



Office of Children
and Family Services

ANDREW M. CUOMO
Governor

SHEILA J. POOLE
Acting Commissioner

January 15, 2020

Dear Chief Executive Officer,

Thank you for submitting Niagara 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.

Niagara 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 Niagara County plans to shift its detention allocation for STSJP eligible expenses, please submit a request on official letterhead to John Johnson and email it to stsjp@ocfs.ny.gov outlining the amount that will be shifted and the type of programming or services the re-purposed detention funds will be used for under STSJP. An amended STSJP plan will also need to be submitted.

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

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

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

If you have any questions, please email us at stsjp@ocfs.ny.gov and write "STSJP Plan Questions" in the subject line so that we may best assist you in a timely manner. You can direct STSJP inquiries to John Johnson at (518) 486-4665/John.Johnson@ocfs.ny.gov or Nadine Kayajian at (518) 474-6603/Nadine.Kayajian@ocfs.ny.gov

Sincerely,

Nina Aledort, Ph.D., LMSW
Deputy Commissioner
Division of Youth Development and Partnerships for Success

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 / 18

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: Niagara County			
LEAD AGENCY FOR STSJP SUBMISSION: Department of Social Services		NAME OF CONTACT PERSON: Meghan Lutz	
CONTACT PERSON'S PHONE NUMBER: 716-278-8630		CONTACT PERSON'S EMAIL ADDRESS: meghan.lutz@niagaracounty.com	

Plan Submission Instructions

Instructions for submitting an STSJP plan for OCFS review.

- Once you have opened this form on your computer, please immediately use the "Save As" function in Microsoft Word to save a copy;
- Save your application using the following name "PY 2018 - 2019 STSJP Plan -- (Name of municipality)";
- Work from the "saved" application document, using it to record all of your municipality's information;
- Once you have completed entering the required data, save the document;
- Prior to submission, review calculation in section eight for accuracy. Complete the "Approval and Certification" section before submission to OCFS;

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 Casey House RHY Shelter	\$ 20,000	\$ 12,400	\$ 7,600
STSJP Program 2 Juvenile Electronic Monitoring	\$ 4,968	\$ 3,080.16	\$ 1887.84
STSJP Program 3 Juvenile Supportive Case Management	\$ 90,440	\$ 56,072.80	\$ 34,367.20
STSJP Program 4	\$	\$	\$
STSJP Program 5	\$	\$	\$
STSJP Program 6	\$	\$	\$
STSJP Program 7	\$	\$	\$

STSJP Program 8	\$	\$	\$
STSJP Program 9	\$	\$	\$
STSJP Program 10	\$	\$	\$
STSJP Program 11	\$	\$	\$
STSJP Program 12	\$	\$	\$
TOTAL	\$ 115,408	\$ 71,552.96	\$ 43,855.04
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) The Reporting Center	\$ 30,990		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) Catholic Charities - MST	\$ 26,000		
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	\$ 56,990	\$	\$

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) Zip codes representing the City of Niagara Falls continue to have the highest number of JD's, JO's and PINS entering the Juvenile Justice System. This can be attributed to high rates of poverty and unemployment in this particular area of Niagara County. Zip code 14301 in Niagara Falls and 14094 in Lockport have consistently seen higher numbers of youth involved in the juvenile justice system. The Niagara Falls region has also seen a continual increase in the number of Child Protective Services reports received annually. Youth that enter the juvenile justice system often have a history of trauma and neglect and are lacking appropriate support systems in the home.

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) In 2015 minority youth represented 44% of arrests, 45% of youth in detention, 45% of probation intakes and 39% of cases involving juvenile delinquents in family court. Minorities also represented 40% of admissions into OCFS or voluntary agency placement. In Niagara County, minorities make up just 18% of the total population of juveniles 7-15 years of age. Black youth were most over represented as compared to white youth,

making up just 11% of the juvenile population but accounting for an average of 39% of DCJS Juvenile Justice statistics. When reviewing secure and non-secure detention statistics for 2016, 60% of juveniles placed in either detention setting were black. This represents a 91% increase over 4 years.

If such disparity exists, describe how the service/program addresses issues described above.
(250 words or less) We intend to continue to monitor disparity numbers in collaboration with NYS DCJS and participate in training and reduction models as advised. We will continue to prioritize training opportunities for stakeholders within the county. Where possible and appropriate, minority youth will be given priority in program service referrals.

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) To provide short term crisis shelter to RHY and at-risk youth. It is estimated that there will be a 10-15% reduction in Niagara County during the 2018-2019 funding period in detention utilization and residential placements. 300 Crisis Hotline Calls (24 hour) will be received and appropriate referrals will be made including shelter recommendation when appropriate.

