



**Office of Children
and Family Services**

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Acting Commissioner

February 5, 2019

Dear Chief Executive Officer,

Thank you for submitting Erie County's Supervision and Treatment Services for Juveniles Program (STSJP) plan for Program Year (PY) 2018-19. Your plan has been reviewed by the Office of Children and Family Services (OCFS) and I am pleased to inform you that your 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.

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 detention services expenditures up to the capped allocation amount. If your municipality shifts a portion of its detention allocation into its STSJP plan, your municipality will receive 62% State reimbursement if such shifted funds are spent on STSJP eligible expenditures. A municipality may make a detention allocation shift at the time of the STSJP plan submission or at any time during the program year. If Erie County plans to shift its detention allocation for STSJP eligible expenses, please submit a request on official letterhead to John Johnson and email it to stsjp@ocfs.ny.gov outlining the amount that will be shifted and the type of programming or services the repurposed detention funds will be used for under STSJP. An amended STSJP plan will also need to be submitted.

As a reminder, to access RTA reimbursement that a municipality may be eligible for, the expenditures must be specifically included in a locality's comprehensive RTA plan. Plan approval for 100% reimbursement will be determined on a case-by-case basis by the Office of Children and Family Services, the Department of Criminal Justice Services and the Division of Budget.

All STSJP claims must be submitted electronically via the Juvenile Detention Automated System (JDAS) for the service period of October 1, 2018 to September 30, 2019. Questions on all aspects of the claiming process should be directed to Daniel Hulihan at (518) 473-4511 or at Daniel.Hulihan@ocfs.ny.gov.

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

If you have any questions, please email us at stsjp@ocfs.ny.gov and write "STSJP Plan Questions" in the subject line so that we may best assist you in a timely manner. You can direct STSJP inquiries to John Johnson at (518) 486-4665 or John.Johnson@ocfs.ny.gov.

Sincerely,

Joseph Mancini
Associate Commissioner
Office of Community Partnerships
Division of Juvenile Justice and Opportunities for Youth

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**SUPERVISION AND TREATMENT SERVICES FOR JUVENILE PROGRAM (STSJP)
ANNUAL PLAN**
FOR PROGRAM YEAR OCTOBER 1, 2018 - SEPTEMBER 30, 2019

STSJP Plans are due to the Office of Children and Family Services (OCFS) by 10 / 15 / 2018

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

Please be sure that the title "**Supervision and Treatment Services for Juveniles Plan - 2018 - 2019 Annual plan**" and your municipality's name are in the subject field to facilitate the timely review of your STSJP Plan.

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

Please direct any STSJP plan questions to:

John E. Johnson: Ph. 518-486-4665

MUNICIPALITY INFORMATION	
NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION: Erie County	
LEAD AGENCY FOR STSJP SUBMISSION: Erie County Department of Social Services	NAME OF CONTACT PERSON: Marie Cannon, Commissioner
CONTACT PERSON'S PHONE NUMBER: 716-858-7511	CONTACT PERSON'S EMAIL ADDRESS: Marie.Cannon@erie.gov

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 following name "PY 2018 - 2019 STSJP Plan – (Name of municipality)";
- c. Work from the "saved" application document, using it to record all of your municipality's information;
- d. Once you have completed entering the required data, save the document;
- e. Prior to submission, review calculation in section eight for accuracy. Complete the "Approval and Certification" section before submission to OCFS;

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

SECTION ONE - List of programs to be funded

In this section, list the exact name of each program and Indirect Service that will be funded with STSJP funds, along with the projected amount of Program Expense, State Share and County Share to be used for each. (Program List and Detail Sheet must match)

Program Name	Total Program Expense (100 percent)	State Share (62 percent)	County Share (38 percent)
STSJP Program 1 Juvenile Detention Alternatives Initiative (JDAI)	\$ 134,408.06	\$ 83,333	\$ 51,075.06
STSJP Program 2 Erie County Youth Services Planning Coordinator	\$ 85,970.97	\$ 53,302	\$ 32,668.97
STSJP Program 3 Probation High Risk Supervision (HRS)	\$ 124,000	\$ 76,880	\$ 47,120
STSJP Program 4 The Belle Center Prevention	\$ 30,000	\$ 18,600	\$ 11,400
STSJP Program 5 The Belle Center EI	\$ 60,000	\$ 37,200	\$ 22,800

