



Office of Children  
and Family Services

ANDREW M. CUOMO  
Governor

SHEILA J. POOLE  
Commissioner

December 30, 2019

Dear Chief Executive Officer,

Thank you for submitting Niagara 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.**

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 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 Niagara 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](mailto: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](mailto: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](mailto: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](mailto:Lynn.Tubbs@ocfs.ny.gov).

Sincerely,

Nina Aledort, PhD  
Deputy Commissioner

cc: Derek Holtzclaw, OCFS Deputy Commissioner for Administration  
Lynn Tubbs, Director of Cross-System Supports, YDAPS  
OCFS Child Welfare and Community Services Regional Office Directors  
Municipality STSJP 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 9/06/2019

Plans should be submitted to: [stsjp@ocfs.ny.gov](mailto: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

<b>MUNICIPALITY INFORMATION</b>	
NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION: Niagara County	
LEAD AGENCY FOR STSJP SUBMISSION: Department of Social Services	NAME OF CONTACT PERSON: Benjamin Bunker
CONTACT PERSON'S PHONE NUMBER: 716-278-6872	CONTACT PERSON'S EMAIL ADDRESS: <a href="mailto:benjamin.bunker@niagaracounty.com">benjamin.bunker@niagaracounty.com</a>

### PLAN SUBMISSION INSTRUCTIONS

Instructions for submitting an STSJP plan for OCFS review:

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

Send the completed application to OCFS via the STSJP email address at: [stsjp@ocfs.ny.gov](mailto:stsjp@ocfs.ny.gov)

### PART I – STSJP PROGRAMS

SECTION 1	PLAN AMOUNTS	
<b>EXPENSES</b>		
1. Total program expenses		\$ 114,856
2. State reimbursement		\$ 71,210.72
3. Local share amount		\$ 43,645.28
<b>Reimbursements for the plan (Enter all amounts that are applicable.)</b>		
4. STSJP allocation amount	\$ 74434	
5. STSJP local approved plan amount		\$ 71,210.72
6. Detention approved amount shifted to STSJP		\$ 0
7. PY rollover approved amount		\$ 0
8. Total approved amounts for state reimbursement		\$ 71,210.72

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 Casey House RHY Shelter	\$ 7,600	\$ 12,400	\$ 20,000
STSJP Program 2 Juvenile Electronic Monitoring	\$ 1,678.08	\$ 2,737.92	\$ 4,416

*\* See Addendum for Enhanced Funding*

STSJP Program 3 Juvenile Supportive Case Management -Re-Entry	\$ 11456.24	\$ 18691.76	\$ 30148
STSJP Program 4 Juvenile Supportive Case Management -Alternative to Placement	\$ 11455.48	\$ 18690.52	\$ 30146
STSJP Program 5 Juvenile Supportive Case Management -Early Intervention	\$ 11455.48	\$ 18690.52	\$ 30146
STSJP Program 6	\$	\$	\$
STSJP Program 7	\$	\$	\$
STSJP Program 8	\$	\$	\$
STSJP Program 9	\$	\$	\$
STSJP Program 10	\$	\$	\$
STSJP Program 11	\$	\$	\$
STSJP Program 12	\$	\$	\$
<b>TOTAL</b>			\$ 114856

**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: Casey House		STSJP Program 1 Type: Early Intervention	
STSJP Program 1 Operating Agency: Pinnacle Community Services			
Program Mailing Address 1522			
Address Line 2 Main Street			
City Niagara Falls		State NY	Zip Code 14094
Contact Person for Program Kelley Swann		Email kswann@pinnaclecs.org	
Title Vice President of Programs		Phone (716) 285 - 6984	Ext 104

**STSJP Program 1 Service Detailed Information**

1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 20,000
2. Please indicate the specific zip codes this program will target. 14301, 14302, 14303, 14304, 14305
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) At-Risk youth enter the program with family reunification as main goal and prevention of further penetration into the juvenile justice system. 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. These programs include but are not limited to; The Reporting Center for Boys program run by New Jerusalem or Connections, a program for youth after school and on weekends. Family mediation is offered and families are encouraged to set rules and boundaries.

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? 150  
**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)** In 2018-19, A Youth Counselor was onboarded within the program and 50 clients received at least 1 session. 90 % of youth discharged from Casey House with a safe exit plan and safe housing secured.