To install electronic home monitoring (EHM) on 15 youth in the 2018-2019 funding year, for youth ordered to comply with electronic monitoring by Niagara County Family Court. Monitoring services can be provided to youth pending disposition of a JD or PINS petition, for youth who would otherwise be considered for detention (either secure or non-secure), or as an alternative to placement for adjudicated youth. Providing monitoring services for youth as an alternative to out of home placement, when appropriate, will prevent unnecessary use of DSS and OCFS placement. JSCM estimates that detention and residential placements to be decreased by 20%. This will continue to include the number of youth diverted from Detention through Probation, and placement by DSS.

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) Niagara County Social Services actively collaborates with NC Probation and a variety of service agencies throughout Niagara County. Our partners include but are not limited to Community Missions, Pinnacle Community Services, Buffalo Federation of Neighborhood Centers, New Directions, Niagara County Mental Health Dept. and SPOA, along with Monsignor Carr Institute for Children's Mental Health and MST, both operated by Catholic Charities. DSS holds monthly meetings with Probation and OCFS to review placement settings, individual youth needs and potential for returning youth to their home and/or community. The Niagara County Juvenile Justice Task Force meets quarterly to review local issues and its members include govenment, law enforcement, school and community agencies. Niagara County DSS also contracts with Berkshire Farms to place social workers throughout the community to directly address needs of families.

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

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

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

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

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

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

SECTION SEVEN– Plan amounts

Expenses

1. Total Program expenses		\$ 115,408
2. State reimbursement (Program expenses*.62)		\$ 71,552.96
3. State share amount (Program expenses*.38)		\$ 43,855.04
Add in Reimbursements for the plan (fill out all that are applicable)		
4. STSJP allocation	\$ 74,434	
5. STSJP approved		\$ 71,552.96
6. JDAI allocation	\$ 0	
7. JDAI approved		\$ 0
8. Detention approved amount shifted to STSJP		\$ 0
9. PY rollover approved		\$ 0
10. Total approved amounts for state reimbursement		\$ 115,408
11. Total amount of approved STSJP-RTA 100% state reimbursement		\$ 56,990

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:	Casey House Emergency RHY Shelter	Type of program:	Prevention
Program operating agency:	Pinnacle Community Services		
Program mailing address 710 Cedar Avenue			
Address line 2			
City Niagara Falls		State NY	Zip code 14301
Contact person for program Jeffrey Wierzbicki			
Title Youth Services Director		Phone number (716) 285-6984	Ext.
Email jwierzbicki@niagarafamily.org			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 20,000			
1. Please indicate the specific zip codes this program will target? Zip Codes 14301, 14302, 14303, 14304, 14305			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Family reunification is the main program goal. Youth are connected to appropriate services in the county as well as family based services such as MST programming and Niagara County Probation/PINS. Youth are also enrolled in school or after school programs if appropriate. Positive reinforcements and goals are established for a successful reunification. Casey House also has an onsite Mental Health Counselor available for the youth in the program.			
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) 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? (<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) Short term crisis shelter was provided to 153 RHY and at-risk youth. 1453 care days were provided. 40 school outreach and community			

presentations were provided. 92 % of youth discharged with a safe exit plan and safe housing secured.			
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) All outlined outcomes were met. Occasionally there are challenges with youth that discharge from the program and do not stay at the discharge location which makes follow-up difficult.			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 9.55			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 153			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters) 0			
Program two name:	Juvenile Electronic Monitoring	Type of program:	ATD
Program operating agency:	Niagara County Probation Department		
Program mailing address 111 Main Street, Suite 201			
Address line 2			
City Lockport		State NY	Zip code 14094
Contact person for program Deborah LaRock			
Title Family Court Unit Supervisor		Phone number (716) 278-8122	Ext.
Email deborah.larock@niagaracounty.com			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 4,968			
1. Please indicate the specific zip codes this program will target? Zip Codes 14304, 14305, 14094, 14301, 14303, 14120, 14132, 14092, 14108, 14067, 14131, 14028, 14172, 14174, 14008, 14105, 14012, 14126, 14302, 14109, 14095, 14107, 14144, 14001, 14098, 14202			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) The program will serve targeted youth by allowing them to remain in the community, in their home, with their parent/guardian, attending their local school district and allowing community based service provision while accounting for their attendance at referred services and location at their residence through the use of electronic home monitoring, as an alternative to placement in detention or out of home placement at disposition.			
3. Does your municipality plan to replicate program across multiple locations? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 15			
If the program received STSJP funds in the previous program year 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)			
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) It took several months to set up the program, get resolutions through the local legislative process to put the funds in the 2018 budget, and have an executed MOU in place. The program did not begin accepting youth until March of 2018. New programs typically take several months to reach full capacity. Two youth were ordered onto electronic monitoring during the last quarter of the contract year, doubling the number of youth from the previous quarter.			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 93			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 3			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)			
Program three	Juvenile Supported Case	Type of program:	ATP