STSJP Program 6 The Belle Center ATD	\$ 60,000	\$ 37,200	\$ 22,800
STSJP Program 7 Lt. Col. Matt Urban Human Services Center of WNY EI	\$ 60,000	\$ 37,200	\$ 22,800
STSJP Program 8 Lt. Col. Matt Urban Human Services Center of WNY ATD	\$ 60,000	\$ 37,200	\$ 22,800
STSJP Program 9 Lt. Col. Matt Urban Human Services Center of WNY	\$ 30,000	\$ 18,600	\$ 11,400
STSJP Program 10 Big Brothers Big Sisters of Erie, Niagara and the Southern Tier ATD	\$ 55,000	\$ 34,100	\$ 20,900
STSJP Program 11 Big Brothers Big Sisters of Erie, Niagara and the Southern Tier ATP	\$ 55,000	\$ 34,100	\$ 20,900
STSJP Program 12 Berkshire Farm Center ATD 13- Berkshire Farm- Stepping Stones	\$ 75,000 \$ 75,000	\$ 46,500 \$ 46,500	\$ 28,500 \$ 28,500
TOTAL	\$ 904,379.03	\$ 560,715	\$ 343,664.03
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)			
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)			
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)			
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)			
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)			
TOTAL		\$	\$

SECTION TWO – Overall analysis of communities

Discuss and identify the neighborhoods or communities by zip codes or areas from which the highest number of youth offenders (YO), adolescent offenders (AO), and persons in need of supervision (PINS) enter the juvenile justice system and the factors that may be contributing to this.

(500 words or less) The following zip-codes have historically and continue to produce the highest percentage of system involved youth.

Secure Detention Juvenile Delinquent detainments by zip code (percentages in parentheses):

N= 242

14215 (19%)
 14211 (13%)
 14075 (7%)
 14150 (4.5%)
 14207 (4%)
 14212 (4%)

Secure Detention Juvenile Offender detainments by zip code (percentages in parentheses):

N= 16

14215 (44%)
 14211 (25%)

Nonsecure Detention placements by zip code (percentages in parentheses):

N= 67

14211 (14%);
 14215 (13%)
 14207 (10%).

The major factors contributing to youth penetrating Erie County's juvenile justice system include the following. Erie County Youth Services completed a mapping project and resource analysis/assessment. Of zip codes and specific neighborhoods which produce the highest percentage of system involved youth. This study informed Erie County's juvenile justice systems that a need for increased services for youth existed in most of the high juvenile justice penetration zip codes. Additionally, these zip codes have, for the most part, higher rates of poverty than other Erie County zip codes.

SECTION THREE – Overall analysis of disparity

Please provide information indicating whether the use of detention or residential placement in your service area exhibits disparate outcomes for one racial/ethnic group as compared to outcomes for another racial/ethnic group.

(Please consult with the Detention and Placement data provided by OCFS and the County Profile data provided by DCJS as part of your STSJP plan support documentation).

(250 words or less) Despite continued work aimed toward reducing racial and ethnic disparities in Erie County Detention facilities, racial and ethnic disparities continue to exist. In 2017 African American youth made up 83.3% of Juvenile Offender admissions, 57.5% of Juvenile Delinquency detention admissions and 54.8% of PINS detention admissions. This is compared to African American representing 14% of the total population of Erie County. Hispanic youth made up 9.9% of Juvenile Delinquency detention admissions and 14.8% of PINS detention admissions. This is compared to those reporting hispanic ethnicity making up 5.5% of the total population of Erie County.

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

(250 words or less) Two STSJP programs are located in high penetration neighborhoods. The first, Lt. Col. Matt Urban Center, is located on the Eastside of Buffalo, and will primarily service two of the zip codes a large percentage of juvenile justice youth reside (14215 and 14211). The second agency, The Belle Center, is located on the Westside of Buffalo which has a proportionately higher percentage of Hispanic, refugee, and immigrant families as compared to other Erie County zip codes. Referrals to the Belle Center should help reduce the placement disparities that exist in the Hispanic and "Other" categories noted above.

