



Office of Children
and Family Services

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Commissioner

November 6, 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) 2019-20. Your plan has been reviewed by the Office of Children and Family Services (OCFS), and we are pleased to inform you that your STSJP plan has been approved.

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

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

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

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

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

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

Sincerely,



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

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

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

STSJP plans are due to the Office of Children and Family Services (OCFS) by 08/19/2019

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

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

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

Please direct any STSJP plan questions to:

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

MUNICIPALITY INFORMATION	
NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION: ERIE COUNTY	
LEAD AGENCY FOR STSJP SUBMISSION: DEPARTMENT OF SOCIAL SERVICES	NAME OF CONTACT PERSON: BEN HILLIGAS
CONTACT PERSON'S PHONE NUMBER: (716)923-4051	CONTACT PERSON'S EMAIL ADDRESS: BENJAMIN.HILLIGAS@ERIE.GOV

PLAN SUBMISSION INSTRUCTIONS
Instructions for submitting an STSJP plan for OCFS review: <ol style="list-style-type: none"> a. Once you have opened this form on your computer, please immediately use the "Save As" function in Microsoft Word to save a copy; b. Save your application using the file name "STSJP 2019-2020 Annual Plan – (Name of County)"; c. Work from the "saved" application document, using it to record all of your municipality information; d. Once you have completed entering the required data, save the document. <p>Send the completed application to OCFS via the STSJP email address at: stsjp@ocfs.ny.gov</p>

PART I – STSJP PROGRAMS

SECTION 1	PLAN AMOUNTS
EXPENSES	
1. Total program expenses	\$ 844,972
2. State reimbursement	\$ 523,882.64
3. Local share amount	\$ 321,089.36
Reimbursements for the plan (Enter all amounts that are applicable.)	
4. STSJP allocation amount	\$ 477,383
5. STSJP local approved plan amount	\$ 448,882.64
6. Detention approved amount shifted to STSJP	\$ 0
7. PY rollover approved amount	\$ 75,000
8. Total approved amounts for state reimbursement	\$ 523,882.64

SECTION 2	LIST OF STSJP PROGRAMS TO BE FUNDED		
Program Name	Local Share (38 percent)	State Share (62 percent)	Total Program Expenses (100 percent)
STSJP Program 1 PROBATION HIGH RISK SUPERVISION	\$ 43,320.00	\$ 70,680.00	\$ 114,000.00
STSJP Program 2	\$ 64,351.86	\$ 104,995.14	\$ 169,347

**See Addendum for enhanced funding*

ERIE COUNTY YOUTH BUREAU COORDINATION			
STSJP Program 3 BERKSHIRE FARM STEPPING STONES ATP	\$ 36,560.75	\$ 59,651.75	\$ 96,212.5
STSJP Program 4 BE-A-FRIEND EI	\$ 32,148	\$ 52,452	\$ 84,600
STSJP Program 5 BAKER VICTORY SERVICES WAY CONNECT ATP	\$ 38,000	\$ 62,000	\$ 100,000
STSJP Program 6 BERKSHIRE FARM STEPPING STONES ATD	\$ 36,560.75	\$ 59,651.75	\$ 96,212.5
STSJP Program 7 BE-A-FRIEND ATD	\$ 32,148	\$ 52,452	\$ 84,600
STSJP Program 8 BAKER VICTORY SERVICES WAY CONNECT ATD	\$ 38,000	\$ 62,000	\$ 100,000
STSJP Program 9	\$	\$	\$
STSJP Program 10	\$	\$	\$
STSJP Program 11	\$	\$	\$
STSJP Program 12	\$	\$	\$
TOTAL			\$ 844,972

STSJP PROGRAMMING DETAILS

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

STSJP Program 1

STSJP Program 1 Name: PROBATION HIGH RISK SUPERVISION		STSJP Program 1 Type: Alternative to Placement	
STSJP Program 1 Operating Agency: ERIE COUNTY PROBATION			
Program Mailing Address 1 NIAGARA PLAZA			
Address Line 2			
City BUFFALO		State NY	Zip Code 14202
Contact Person for Program YSAIAS FELIZ		Email YSAIAS.FELIZ@ERIE.GOV	
Title DEPUTY COMMISSIONER, PROBATION		Phone (716) 858 - 2874	Ext

STSJP Program 1 Service Detailed Information

- The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 114,000
- Please indicate the specific zip codes this program will target. 14201; 14207; 14208; 14211; 14212; 14213; 14215; 14150; 14075,

3. 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. This high-intensity supervision is offered to post-dispositional youth.