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)** Target for the # of youth shelterd at Casey House was lower than projected. 80 Clients were served directly at Casey House, totaling 1100 bed days. A new staffing plan has been implmented in 2019 providinf more strategic outreach to the community. Ongoing efforts in school districts, churches, youth and community centers. More targeted outreach of hotline calls came to Casey House, totaling 149. Challenges in follow up, with decreaed landlines and changes to cell/disconnected lines, difficult for youthafter departure from Casey House.

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 13.75

10. Total number of youth served by this program during the previous STSJP PY: 80

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

<b>STSJP Program 2</b>		
STSJP Program 2 Name: Juvenile Electronic Monitoring		STSJP Program 2 Type: <b>JO/JD-Alternative to Detention</b>
STSJP Program 2 Operating Agency: Niagara County Probation Department		
Program Mailing Address 111 Main Street		
Address Line 2		
City Lockport	State NY	Zip Code 14094
Contact Person for Program Deborah LaRock	Email Deborah.Larock@niagaracounty.com	
Title Probation Supervisor	Phone (716) 278 - 8155	Ext

<b>STSJP Program 2</b>	<b>Service Detailed Information</b>
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 4,416	
2. Please indicate the specific zip codes this program will target. 14304, 14305, 14094, 14120, 14172, 14174, 14092, 14301, 14302, 14303,	
3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b> 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. This will occur while accounting for their attendance at referred services, and location at their residence, through the use of electronic monitoring, as an alternative to detention pending disposition of the case.	
4. Does your municipality plan to replicate the program across multiple locations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program? 10 <b>If the STSJP Program 2 received STSJP funds in the previous STSJP PY, answer the questions below.</b>	

6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Partially If Yes, <b>answer #7</b> ; If No, <b>skip to #8</b> ; If Partially, <b>answer #7 and #8</b> .
7. What projected outcomes were met and how were they met? ( <b>100 words or less</b> )
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? ( <b>100 words or less</b> ) It was projected that 15 youth would be served by the program, and only 6 were during the 2018-2019 program year to date. The department struggled to find appropriate youth for recommendation to electronic monitoring. The youth whose cases are referred to Court, that go through the process to disposition, tend to be the cases that are most difficult to deal with, that they did not receive a favorable outcome, whether that be intake adjustment of their case, or an ACD prior to Fact Finding. Three youth in the program were non-compliant with monitoring, removing their bracelets, and going AWOL. Another youth was placed at disposition.
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 78
10. Total number of youth served by this program during the previous STSJP PY: 6
11. What amount of rollover funds from the previous STSJP PY will be spent on this program? 0

<b>STSJP Program 3</b>		
STSJP Program 3 Name: Niagara County Juvenile Supported Case Management Program - Re-Entry		STSJP Program 3 Type: <b>Aftercare</b>
STSJP Program 3 Operating Agency: Community Missions of Niagara Frontier, Inc.		
Program Mailing Address CMI Youth Services		
Address Line 2 1570 Buffalo Avenue		
City Niagara Falls	State NY	Zip Code 14303
Contact Person for Program Marilee R. Clark	Email mclark@communitymissions.org	
Title Director of Youth Services	Phone (716) 285 - 3403	Ext 2265

<b>STSJP Program 3</b>	<b>Service Detailed Information</b>
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 90440	
2. Please indicate the specific zip codes this program will target. 14301, 14302, 14303, 14304, 14305, 14094, 14120, 14172, 14174, 14092	
3. How will the program be utilized to serve targeted youth in your municipality? ( <b>100 words or less</b> ) Referrals will be received from the County Department of Social Services and New York State OCFS, and Intake acceptance determined. Services will be voluntary in nature for youth transitioning to community from out of home placement, and designed to provide the youth and families with a well-designed program of case management opportunities which will help to complement the strengths of families. DSS workers and OCFS staff will complete a Skills Assessment Priorities sheet in addition to referral forms, which will target the top five priorities for SCM services to be accomplished in the 60 day programming.	
4. Does your municipality plan to replicate the program across multiple locations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program? 13	
<b>If the STSJP Program 3 received STSJP funds in the previous STSJP PY, answer the questions below.</b>	
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Partially If Yes, <b>answer #7</b> ; If No, <b>skip to #8</b> ; If Partially, <b>answer #7 and #8</b> .	
7. What projected outcomes were met and how were they met? ( <b>100 words or less</b> ) Supported Case Management services will be replicated across the County of Niagara. In addition to Niagara Falls, potential service areas will also be Lockport, North Tonawanda, Lewiston, Youngstown and Wilson. Cases in Newfane, Olcott or further points in the	

County will be considered on a case by case basis. During the previous fiscal year contract (October 2018-September 2019), 39 youth and families were referred for SCM services. 30 youth were admitted for services, from these 39 referrals. At the time of this application, 13 youth are currently receiving services, which would identify 17 youth who successfully completed programming.