Referral sources (Probation, Juvenile Delinquent Services Team, and the Family Services Team) are expected to help each STSJP program maximize program capacity. Additionally, the STSJP lead, referral source supervisors, and STSJP supervisors and workers will attend quarterly meetings to discuss and share information that can improve outcomes. At these quarterly meetings, STSJP referral sources and program workers will also collaborate to develop strategies aimed toward reducing disparities and the overall numbers of youth placed in detention and residential facilities.

SECTION FOUR – Performance outcomes

For current program year, provide the projected performance outcomes for all of your proposed services and programs, being sure to include: An estimate of the anticipated reductions in detention utilization and residential placements.

(250 word or less) STSJP services will target criminogenic risk and needs identified in Pre-dispositional Investigations (PDI). Erie County will expect the following primary performance outcomes: reduction in placement and residential care days; reduction in rearrests; reductions in Violation of Probation filings; reductions in recidivism; and reduction in criminogenic risk and need.

Proposed performance outcomes Reductions in detention and residential placements are expected to occur through the use of STSJP programs in the following ways. That is, absence of a youth's participation in STSJP, the youth would have a greater potential to be placed in out of home settings. An estimate of anticipated reductions in detention utilization and residential placements will be set at 20%.

SECTION FIVE – Collaboration

As per STSJP legislation, collaboration is required please describe your municipality's activities in developing this year's STSJP plan in collaboration with local agencies responsible for probation, law enforcement, detention, diversion, and social services, as well as, with courts, service provider, schools, and youth development programs.

(250 words or less) Erie County's has a very strong Juvenile Justice/Family Court collaborative group which has participated in the creation of this plan. This body is made up of representatives from the following agencies: Probation, Law Enforcement, Judiciary (Family Court Judges and an Administrator), Secure Detention -Deputy Commissioner, Diversion Unit Supervisors from the Juvenile Delinquent Services Team (JDST) and the Family Service Team (FST), Mental Health, County Attorney, Attorney for the Child, Parent Advocate, Youth Advocate, Buffalo Public Schools, Social Services Attorney and Child Welfare, New York Office of Children and Families, and JDAI. The Steering Committee meets monthly. The Steering Committee members have also been instrumental toward advocating for what services should be funded- using community safety and the best interest of the child as its focus, while also being mindful of State and Erie County resources.

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

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

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

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

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

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

SECTION SEVEN– Plan amounts

Expenses

1. Total Program expenses		\$ 924,379.03
2. State reimbursement (Program expenses*.62)		\$ 573,115
3. State share amount (Program expenses*.38)		\$ 351,264.03

Add in Reimbursements for the plan (fill out all that are applicable)

4. STSJP allocation	\$ 477,382	
5. STSJP approved		\$ 477,382
6. JDAI allocation	\$ 83,333	
7. JDAI approved		\$ 83,333
8. Detention approved amount shifted to STSJP		\$

9. PY rollover approved		\$
10. Total approved amounts for state reimbursement		\$ 560,715
11. Total amount of approved STSJP-RTA 100% state reimbursement		\$ 300,000

Program detail inserts

List the **name of each service and program** who you expect will received STSJP funds, along with the **projected amount of STSJP funds** to be used for each: As a Guide to providing the information needed to properly review your plan, please provide programmatic information in the format listed below; Provide the Name of the Provider of the Service/Program. **Please note there are now 6 types of programming to choose from.**

Program one name:	Juvenile Detention Alternatives Initiative (JDAI)	Type of program:	IDAI
Program operating agency:	Erie County Department of Social Services		
Program mailing address 810 E. Ferry St.			
Address line 2			
City Buffalo		State NY	Zip code 14211
Contact person for program Ben Hilligas			
Title Erie County Sr. Youth Bureau Director		Phone number (716) 923-4051	Ext.
Email benjamin.hilligas@erie.gov			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 134,408			
1. Please indicate the specific zip codes this program will target? Zip Codes NA			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The funds set aside for JDAI will be utilized to support the Sr. Youth Bureau Director who has coordinated JDAI efforts in Erie County as well as a new planning coordinator position which assists in coordination of county wide juvenile justice reform collaborative work including the support and facilitation of numerous inter-agency, sub committees, task forces and work groups and well as the development of practices, procedures and services to increase positive outcomes for youth.			
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) NA			
If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less) Erie County will continue to engage in collaborative juvenile justice reform as we have since before the inception of JDAI. Erie County will, as NYS has, begin to phase out the specific and technical language of JDAI and focus on current and regionally specific areas of need. The goals of the Erie County Juvenile Justice Collaborative for 2017-2018 was to prepare for the implementation of Raise the Age. This effort has been successful as all relevant voices were heard in planning.			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) The Erie County Juvenile Justice Collaborative evaluated the services available to an older youth population in order to determine what services may need to be enhanced and/or developed. The collaborative determined that housing, alternative education, vocational programs and substance abuse were the most pressing service needs of the local older youth population. The collabortive identified opportunities as well as service gaps however has been unable to fill those service needs at the time.			