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

5. What is the projected number of youth who will receive services from this program? 26

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

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

7. What projected outcomes were met and how were they met? **(100 words or less)** 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. 19 of 20 youth avoided new placement and 14 of 20 avoided filing of VOP.

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

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 300

10. Total number of youth served by this program during the previous STSJP PY: 20

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

STSJP Program 2

STSJP Program 2 Name: ERIE COUNTY YOUTH BUREAU COORDINATION		STSJP Program 2 Type: Indirect Services Provider	
STSJP Program 2 Operating Agency: ERIE COUNTY DSS			
Program Mailing Address 810 EAST FERRY ST			
Address Line 2			
City BUFFALO		State NY	Zip Code 14211
Contact Person for Program BEN HILLIGAS		Email BENJAMIN.HILLIGAS@ERIE.GOV	
Title SR. YOUTH BUREAU DIRECTOR		Phone (716) 923 - 4051	Ext

STSJP Program 2 Service Detailed Information

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 169,347

2. Please indicate the specific zip codes this program will target. 14201; 14207; 14208; 14211; 14212; 14213; 14215; 14150; 14075,

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

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

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

If the STSJP Program 2 received STSJP funds in the previous STSJP PY, answer the questions below.

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

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

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

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

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

11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 75,000

STSJP Program 3		
STSJP Program 3 Name: BERKSHIRE FARM STEPPING STONES ATP		STSJP Program 3 Type: Alternative to Placement
STSJP Program 3 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
Contact Person for Program LUCAS JACOBS	Email LJACOBS@BERKSHIREFARM.ORG	
Title DIRECTOR	Phone (518) 242 - 0578	Ext

STSJP Program 3	Service Detailed Information
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 96,212.5	
2. Please indicate the specific zip codes this program will target. 14201; 14207; 14208; 14211; 14212; 14213; 14215; 14150; 14075,	
3. 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 for referred youth at the post-dispositional stage. The program will allow the court to safely maintain youth in the community and avoid 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.	
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program? 20	
If the STSJP Program 3 received STSJP funds in the previous STSJP PY, answer the questions below.	
6. Did projected performance outcomes meet expected outcomes? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 .	
7. What projected outcomes were met and how were they met? (100 words or less) 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. 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

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 104

10. Total number of youth served by this program during the previous STSJP PY: 13

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

STSJP Program 4

STSJP Program 4 Name: BE-A-FRIEND		STSJP Program 4 Type: Early Intervention	
STSJP Program 4 Operating Agency: BIG BROTHERS BIG SISTERS OF ERIE, NIAGARA AND THE SOUTHERN TIER			
Program Mailing Address SUITE 104, 100 RIVER ROCK DRIVE			
Address Line 2			
City BUFFALO		State NY	Zip Code 14207
Contact Person for Program THOMAS GUAGLIARDO		Email tguagliardo@beafriend.org	
Title CEO		Phone (716) 873 - 5833	Ext 220

STSJP Program 4 Service Detailed Information

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 84,600

2. Please indicate the specific zip codes this program will target. 14201; 14207; 14208; 14211; 14212; 14213; 14215; 14150; 14075,

3. 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 appearance ticket 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 treatment, and link youth to natural supports. Group mentoring provides the opportunity for youth to be mentored by professional staff in individual and group settings.

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

5. What is the projected number of youth who will receive services from this program? 40

If the STSJP Program 4 received STSJP funds in the previous STSJP PY, answer the questions below.

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

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

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

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

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

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

STSJP Program 5

STSJP Program 5 Name: WAY CONNECT		STSJP Program 5 Type: Alternative to Placement	
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STSJP Program 5 Operating Agency: BAKER VICTORY SERVICES		
Program Mailing Address 790 RIDGE RD		
Address Line 2		
City LACKAWANNA	State NY	Zip Code 14218
Contact Person for Program SHARON CAVANAUGH	Email SCAVANAUGH@BAKERVICTORYSERVICES.ORG	
Title DIRECTOR	Phone (716) 828 - 7083	Ext

STSJP Program 5	Service Detailed Information
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1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 100,000
2. Please indicate the specific zip codes this program will target. 14201; 14207; 14208; 14211; 14212; 14213; 14215; 14150; 14075,
3. 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 for referred youth. The program will allow the court to safely maintain youth in the community and avoid placement at the post-dispos. Secondary outcomes include assisting youth link to pro-social activities, increase school attendance, participate in court ordered treatment, and link youth to natural supports. In addition this program places speacial emphasis on vocational skills.
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. What is the projected number of youth who will receive services from this program? 30
If the STSJP Program 5 received STSJP funds in the previous STSJP PY, answer the questions below.
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 . If Yes, answer #7 . If No, skip to #8 .
7. What projected outcomes were met and how were they met? (100 words or less)
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
10. Total number of youth served by this program during the previous STSJP PY:
11. What amount of rollover funds from the previous STSJP PY will be spent on this program?