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)** While there were a sufficient amount of referrals for the program there were some barriers to consider: Of the 9 referrals 1 of the youth was not able to be admitted due to re-incarceration, 6 referrals were not admitted due to refusal by the parents, the other 2 youth were unable to be located due to their runaway status. To increase service delivery throughout the next fiscal year the JSCM program.

9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.) 87

10. Total number of youth served by this program during the previous STSJP PY: 30

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

<b>STSJP Program 4</b>		
STSJP Program 4 Name: Niagara County Juvenile Supported Case Management Program - Alternative to Placement		STSJP Program 4 Type: <b>Alternative to Placement</b>
STSJP Program 4 Operating Agency: Community Missions of Niagara Frontier, Inc.		
Program Mailing Address CMI Youth Services		
Address Line 2 1570 Buffalo Avenue		
City Niagara Falls	State NY	Zip Code 14303
Contact Person for Program Marilee R. Clark	Email mclark@communitymissions.org	
Title Director of Youth Services	Phone (716) 285 - 3403	Ext 2265

<b>STSJP Program 4</b>	<b>Service Detailed Information</b>
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 30146	
2. Please indicate the specific zip codes this program will target. 14301, 14302, 14303, 14304, 14305, 14094, 14120, 14172, 14174, 14092	
3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b> Referrals will be received from the County Department of Social Services, Niagara County Probation Department and Intake acceptance determined. Services will be voluntary in nature with the goal of strengthening families and preventing youth being placed out of home, and designed to provide the families with a well-designed program of case management opportunities which will help to complement the strengths of families. DSS workers, Probation Officers will complete a Skills Assessment Priorities sheet in addition to referral forms, which will target the top five priorities for SCM services to be accomplished in the 60 day programming.	
4. Does your municipality plan to replicate the program across multiple locations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program? 13	
<b>If the STSJP Program 4 received STSJP funds in the previous STSJP PY, answer the questions below.</b>	
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, <b>answer #7</b> ; If No, <b>skip to #8</b> ; If Partially, <b>answer #7 and #8</b> .	
7. What projected outcomes were met and how were they met? <b>(100 words or less)</b>	
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? <b>(100 words or less)</b>	
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? 0

<b>STSJP Program 5</b>		
STSJP Program 5 Name: Niagara County Juvenile Supported Case Management Program - Early Intervention		STSJP Program 5 Type: <b>Early Intervention</b>
STSJP Program 5 Operating Agency: Community Missions of Niagara Frontier, Inc.		
Program Mailing Address CMI Youth Services		
Address Line 2 1570 Buffalo Avenue		
City Niagara Falls	State NY	Zip Code 14303
Contact Person for Program Marilee R. Clark	Email mclark@communitymissions.org	
Title Director of Youth Services	Phone (716) 285 - 3403	Ext 2265

<b>STSJP Program 5</b>	<b>Service Detailed Information</b>
1. The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 30146	
2. Please indicate the specific zip codes this program will target. 14301, 14302, 14303, 14304, 14305, 14094, 14120, 14172, 14174, 14092	
3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b> Referrals will be received from the County Department of Social Services, Niagara County Probation Department and Intake acceptance determined. Services will be voluntary in nature, and designed to provide the potential youth at risk of JD or PINS with a well-designed program of case management opportunities which will help prevent the penetration of youth into the juvenile justice system. DSS workers, Probation Officers will complete a Skills Assessment Priorities sheet in addition to referral forms, which will target the top five priorities for SCM services to be accomplished in the 60 day programming.	
4. Does your municipality plan to replicate the program across multiple locations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program? 14	
<b>If the STSJP Program 5 received STSJP funds in the previous STSJP PY, answer the questions below.</b>	
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, <b>answer #7</b> ; If No, <b>skip to #8</b> ; If Partially, <b>answer #7 and #8</b> . If Yes, <b>answer #7</b> . If No, <b>skip to #8</b> .	
7. What projected outcomes were met and how were they met? <b>(100 words or less)</b>	
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? <b>(100 words or less)</b>	
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? 0	

<b>STSJP Program 6</b>	
STSJP Program 6 Name:	STSJP Program 6 Type:
STSJP Program 6 Operating Agency:	
Program Mailing Address	
Address Line 2	

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

**STSJP Program 6 Service Detailed Information**

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

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

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

**STSJP Program 7**

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

**STSJP Program 7 Service Detailed Information**

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

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

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

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

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

<b>STSJP Program 8 Service Detailed Information</b>		
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?		
<b>If the STSJP Program 8 received STSJP funds in the previous STSJP PY, answer the questions below.</b>		
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, <b>answer #7</b> ; If No, <b>skip to #8</b> ; If Partially, <b>answer #7 and #8</b> .		
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?		