8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) NA			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) NA			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) NA			
Program two name:	Erie County Youth Services Planning Coordinator	Type of program:	IDAI
Program operating agency:	Erie County Department of Social Services		
Program mailing address 810 E. Ferry St.			
Address line 2			
City Buffalo		State NY	Zip code 14211
Contact person for program Ben Hilligas			
Title Erie County Sr. Youth Bureau Director		Phone number (716) 923-4051	Ext.
Email benjamin.hilligas@erie.gov			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 85,972			
1. Please indicate the specific zip codes this program will target? Zip Codes NA			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The Erie County Youth Services Division 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, the Planning Coordinator meets with youth -serving agencies to explain program requirements and monitor and evaluate agency compliance.			
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) NA			
If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less) Both the Summer Primetime programming and Year Around Programming were successful. Summer Primetime programming included programs focused on Academic Enrichment; Cultural Enrichment, including arts, music and science; Career Enrichment; Youth Leadership; Community Service; and Civic Engagement. Supervised recreation Year Round Programming focused on two distinct categories: Youth Development Programs that target positive youth development for ages 6-20; and Runaway Homeless Youth program.			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) NA			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) NA			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) NA			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) NA			

Program three name:	Probabtion High Risk Supervision	Type of program:	ATP
Program operating agency:	Erie County Probabtion Department		
Program mailing address 1 Niagara Plaza			
Address line 2			

City Buffalo	State NY	Zip code 14202
Contact person for program Ysaías Feliz		
Title Deputy Commissioner, Probation	Phone number (716) 858-2874	Ext.
Email Ysaías.Feliz@erie.gov		
Program service detailed information		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 124,000		
1. Please indicate the specific zip codes this program will target? Zip Codes 14201; 14207; 14208; 14211; 14212; 14213; 14215; 14150; 14075		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) 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.		
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)		
4. What is the projected number of youth who will receive service from this program? (4-character number) 0026		
If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.		
5. Did projected performance outcome meet expected outcomes? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.		
6. What projected outcomes were met and how were they met? (100 word or less) Outcomes were met by utilizing intensive case management which includes numerous contacts with youth in the community, in school and in their homes. Evening home calls, crisis response and attendance at meetings with service providers are integral parts of the program. The use of graduated responses, including sanctions and rewards, are employed to assist youth in following court ordered conditions of probation. Every youth has a Stress Pass that can be used during a crisis.		
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) NA		
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) NA		
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) NA		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) NA		

Program four name:	The Belle Center	Type of program:	Prevention
Program operating agency:	Erie Regional Housing Development Corp.		
Program mailing address 104 Maryland St.			
Address line 2			
City Buffalo	State NY	Zip code 14201	
Contact person for program Lucy Candelario			
Title Executive Director	Phone number (716) 845-0485	Ext. 201	
Email lcandelario@thebellecenter			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 30,000			
1. Please indicate the specific zip codes this program will target? Zip Codes 14201; 14207; 14208; 14211; 14212; 14213; 14215; 14150; 14075			

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The Belle Center Prevention Program will provide juvenile delinquency and substance abuse prevention programs to all youth accessing services across a broad range of programs offered to the entire community at the center. The prevention program will use established curriculum.

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

4. What is the projected number of youth who will receive service from this program? (4-character number) 150

If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.