STSJP Program 6

STSJP Program 6 Name: BERKSHIRE FARM STEPPING STONES	STSJP Program 6 Type: JO/JD-Alternative to Detention	
STSJP Program 6 Operating Agency: BERKSHIRE FARM CENTER AND SERVICES FOR YOUTH		
Program Mailing Address 13640 RT 22		
Address Line 2		
City CANAAAN	State NY	Zip Code 12029
Contact Person for Program LUCAS JACOBS	Email LJACOBS@BERKSHIREFARM.ORG	
Title DIRECTOR	Phone (518) 242 - 0578	Ext

STSJP Program 6	Service Detailed Information
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1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 96,212.5
2. Please indicate the specific zip codes this program will target. 14201; 14207; 14208; 14211; 14212; 14213; 14215; 14150; 14075,
3. 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 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.
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. What is the projected number of youth who will receive services from this program? 20
If the STSJP Program 6 received STSJP funds in the previous STSJP PY, answer the questions below.
6. Did projected performance outcomes meet expected outcomes? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7 ; If No, skip to #8 ; If Partially, answer #7 and #8 .
7. What projected outcomes were met and how were they met? (100 words or less) 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. The program remains very popular with youth, families, the courts and probation.
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) NA
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 48
10. Total number of youth served by this program during the previous STSJP PY: 13
11. What amount of rollover funds from the previous STSJP PY will be spent on this program? NA

STSJP Program 7

STSJP Program 7 Name: BE-A-FRIEND		STSJP Program 7 Type: JO/JD-Alternative to Detention	
STSJP Program 7 Operating Agency: BIG BROTHERS BIG SISTERS OF ERIE, NIAGARA AND THE SOUTHERN TIER			
Program Mailing Address SUITE 104, 100 RIVER ROCK DRIVE			
Address Line 2			
City BUFFALO	State NY	Zip Code 14207	
Contact Person for Program THOMAS GUAGLIARDO		Email tguagliardo@beafriend.org	
Title CEO	Phone (716) 873 - 5883	Ext	

STSJP Program 7 Service Detailed Information

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 84,600
2. Please indicate the specific zip codes this program will target. 14201; 14207; 14208; 14211; 14212; 14213; 14215; 14150; 14075,
3. 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 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. Group mentoring provides the opportunity for youth to be mentored by professional staff in individual and group settings.

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

5. What is the projected number of youth who will receive services from this program? 40

If the STSJP Program 7 received STSJP funds in the previous STSJP PY, answer the questions below.

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

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

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 175

10. Total number of youth served by this program during the previous STSJP PY: 40

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

STSJP Program 8

STSJP Program 8 Name: WAY CONNECT	STSJP Program 8 Type: JO/JD-Alternative to Detention
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STSJP Program 8 Operating Agency:
BAKER VICTORY SERVICES

Program Mailing Address
790 RIDGE RD

Address Line 2

City LACKAWANNA	State NY	Zip Code 14218
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Contact Person for Program SHARON CAVANAUGH	Email SCAVANAUGH@BAKERVICTORYSERVICES.ORG
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Title DIRECTOR	Phone (716) 828 - 7083	Ext
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STSJP Program 8 Service Detailed Information

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 100,000

2. Please indicate the specific zip codes this program will target. 14201; 14207; 14208; 14211; 14212; 14213; 14215; 14150; 14075,

3. 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 during the pendency of the 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. In addition this program places special emphasis on vocational skills.

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

5. What is the projected number of youth who will receive services from this program? 30

If the STSJP Program 8 received STSJP funds in the previous STSJP PY, answer the questions below.