<b>STSJP Program 9</b>		
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

<b>STSJP Program 9 Service Detailed Information</b>		
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		



Contact Person for Program	Email	
Title	Phone ( ) -	Ext

**STSJP Program 11 Service Detailed Information**

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

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

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

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

**If the STSJP Program 12 received STSJP funds in the previous STSJP PY, answer the questions below.**

- Did projected performance outcomes meet expected outcomes?  Yes  No  Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.
- What projected outcomes were met and how were they met? (100 words or less)
- What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
- What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
- Total number of youth served by this program during the previous STSJP 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	\$ 497,112
2. Total program expenses	\$ 497,112

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

Program Name	Total Program Expenses
STSJP-RTA Program 1 The Reporting Center	\$ 61,980
STSJP-RTA Program 2 Stepping Stones	\$ 71632
STSJP-RTA Program 3 Community Based Treatment	\$ 103500
STSJP-RTA Program 4 Catholic Charities Multi-Systemic Therapy	\$ 260,000
STSJP-RTA Program 5	\$
STSJP-RTA Program 6	\$
<b>TOTAL</b>	\$ 497112

**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: The Reporting Center		Program 1 Type: Prevention	
Program 1 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		Email rthomas@bfnc.org	
Title Program Director	Phone (716) 282 - 2217	Ext	

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

1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 61,980
2. Please indicate the specific zip codes this program will target. 14303, 14304, 14305, 14094, 14095
3. How will the program be utilized to serve targeted youth in your municipality? <b>(100 words or less)</b> BFNC Reporting center is an existing contract for a day and evening center for RTA youth meant to facilitate or supervision through coordination of individual case management, recommendations from Family court/Probation/DSS with the goal of preventing further penetration into the juvenile justice system. Daily prevention and intervention services include case management, individual counseling and group workshops, family counseling, school and home visits, community service and social/recreational activities, transportation. The youth will enter the program after initial meeting with Probation, and will continue for three to five months.
4. Does your municipality plan to replicate the program across multiple locations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. What is the projected number of youth who will receive services from this program? 30
<b>If the STSJP-RTA Program 1 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.</b>
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? <b>(100 word or less)</b>
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? <b>(100 words or less)</b>
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
10. Total number of youth served by this program during the previous STSJP-RTA PY:
11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program? 0

**STSJP-RTA Program 2**

Program 2 Name: Stepping Stones		Program 2 Type: Early Intervention	
Program 2 Operating Agency: Berkshire Farms			
Program Mailing Address 13640 State Route 22			
Address Line 2			

City Canaan	State NY	Zip Code 12029
Contact Person for Program Lucas Jacobs	Email ljacobs@berkshirefarm.org	
Title Director of Statewide Prevention and NSD Programs	Phone (518) 242 - 0578	Ext
<b>STSJP-RTA Program 2 Service Detailed Information</b>		
1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 71632		
2. Please indicate the specific zip codes this program will target. 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		
3. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Stepping Stones is a new, intensive home and community based RTA-JD diversion program, whose goal is to maintain youth safely at home and in the community through development and implementation of service plans for the family, to include crisis/safety plans, Family Engagement, Identification of Community Based Resources, Casework counseling, Transportation, Independent Skill Building, Parenting Skills, Education Support/advocacy.		
4. Does your municipality plan to replicate the program across multiple locations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. What is the projected number of youth who will receive services from this program? 30		
<b>If the STSJP-RTA Program 2 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.</b>		
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.		
7. What projected outcomes were met and how were they met? (100 word or less)		
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)		
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)		
10. Total number of youth served by this program during the previous STSJP-RTA PY:		
11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program? 0		