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

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

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

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

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

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

Program five name:	The Belle Center	Type of program:	Early Intervention
Program operating agency:	Erie Regional Housing Development Corp.		
Program mailing address 104 Maryland St.			
Address line 2			
City Buffalo		State NY	Zip code 14201
Contact person for program Lucy Candelario			
Title Executive Director		Phone number (716) 845-0485	Ext. 201
Email lcandelario@the bellecenter			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 60,000			
1. Please indicate the specific zip codes this program will target? Zip Codes 14201; 14207; 14208; 14211; 14212; 14213; 14215; 14150; 14075			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The program will be utilized as an early intervention program at the PINS diversion stage. The program is expected to assist Erie County reduce petitions being filed and youth placed on probation. 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.			
3. Does your municipality plan to replicate program across multiple locations? (<input checked="" type="checkbox"/> yes or <input checked="" type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 20			
If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input checked="" type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less) The program delivered high quality services for referred youth. The program linked many youth to services which were being provided by the center including multiple pro-social activities. The program was successful in linking youth to services such as MH counseling and reconnection to school.			

7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) The program received less referrals than anticipated. This is due to fewer youth being involved in the Juvenile Justice system as well as a smaller percentage of youth coming from the immediate neighborhood surrounding the center. Work is being done with the service provider and referral source to insure all appropriate referrals are being made.
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 92
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) NA
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) NA

Program six name:	The Belle Center	Type of program:	ATD
Program operating agency:	Erie Regional Housing Development Corp.		
Program mailing address 104 Maryland St.			
Address line 2			
City Buffalo		State NY	Zip code 14201
Contact person for program Lucy Candelario			
Title Executive Director		Phone number (716) 845-0485	Ext. 201
Email lcandelario@thebellecenter			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 60,000			
1. Please indicate the specific zip codes this program will target? Zip Codes 14201; 14207; 14208; 14211; 14212; 14213; 14215; 14150; 14075			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The program will be utilized as an Alternative to Detention Program. The program is expected to assist Erie County reduce detention days, violation of probation, re-arrest and recidivism for referred youth. Secondary outcomes include assisting youth with linking to pro-social activities, promote and support healthy attachments to their family, development of conflict management skills, increase school attendance, participate in court ordered treatment, and link youth to natural supports.			
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 0024			
If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input checked="" type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less) The program delivered high quality services for referred youth. The program linked many youth to services which were being provided by the center including multiple pro-social activities. The program was successful in linking youth to services such as MH counseling and reconnection youth to school.			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) The program received less referrals than anticipated. This is due to fewer youth being involved in the Juvenile Justice system as well as a smaller percentage of youth coming from the immediate neighborhood surrounding the center. Work is being done with the service provider and referral sources to insure all appropriate referrals are being made.			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 80			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 0020			

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

Program seven name:	Lt. Col. Matt Urban Human Services Center of WNY	Type of program:	Early Intervention
Program operating agency:	Lt. Col. Matt Urban Human Services Center of WNY EI		
Program mailing address 1081 Broadway St.			
Address line 2			
City Buffalo		State NY	Zip code 14212
Contact person for program Alissa Venturini			
Title Program Director		Phone number (716) 893-7222	Ext 401
Email aventurini@urbanctr.org			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 60,000			
1. Please indicate the specific zip codes this program will target? Zip Codes 14201; 14207; 14208; 14211; 14212; 14213; 14215; 14150; 14075			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The program will be utilized as an early intervention program at the PINS diversion stage. The program is expected to assist Erie County reduce petitions being filed and youth placed on probation. 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.			
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 0024			
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input checked="" type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less) The program delivered high quality services for referred youth. The program linked many youth to services which were being provided by the center including multiple pro-social activities. The program was successful in linking youth to services such as MH counseling and reconnection youth to school.			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) The program received less referrals than anticipated. This is due to fewer youth being involved in the Juvenile Justice system as well as a smaller percentage of youth coming from the immediate neighborhood surrounding the center. Work is being done with the service provider and referral sources to insure all appropriate referrals are being made.			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 59			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 10			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) NA			

Program eight name:	Lt. Col. Matt Urban Human Services Center of WNY	Type of program:	ATD
Program operating agency:	Lt. Col. Matt Urban Human Services Center of WNY		
Program mailing address 1081 Broadway St.			
Address line 2			