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

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

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

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

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

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

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

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

STSJP Program 10		
STSJP Program 10 Name:		STSJP Program 10 Type:
STSJP Program 10 Operating Agency:		
Program Mailing Address		
Address Line 2		
City	State	Zip Code
Contact Person for Program	Email	

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

STSJP Program 11

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

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

STSJP Program 12		
STSJP Program 12 Name:		STSJP Program 12 Type:
STSJP Program 12 Operating Agency:		
Program Mailing Address		
Address Line 2		
City	State	Zip Code
Contact Person for Program	Email	
Title	Phone () -	Ext

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

PART II – STSJP-RTA PROGRAMS	
SECTION 1	STSJP RTA PLAN AMOUNTS
Expenses	
1. RTA-approved plan amount	\$ 427,100.00
2. Total program expenses	\$ 427,100.00
SECTION 2	LIST OF STSJP-RTA PROGRAMS TO BE FUNDED
Program Name	Total Program Expenses
STSJP-RTA Program 1 BE-A-FRIEND	\$ 127,800.00
STSJP-RTA Program 2 BUFFALO URBAN LEAGUE	\$ 99,300.00
STSJP-RTA Program 3 BERKSHIRE FARM STEPPING STONES	\$ 100,000.00
STSJP-RTA Program 4 CATHOLIC CHARITIES	\$ 100,000.00
STSJP-RTA Program 5	\$
STSJP-RTA Program 6	\$
TOTAL	\$ 427,100

STSJP-RTA PROGRAMMING DETAILS

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

STSJP-RTA Program 1

Program 1 Name: BE-A-FRIEND		Program 1 Type: JO/JD-Alternative to Detention	
Program 1 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 GUAGLIARDO	Email tguagliardo@beafriend.org		
Title CEO	Phone (716) 873 - 5833	Ext 220	

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

1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 127,800
2. Please indicate the specific zip codes this program will target. 14201; 14207; 14208; 14211; 14212; 14213; 14215; 14150; 14075,
3. 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 during the pendency of their case. This service may also be utilized at the appearance ticket stage. This service will be offered to 16-17 year old raise the age youth. Group mentoring provides the opportunity for youth to be mentored by professional staff in individual and group settings.
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. What is the projected number of youth who will receive services from this program? 30
If the STSJP-RTA Program 1 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.
7. What projected outcomes were met and how were they met? (100 word or less) NA
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) NA
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) NA
10. Total number of youth served by this program during the previous STSJP-RTA PY: NA
11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program? NA

STSJP-RTA Program 2

Program 2 Name: BUFFALO URBAN LEAGUE	Program 2 Type: Alternative to Placement
Program 2 Operating Agency: BUFFALO URBAN LEAGUE	
Program Mailing Address 15 GENESEE ST	

Address Line 2		
City BUFFALO	State NY	Zip Code 14203
Contact Person for Program BRENDA MCDUFFIE	Email BMCDUFFIE@BUFFALOURBANLEAGUE.ORG	
Title CEO	Phone (716) 250 - 2400	Ext
STSJP-RTA Program 2 Service Detailed Information		
1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 99,300		
2. Please indicate the specific zip codes this program will target. 14201; 14207; 14208; 14211; 14212; 14213; 14215; 14150; 14075,		
3. 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. 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 rasiie 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.		
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
5. What is the projected number of youth who will receive services from this program? 40		
If the STSJP-RTA Program 2 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.		
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.		
7. What projected outcomes were met and how were they met? (100 word or less) NA		
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less) NA		
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) NA		
10. Total number of youth served by this program during the previous STSJP-RTA PY: NA		
11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program? NA		

STSJP-RTA Program 3		
Program 3 Name: ENHANCED STEPPING STONES	Program 3 Type: Alternative to Placement	
Program 3 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
Contact Person for Program LUCAS JACOBS	Email LJACOBS@BERKSHIREFARM.ORG	
Title DIRECTOR	Phone (518) 242 - 0578	Ext
STSJP-RTA Program 3 Service Detailed Information		
1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 100,000		

2. Please indicate the specific zip codes this program will target. 14201; 14207; 14208; 14211; 14212; 14213; 14215; 14150; 14075,

3. 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. The program is expected to assist Erie County reduce detention days, violation of probation, re-arrest and recidivism for referred youth st 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 uses an intensive case management model and meets with yout and families multiple times per week. This service has been effective with highest need youth and families.

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

5. What is the projected number of youth who will receive services from this program? 20

If the STSJ-RTA Program 3 received STSJ-RTA funds in the previous STSJ-RTA PY, answer the questions below.