name:	Management		
Program operating agency:	Community Missions of Niagara Frontier, Inc.		
Program mailing address 1570 Buffalo Avenue			
Address line 2			
City Niagara Falls		State NY	Zip code 14303
Contact person for program Marilee Clark			
Title Director of Youth Services		Phone number (716) 285-3403	Ext. 2265
Email mclark@communitymissions.org			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program?			\$ 90,440
1. Please indicate the specific zip codes this program will target? Zip Codes 14301,14302,14303,14304,14305,14094,14120,14172,14092			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Referrals will be received from the County Department of Social Services and Niagara County Probation Department and Intake acceptance will be determined. Services will be voluntary in nature, and designed to provide the youth and families with a well-designed program of case management opportunities which will help to compliment the strengths of families. DSS workers and Probation Officers will complete a Skills Assessment Priorities sheet in addition to referral form.			
3. Does your municipality plan to replicate program across multiple locations? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 16			
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) 36 youth were referred for SCM services. Staff turnover caused delays in Oct, Nov and Dec 2018.19 youth were admitted for services from these 35 referrals. At the time of this application, 10 youth are currently receiving services which would identify 12 youth who successfully completed programming. Several youth were carried over from the 2017 caseload, what that Case Manager departed employment. Those families were initially placed on hold until the program went operational in January 2018.			
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) Careful consideration was made to identify candidates for hire who would identify serious commitment to continued employment with CMI. In our previous application we identified concerns for family engagement and the high number of cases that involved the families refusing services. This previous fiscal year concerted efforts were made to engage families and found that of the 35 referrals for services only 4 families refused to engage.			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days) 106			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters) 24			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)			
Program four name:			Type of program:
Program operating agency:			
Program mailing address			

Address line 2		
City	State	Zip code
Contact person for program		
Title	Phone number ()	Ext.
Email		
Program service detailed information		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$		
1. Please indicate the specific zip codes this program will target? Zip Codes		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)		
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input type="checkbox"/> no)		
4. What is the projected number of youth who will receive service from this program? (4-character number)		
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.		
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.		
6. What projected outcomes were met and how were they met? (100 word or less)		
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)		
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)		
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)		

Program five name:	Type of program:
Program operating agency:	
Program mailing address	
Address line 2	
City	State Zip code
Contact person for program	
Title	Phone number () Ext.
Email	
Program service detailed information	
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$	
1. Please indicate the specific zip codes this program will target? Zip Codes	
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)	
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input type="checkbox"/> no)	
4. What is the projected number of youth who will receive service from this program? (4-character number)	
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.	
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.	
6. What projected outcomes were met and how were they met? (100 word or less)	
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)	
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)	
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)	

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

Program six name:		Type of program:	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ()	Ext.	
Email			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$			
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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)			
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Program seven name:		Type of program:	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ()	Ext.	
Email			
Program service detailed information			
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4. What is the projected number of youth who will receive service from this program? (4-character number)			
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Program eight name:		Type of program:	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ()	Ext.	
Email			
Program service detailed information			
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Program nine name:		Type of program:	
Program operating agency:			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ()	Ext.	
Email			
Program service detailed information			

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1. Please indicate the specific zip codes this program will target? Zip Codes
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input type="checkbox"/> no)
4. What is the projected number of youth who will receive service from this program? (4-character number)
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Program operating agency:		
Program mailing address		
Address line 2		
City	State	Zip code
Contact person for program		
Title	Phone number ()	Ext.
Email		
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10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)		

Program eleven name:	Type of program:	
Program operating agency:		
Program mailing address		
Address line 2		

City		State	Zip code
Contact person for program			
Title		Phone number ()	Ext.
Email			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$			
1. Please indicate the specific zip codes this program will target? Zip Codes			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)			
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number)			
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less)			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)			