City Buffalo	State NY	Zip code 14212
Contact person for program Alissa Venturini		
Title Program Director	Phone number (716) 893-7222	Ext. 401
Email aventurini@urbanctr.org		
Program service detailed information		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 60,000		
1. Please indicate the specific zip codes this program will target? Zip Codes 14201; 14207; 14208; 14211; 14212; 14213; 14215; 14150; 14075		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The program will be utilized as an Alternative to Detention Program. The program is expected to assist Erie County reduce detention days, violation of probation, re-arrest and recidivism for referred youth. 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.		
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)		
4. What is the projected number of youth who will receive service from this program? (4-character number) 0024		
If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.		
5. Did projected performance outcome meet expected outcomes? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.		
6. What projected outcomes were met and how were they met? (100 word or less) The program delivered high quality services for referred youth. The program linked many youth to services which were being provided by the center including multiple pro-social activities. 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.		
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)		
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 70		
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 30		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) NA		

Program nine name:	Lt. Col. Matt Urban Human Services Center of WNY	Type of program:	ATP
Program operating agency:	Lt. Col. Matt Urban Human Services Center of WNY		
Program mailing address 1081 Broadway St.			
Address line 2			
City Buffalo	State NY	Zip code 14212	
Contact person for program Alissa Venturini			
Title Program Director	Phone number (716) 893-7222	Ext. 401	
Email aventurini@urbanctr.org			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 30,000			
1. Please indicate the specific zip codes this program will target? Zip Codes 14201; 14207; 14208; 14211; 14212; 14213; 14215; 14150; 14075			

2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The program will be utilized as an Alternative to Placement Program. The program is expected to assist Erie County reduce detention days, violation of probation, re-arrest and recidivism and reduce risk of placement. 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.
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)
4. What is the projected number of youth who will receive service from this program? (4-character number) 0020
If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.
6. What projected outcomes were met and how were they met? (100 word or less)
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

Program ten name:	Group Mentoring	Type of program:	ATD
Program operating agency:	Big Brothers Big Sisters of Erie, Niagara and the Southern Tier ATD		
Program mailing address Suite 104, 100 River Rock Dr.			
Address line 2			
City Buffalo		State NY	Zip code 14207
Contact person for program Thomas J. Guagliardo			
Title CEO		Phone number (716) 873-5833	Ext. 220
Email tguagliardo@beafriend.org			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 55,000			
1. Please indicate the specific zip codes this program will target? Zip Codes 14201; 14207; 14208; 14211; 14212; 14213; 14215; 14150; 14075			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The mentoring program will seek to match juvenile justice system involved youth with mentors for a period of 4-6 months with the expectation that mentors will remain available to youth and maintain less frequent contact beyond the period of formal involvement. The program will be utilized as an Alternative to Dentention Program. The program is expected to assist Erie County reduce detention days, violation of probation, re-arrest and recidivism for youth referred youth.			
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 60			
If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less) The program delivered high quality services for referred youth. The program linked many youth to services which were being provided by the center including multiple pro-social activities. 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.

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

8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 68

9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 55

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

Program eleven name:	Group Mentoring	Type of program:	ATP
Program operating agency:	Big Brothers Big Sisters of Erie, Niagara and the Southern Tier		
Program mailing address Suite 104, 100 River Rock Dr.			
Address line 2			
City Buffalo		State NY	Zip code 14207
Contact person for program Thomas J. Guagliardo			
Title CEO		Phone number (716) 873-5833	Ext. 220
Email tguagliardo@beafriend.org			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 55,000			
1. Please indicate the specific zip codes this program will target? Zip Codes 14201; 14207; 14208; 14211; 14212; 14213; 14215; 14150; 14075			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The mentoring program will seek to match juvenile justice system involved youth with mentors for a period of 4-6 months with the expectation that mentors will remain available to youth and maintain less frequent contact beyond the period of formal involvement. The program will be utilized as an Alternative to Detention Program. The program is expected to assist Erie County reduce detention days, violation of probation, re-arrest and recidivism for youth referred youth.			
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 10			
If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less) The program delivered high quality services for referred youth. The program linked many youth to services which were being provided by the center including multiple pro-social activities. 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.			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 70			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 5			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) NA			
Program twelve name:	Stepping Stones	Type of program:	ATD