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

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

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

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

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

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

STSJP-RTA Program 4		
Program 4 Name: CATHOLIC CHARITIES	Program 4 Type: Alternative to Placement	
Program 4 Operating Agency: CATHOLIC CHARITIES		
Program Mailing Address 741 DELAWARE AVE		
Address Line 2		
City BUFFALO	State NY	Zip Code 14209
Contact Person for Program MARIE ANDERSON-STRAIT	Email MARIE.ANDERSON-STRAIT@CCWNY.ORG	
Title DIRECTOR	Phone (716) 218 - 1400	Ext

STSJP-RTA Program 4	Service Detailed Information
1. The amount of STSJ-RTA funds that your jurisdiction will devote to the services from this program? \$ 100,000	
2. Please indicate the specific zip codes this program will target. 14201; 14207; 14208; 14211; 14212; 14213; 14215; 14150; 14075,	
3. 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. The program is expected to assist Erie County reduce detention days, violation of probation, re-arrest and recidivism for referred youth st 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.	
4. Does your municipality plan to replicate the program across multiple locations? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

5. What is the projected number of youth who will receive services from this program? 40

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

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

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

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

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

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

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

STSJP-RTA Program 5

Program 5 Name:		Program 5 Type:	
Program 5 Operating Agency:			
Program Mailing Address			
Address Line 2			
City		State	Zip Code
Contact Person for Program		Email	
Title		Phone () -	Ext

STSJP-RTA Program 5 Service Detailed Information

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

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

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

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

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

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

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

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

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

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

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

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

STSJP-RTA Program 6

Program 6 Name:		Program 6 Type:	
Program 6 Operating Agency:			
Program Mailing Address			

annual reporting. Reducing system penetration and successful completion of conditions is the primary goal of all STSJP funded programs. We hope to achieve a rate of 85% of youth successfully meeting the conditions of their system involvement including avoiding violations of probation, detention stays, rearrest, PINS petition filings, and placement.

SECTION 3 COLLABORATION SECTION

As per STSJP legislation, collaboration is required. Please describe your municipality's activities in developing this year's STSJP plan in collaboration with local agencies responsible for probation, law enforcement, detention, diversion, social services, courts, services providers, schools, and youth development programs. **(250 words or less)**
The Erie County Juvenile Justice system is built on a foundation of collaboration with all stakeholders meeting regularly. Juvenile Delinquency Services Team provides assessments, linkages and monitoring to all system involved youth and is a collaboration of the departments of MH, DSS, and Probation.

SECTION 4 COOPERATIVE APPLICATIONS SUBMITTED JOINTLY BY TWO OR MORE COUNTIES

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

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

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

PART IV – PLAN APPROVAL

SECTION 1 APPROVAL OF THE CHIEF EXECUTIVE OFFICER

As STSJP Lead for ERIE COUNTY municipality, I certify that the CEO Marie Cannon has reviewed and approved the 2020 STSJP plan.

Date: 11 / 01 / 2019 User ID: Bhilligas

Print name: Ben Hilligas

SECTION 2 APPROVAL OF THE OCFS PROGRAM LEAD

As OCFS STSJP reviewer. I certify that I approve of this STSJP plan for *erie* municipality, for 2019-2020.

Date: 11 / 5 / 19 User ID: JTO911

Print name: Lynn Tubbs

Enhanced STSJP Funding--PINS	
Erie County	
Program Expenses	\$57,580.65
State Reimbursement	\$35,700.00
Local Share	\$21,880.65



COUNTY OF ERIE

MARK C. POLONCARZ

COUNTY EXECUTIVE

DEPARTMENT OF YOUTH SERVICES

10/9/19

From: Erie County Youth Services Division

To: Division of Youth Development and Partnerships for Success

Re: PINS Enhanced Funding Proposal

Greetings OCFS Representative,

The Erie County Family Court Restorative Justice Pilot program currently provides a variety of restorative practice services to juvenile justice system involved youth primarily at the appearance ticket adjustment stage. We would like to utilize the PINS funding to expand this program to the PINS population. We would like to use this program to attempt to reduce parent/child and/or family conflict in the home. Many youths end up having PINS petitions filed and ultimately violate terms of supervision due to runaway behavior which frequently can be traced back to unresolved family conflict. It is our hope that by using the RJ pilot to address these conflicts we can keep youth at home therefore reducing the number of petitions being filed and reducing violations for youth post adjudication. If this program is deemed successful due to significant reductions in these outcomes it is plausible to think additional funding could be secured for continuation/expansion from other sources.

Respectfully,

Ben Hilligas, LMSW

Sr. Youth Bureau Director