>	<input type="checkbox"/>	Prevention (P)
<input type="checkbox"/>	<input type="checkbox"/>	Early Intervention (EI)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Detention / Pre-Dispositional Placement (ATD / ATPDP)
<input type="checkbox"/>	<input type="checkbox"/>	Alternative to Placement (ATP)
<input type="checkbox"/>	<input type="checkbox"/>	Reentry / Aftercare (R / A)
<input type="checkbox"/>	<input type="checkbox"/>	Indirect Services

3. Please list the zip codes this program will target:

4. Describe the program, including how it is family focused. If you answered “yes” to Q1 (FSS), be sure to demonstrate how your program meets the definition. Also, please explain how each of the service types selected in Q2 will address the unique needs of youth at that system point, and how those services will aid in the reduction of youth detained and residentially or otherwise placed. If you selected Indirect Services, please list them.

5. Is the program capable of being replicated across multiple locations? Yes No

C. Program 12 Performance History (Refer to your municipality’s STSJP data files.)

1. What funding did this program receive in PY 2019-2020?
 None (If none, skip to section D.) STSJP STSJP-RTA

2. Please use the table to record **how many youth (#) were served** by the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	Program Type							Total	
	P	EI	ATD/ATPDP				ATP		R/A
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP									
STSJP-RTA									
Total									

3. Based on the program’s record of youth served (Q2), do you anticipate this program being over or under its budgeted capacity on 9/30/2020? Please explain:

4. Please use the table to record the **average lengths of service (days)** for youth who exited the program between 10/1/2019 and 3/31/2020. Enter zero (0) if not applicable.

Approved Funding	Program Type							
	P	EI	ATD/ATPDP				ATP	R/A
			(PINS)	(JO/JD)	(JD-RTA)	(AO)		
STSJP								
STSJP-RTA								

5. How do the average lengths of service (Q4) compare to what you would expect for that point? For ATD/PDP and ATP points, compare with the average lengths of stay for youth who were in detention and residential placements during the same time period.

6. Will this program’s outcomes meet the PY 2019-2020 projected goals by 9/30/2020?
 Yes (If yes, skip to section D.) Partially No

7. (a) What outcomes are on track to meet the goals set for PY 2019-2020? (b) How will they be met?
8. (a) What outcomes are not on track to meet the goals set for PY 2019-2020? (b) Please describe any contributing barriers.
9. What changes have been made to overcome the barriers identified in Q8, so that the program can achieve its desired goals for PY 2020-2021?

D. Program 12 Service Projections for PY 2020-2021

1. Please use the table to indicate the **projected # youth to be served** by the program for PY 2020-2021. Enter zero (0) if not applicable.

Approved Funding	Program Type								Total
	P	EI	ATD/ATPDP				ATP	R/A	
			(PINS)	(JO/JD)	(JD-RTA)	(AO)			
STSJP									
STSJP-RTA									
Total									

PART III – Goals for PY 2020-2021

Please set the municipality’s goals for its programs to achieve in PY 2020-2021. State-required outcomes have been included with space for you to add any locally collected outcomes. Goals are focused by service type and should reflect the percentage of youth expected to achieve the outcome described. Note: Outcomes are only recorded for youth once they have left the program; this may represent a subset of all the youth served during the period.

Prevention

STSJP		STSJP RTA		Outcomes
0	%	0	%	of youth will have no PINS referrals during service engagement
	%		%	of youth will have no truancies during service engagement
	%		%	of youth will have no school suspensions during service engagement
	%		%	of youth will have no arrests or probation intakes during service engagement
	%		%	of youth will be able to identify at least one accessible, positive adult connection *(new)
	%		%	of youth will be engaged in at least one positive community activity *(new)
	%		%	of youth will comply with program rules
	%		%	of youth will attend at least 90 percent of programming

Other, locally collected outcomes:

Early Intervention

STSJP		STSJP RTA		Outcomes
85	%	85	%	of youth will have no PINS referrals during service engagement
80	%	80	%	of youth will have no truancies during service engagement
85	%	85	%	of youth will have no school suspensions during service engagement
80	%	80	%	of youth will have no arrests or probation intakes during service engagement
85	%	85	%	of youth will have their cases successfully adjusted/diverted during service engagement
90	%	90	%	of youth will be able to identify at least one accessible, positive adult connection *(new)
90	%	90	%	of youth will be engaged in at least one positive community activity *(new)
85	%	85	%	of youth will comply with program rules

85	%	85	%	of youth will attend at least 90 percent of programming
Other, locally collected outcomes:				
Alternative to Detention / Pre-Dispositional Placement				
STSJP		STSJP RTA		Outcomes
90	%	90	%	of youth will have no missed court appearances during service engagement
85	%	85	%	of youth will have no warrants issued during service engagement
80	%	80	%	of youth will have no arrests or probation intakes during service engagement
85	%	85	%	of youth will have no detention or jail admissions during service engagement
85	%	0	%	of PINS will have no pre-dispositional placements during service engagement
90	%	90	%	of youth will be able to identify at least one accessible, positive adult connection * (new)
90	%	90	%	of youth will be engaged in at least one positive community activity * (new)
85	%	85	%	of youth will comply with program rules
85	%	85	%	of youth will attend at least 90 percent of programming
Other, locally collected outcomes:				
Alternative to Placement				
STSJP		STSJP RTA		Outcomes
85	%	85	%	of youth will have no warrants issued during service engagement
80	%	80	%	of youth will have no arrests or probation intakes during service engagement
85	%	85	%	of youth will have no detention or jail admissions during service engagement
85	%	0	%	of PINS will have no pre-dispositional placements during service engagement
85	%	85	%	of youth will have no violations of probation filed during service engagement
85	%	85	%	of youth will have no new placements during service engagement
90	%	90	%	of youth will be able to identify at least one accessible, positive adult connection * (new)
90	%	90	%	of youth will be engaged in at least one positive community activity * (new)
85	%	85	%	of youth will comply with program rules
85	%	85	%	of youth will attend at least 90 percent of programming
Other, locally collected outcomes:				
Reentry / Aftercare				
STSJP		STSJP RTA		Outcomes
	%		%	of youth will have no warrants issued during service engagement
	%		%	of youth will have no arrests or probation intakes during service engagement
	%		%	of youth will have no detention or jail admissions during service engagement
	%		%	of PINS will have no pre-dispositional placements during service engagement
	%		%	of youth will have no new placements during service engagement
	%		%	of youth will have no returns to their previous placements during service engagement
	%		%	of youth will be able to identify at least one accessible, positive adult connection * (new)
	%		%	of youth will be engaged in at least one positive community activity * (new)
	%		%	of youth will comply with program rules
	%		%	of youth will attend at least 90 percent of programming
Other, locally collected outcomes:				