Program operating agency: Berkshire Farm Center and Services for Youth	
Program mailing address 13640 Route 22	
Address line 2	
City Canaan	State NY Zip code 12029
Contact person for program Lucas Jacobs	
Title Director	Phone number (518) 242-0578 Ext.
Email ljacobs@berkshirefarm.org	
Program service detailed information	
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 75,000	
1. Please indicate the specific zip codes this program will target? Zip Codes 14201; 14207; 14208; 14211; 14212; 14213; 14215; 14150; 14075	
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The program will be utilized as an Alternative to Detention Program. The program is expected to assist Erie County reduce detention days, violation of probation, re-arrest and recidivism for youth referred youth. 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.	
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)	
4. What is the projected number of youth who will receive service from this program? (4-character number) 24	
If the program received STSJP funds in the previous program year 2017 - 2018, answer the questions below.	
5. Did projected performance outcome meet expected outcomes? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.	
6. What projected outcomes were met and how were they met? (100 word or less) The 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.	
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)	
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 89	
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 0015	
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) NA	

STSJP/RTA Program name:	Independent Living/Drop-In Center	Type of program:	STSJP-RTA
Program operating agency: Unknown (Will RFP)			
Program mailing address NA			
Address line 2 NA			
City NA	State NA	Zip code NA	
Contact person for program NA			
Title NA	Phone number (NA)	Ext.	
Email NA			

Program service detailed information	
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 100,000	
1. Please indicate the specific zip codes this program will target?	Zip Codes 14201; 14207; 14208; 14211; 14212; 14213; 14215; 14150; 14075
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) This program will provide independent living skill building services to RTA population. These services will include parenting support, employment readiness, attainment and retention, high school equivalency preparation and housing support. These services will assist older youth in gaining skills and tools required to become independent and successful and to avoid detention, rearrests, violation of probation and further system involvement.	
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)	
4. What is the projected number of youth who will receive service from this program? (4-character number) 24	
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.	
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.	
6. What projected outcomes were met and how were they met? (100 word or less)	
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)	
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)	
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)	
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)	

STSJP/RTA Program name:	Transitional Housing	Type of program:	New Program STSJP-RTA
Program operating agency:	Unknown (Will RFP)		
Program mailing address NA			
Address line 2 NA			
City NA	State NA	Zip code NA	
Contact person for program NA			
Title NA	Phone number (NA)	Ext.	
Email NA			

Program service detailed information	
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 100,000	
1. Please indicate the specific zip codes this program will target?	Zip Codes 14201; 14207; 14208; 14211; 14212; 14213; 14215; 14150; 14075
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) This program will offer transitional housing and indepent living support for RTA population. Transitional housing will help provide support and stabilty which will allow for older system involved youth to avoid negative system events aqnd further system pentration and to establish suitable, permanent housing.	
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)	
4. What is the projected number of youth who will receive service from this program? (4-character number) 24	
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.	
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.	
6. What projected outcomes were met and how were they met? (100 word or less)	

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

STSJP/RTA Program name:	Mentoring/Youth Advocacy	Type of program:	STSJP-RTA
Program operating agency:	Unknown (Will RFP)		
Program mailing address NA			
Address line 2 NA			
City NA	State NA	Zip code NA	
Contact person for program NA			
Title NA	Phone number (NA)	Ext.	
Email NA			

Program service detailed information	
The amount of STSJP funds that your jurisdiction will devote to the services from this program?	\$ 100,000
1. Please indicate the specific zip codes this program will target?	Zip Codes 14201; 14207; 14208; 14211; 14212; 14213; 14215; 14150; 14075
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The mentoring program will seek to match juvenile justice system involved youth with mentors for a period of 4-6 months with the expectation that mentors will remain available to youth and maintain less frequent contact beyond the period of formal involvement. The program will develop youth into future mentors and advocates for other system involved youth. The program is expected to assist Erie County reduce detention days, violation of probation, re-arrest and recidivism.	
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)	
4. What is the projected number of youth who will receive service from this program? (4-character number) 24	
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.	
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.	
6. What projected outcomes were met and how were they met? (100 word or less)	
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)	
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)	
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)	
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)	

SECTION EIGHT – Plan Approval	
Approval of the Chief Executive Officer	
As STSJP Lead for Erie County	municipality, I certify that the CEO
	has reviewed and approved the 2018 - 2019 STSJP plan.
Date: 10 / 12 / 18	STSJP Lead User ID MC
STSJP Lead printed name: Marie Cannon- Commissioner- Social Services	

Approval of the OCFS STSJP Program Lead		
As OCFS STSJP reviewer. I certify that I approve of this STSJP plan for		
municipality, for 2018-2019		
Date: 2/15/19	User ID: KK4352	Printed name: John Johnson