Program twelve name:	Type of program:	
Program operating agency:		
Program mailing address		
Address line 2		
City		State
City		Zip code
Contact person for program		
Title		Ext.
Title		Phone number ()
Email		
Program service detailed information		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$		
1. Please indicate the specific zip codes this program will target? Zip Codes		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)		
3. Does your municipality plan to replicate program across multiple locations? (<input type="checkbox"/> yes or <input type="checkbox"/> no)		
4. What is the projected number of youth who will receive service from this program? (4-character number)		
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.		
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.		
6. What projected outcomes were met and how were they met? (100 word or less)		
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)		
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)		
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)		
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)		

STSJP/RTA Program name:	The Reporting Center	Type of program:	STSJP-RTA
Program operating agency:	Buffalo Federation of Neighborhood Centers		
Program mailing address 97 Lemon Street			
Address line 2			
City Buffalo		State NY	Zip code 14204
Contact person for program Richard Thomas			
Title Program Director		Phone number (716) 282-2217	Ext.
Email rthomas@bfnc.org			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 30,990			
1. Please indicate the specific zip codes this program will target? Zip Codes 14303, 14304, 14305, 14094, 14095			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) BFNC will serve Niagara County youth through referrals from NC Probation and other community agencies as requested. Youth will be provided with appropriate supervision and intense case management services along with the following interventions as needed: Aggression Replacement Training, Restorative Justice, Alternatives to placement/Re-entry and Alternatives to Detention. Early Intervention services will also be available and will address truancy, tutoring, and mentoring.			
3. Does your municipality plan to replicate program across multiple locations? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 15			
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less)			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)			

STSJP/RTA Program name:	Catholic Charities - MST	Type of program:	New Program STSJP-RTA
Program operating agency:	Catholic Charities		
Program mailing address 741 Delaware Avenue, NY			
Address line 2			
City Buffalo		State NY	Zip code 14209
Contact person for program			
Title		Phone number	Ext.
Email			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 26,000			
1. Please indicate the specific zip codes this program will target? Zip Codes 14304, 14305, 14094, 14301, 14303,			

14120, 14132, 14092, 14108, 14067, 14131, 14028, 14172, 14174, 14008, 14105, 14012, 14126, 14302, 14109, 14095, 14107, 14144, 14001, 14098, 14202
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Vocational support and development will be the primary motivator for this population. The World of Work Curriculum will be used to help develop soft skills to help youth find, obtain and maintain employment. Appropriate educational and vocational training programs will be identified and independent living skills will help the youth build confidence to advance them into successful adulthood. Each youth will have a coordinated Youth Support Team to help the youth be successful.
3. Does your municipality plan to replicate program across multiple locations? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no)
4. What is the projected number of youth who will receive service from this program? (4-character number) 15
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.
6. What projected outcomes were met and how were they met? (100 word or less)
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

STSJP/RTA Program name:	Community Based Treatment	Type of program:	STSJP-RTA
Program operating agency:	New Directions Youth and Family Services		
Program mailing address 4511 Harlem Road			
Address line 2			
City Amherst	State NY	Zip code 14226	
Contact person for program Sarah Taylor			
Title Director of Care Coordination	Phone number (176) 529-1122	Ext.	
Email staylor@ndyfs.org			
Program service detailed information			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 0 0			
1. Please indicate the specific zip codes this program will target?	Zip Codes 14304, 14305, 14094, 14301, 14303, 14120, 14132, 14092, 14108, 14067, 14131, 14028, 14172, 14174, 14008, 14105, 14012, 14126, 14302, 14109, 14095, 14107, 14144, 14001, 14098, 14202		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Youth will be provided services to allow for stabilization in the home, school and community in order to prevent out of home placement or replacement, and to improve the personal and social functioning of the youth and of significant family members. The goal is to build on existing family strengths to assist youth and families to maintain optimal social, psychological and physical functioning through collaborative goal development, needs identification and participation with service providers.			
3. Does your municipality plan to replicate program across multiple locations? (<input checked="" type="checkbox"/> yes or <input type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 10			
If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.			
5. Did projected performance outcome meet expected outcomes? (<input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			

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

SECTION EIGHT – Plan Approval		
Approval of the Chief Executive Officer		
As STSJP Lead for Niagara County		municipality, I certify that the CEO
Anthony Restaino		has reviewed and approved the 2018 - 2019 STSJP plan.
Date: 1 / 3 / 2019		STSJP Lead User ID: 29b753
STSJP Lead printed name: Meghan Lutz		
Approval of the OCFS STSJP Program Lead		
As OCFS STSJP reviewer. I certify that I approve of this STSJP plan for Niagara County		
municipality, for 2018 - 2019.		
Date: 1 / 14 / 20	User ID: ITO911	Printed name Lynn Tubbs