PART IV – FUNDING

A. Anticipated Program Expenses and Funding Distribution

Program Name & Service Types	STSJP					STSJP-RTA
	Detention Allocation Shifted	PY20-21 STSJP Allocation	Total Expenses (100%)	Local Share (38%)	State Share (62%)	State Share (100%)
1 Probation High Risk Supervision	\$0.00	\$79,360.00	\$128,000.00	\$48,640.00	\$79,360.00	
Prevention						
Early Intervention						
ATD/ATPDP						
ATP		\$79,360.00	\$128,000.00	\$48,640.00	\$79,360.00	
Reentry/Aftercare						
Indirect						
2 Erie County Youth Bureau Coordination	\$0.00	\$88,660.00	\$143,000.00	\$54,340.00	\$88,660.00	
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect		\$88,660.00	\$143,000.00	\$54,340.00	\$88,660.00	
3 Berkshire Farms Stepping Stones	\$0.00	\$111,600.00	\$180,000.00	\$68,400.00	\$111,600.00	\$100,000.00
Prevention						
Early Intervention						
ATD/ATPDP		\$55,800.00	\$90,000.00	\$34,200.00	\$55,800.00	\$50,000.00
ATP		\$55,800.00	\$90,000.00	\$34,200.00	\$55,800.00	\$50,000.00
Reentry/Aftercare						
Indirect						
4 Be-A-Friend	\$0.00	\$93,000.00	\$150,000.00	\$57,000.00	\$93,000.00	\$127,800.00
Prevention						
Early Intervention		\$46,500.00	\$75,000.00	\$28,500.00	\$46,500.00	\$63,900.00
ATD/ATPDP		\$46,500.00	\$75,000.00	\$28,500.00	\$46,500.00	\$63,900.00
ATP						
Reentry/Aftercare						
Indirect						
5 Way Connect	\$0.00	\$104,762.64	\$168,972.00	\$64,209.36	\$104,762.64	
Prevention						
Early Intervention		\$20,146.90	\$32,495.00	\$12,348.10	\$20,146.90	
ATD/ATPDP		\$60,440.08	\$97,484.00	\$37,043.92	\$60,440.08	
ATP		\$24,175.66	\$38,993.00	\$14,817.34	\$24,175.66	
Reentry/Aftercare						

Indirect						
Program Name & Service Types	STSJP					STSJP-RTA
	Detention Allocation Shifted	PY20-21 STSJP Allocation	Total Expenses (100%)	Local Share (38%)	State Share (62%)	State Share (100%)
6 Buffalo Urban League	\$0.00	\$0.00				\$99,300.00
Prevention						
Early Intervention						
ATD/ATPDP						\$49,650.00
ATP						\$49,650.00
Reentry/Aftercare						
Indirect						
7 Catholic Charities	\$0.00	\$0.00				\$100,000.00
Prevention						
Early Intervention						
ATD/ATPDP						\$50,000.00
ATP						\$50,000.00
Reentry/Aftercare						
Indirect						
8 Erie County Restorative Justice Coalition		\$98,686.64	\$159,172.00	\$60,485.36	\$98,686.64	
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect		\$98,686.64	\$159,172.00	\$60,485.36	\$98,686.64	
9						
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						
10						
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						

Program Name & Service Types	STSJP					STSJP-RTA
	Detention Allocation Shifted	PY20-21 STSJP Allocation	Total Expenses (100%)	Local Share (38%)	State Share (62%)	State Share (100%)
11						
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						
12						
Prevention						
Early Intervention						
ATD/ATPDP						
ATP						
Reentry/Aftercare						
Indirect						
Sum of Program Totals:	\$0.00	\$576,069.28	\$929,144.00	\$353,074.72	\$576,069.28	\$427,100.00

B. STSJP Reimbursement Summary	
STSJP Allocation Amount	\$576,070.00
Locally Approved Amount of PY 2020-2021 STSJP Allocation	\$576,069.28
Approved Detention Allocation Shifted	\$0.00
Total Approved for State Reimbursement	\$576,069.28

C. STSJP-RTA Reimbursement Summary	
STSJP-RTA Approved Plan Amount	\$427,100.00
Total Approved for State Reimbursement	\$427,100.00

PART V – PLAN APPROVAL		
A. Municipality Level Approval – Chief Executive / Administrative Official		
As STSJP Lead for Erie County, I certify that the Chief Executive/Administrative Official, [Name and Title] Marie Cannon DSS Commissioner, has reviewed and approved the 2020-2021 STSJP Plan.		
User ID: K Hilliman3	Print Name: Kate Hilliman	Date: 7/2/2021
B. State Level Approval – OCFS Program Reviewer		
As OCFS STSJP reviewer, I certify that I approve of this STSJP plan for Erie County for 2020-2021.		
User ID: IT0911	Print Name: Lynn Tubbs	Date: 7/8/2021