**STSJP-RTA Program 3**

Program 3 Name: Community Based Treatment	Program 3 Type: Prevention	
Program 3 Operating Agency: New Directions Youth and Family Services		
Program Mailing Address 6395 Old Niagara Rd		
Address Line 2 Wyndham Lawn Campus		
City Lockport	State NY	Zip Code 14094
Contact Person for Program Sarah Taylor	Email staylor@ndyfs.org	
Title Director of Care Coordination	Phone (716) 529 - 1122	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? \$ 103500
2. Please indicate the specific zip codes this program will target. 14008, 14012, 14028, 14067, 14092, 14094, 14095, 14105, 14107, 14108, 14019, 14120, 14126, 14131, 14132, 14144, 14172, 14174, 14301, 14302, 14303, 14304, 14305

3. How will the program be utilized to serve targeted youth in your municipality? **(100 words or less)** Community Based treatment includes a variety of services that can be customized to meet the individual needs of the RTA youth:  
**MENTORS** – One on one individual and/or group mentoring focused on areas specific to the youth’s needs.  
**SOCIAL WORK** – Individual and/or family counseling focused on relationship building, communication, and other areas that may contribute to future recidivism.  
 Referrals would be made by NCDSS staff who can choose all or some of the services listed for the youth/family they are referring. A typical youth might receive approximately:  
 •1 hour of face to face mentoring/week  
 •1 hour of group mentoring every other week

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 STSJP-RTA Program 3 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.**

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

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

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

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

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

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

**STSJP-RTA Program 4**

Program 4 Name: Multi Systemic Therapy		Program 4 Type: Early Intervention	
Program 4 Operating Agency: Catholic Charities			
Program Mailing Address 3982 Main Street			
Address Line 2			
City Amherst	State NY	Zip Code 14226	
Contact Person for Program Melissa Sommerville	Email melissa.sommerville@ccwny.org		
Title MST Coordinator	Phone (716) 204 - 0555	Ext 5025	

**STSJP-RTA Program 4 Service Detailed Information**

1. The amount of STSJP-RTA funds that your jurisdiction will devote to the services from this program? \$ 260,000

2. Please indicate the specific zip codes this program will target. 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, 1420

3. How will the program be utilized to serve targeted youth in your municipality? **(100 words or less)** Catholic Charities Multisystemic Therapies program is an existing contract, facilitated by master's level therapists who work with families in their home, school and community. Treatment is 24/7 intensive intervention, aim is to maximize caregiver skills and resources, enrich family relations, improve youth's peer influences, improve youth's school or vocational performance, engage youth in positive recreational outlets, develop a natural support network of extended family, neighbors and friends to help caregivers. RTA Youth enter the program after an initial referral from Probation, and participate for three to five months.

4. Does your municipality plan to replicate the program across multiple locations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. What is the projected number of youth who will receive services from this program? 20
<b>If the STSJP-RTA Program 4 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.</b>
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.
7. What projected outcomes were met and how were they met? (100 word or less)
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)
10. Total number of youth served by this program during the previous STSJP-RTA PY:
11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program?

<b>STSJP-RTA Program 5</b>		
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

<b>STSJP-RTA Program 5</b>	<b>Service Detailed Information</b>
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. What is the projected number of youth who will receive services from this program?	
<b>If the STSJP-RTA Program 5 received STSJP-RTA funds in the previous STSJP-RTA PY, answer the questions below.</b>	
6. Did projected performance outcomes meet expected outcomes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially If Yes, answer #7; If No, skip to #8; If Partially, answer #7 and #8.	
7. What projected outcomes were met and how were they met? (100 word or less)	
8. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)	
9. What was the average length of stay (ALOS) for youth in this program? (Calculate by days.)	
10. Total number of youth served by this program during the previous STSJP-RTA PY:	
11. What amount of rollover funds from the previous STSJP-RTA PY will be spent on this program?	

<b>STSJP-RTA Program 6</b>		
Program 6 Name:	Program 6 Type:	
Program 6 Operating Agency:		
Program Mailing Address		

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

**STSJP-RTA Program 6 Service Detailed Information**

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 6 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?

**PART III – STSJP-RTA PROGRAM ANALYSIS**

**SECTION 1 Overall Analysis**

**A. Overall Analysis of Communities**

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

**B. Overall Analysis of Disparity**

Please provide information indicating whether there is evidence of racial/ethnic disparity in your local system's use of detention or residential placement. 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 this STSJP plan addresses the issues of disparity. 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, programs will be directed to populations of greater need.

**SECTION 2 PERFORMANCE OUTCOMES**

For current program year, provide the projected performance outcomes for all of your proposed services and programs. Be sure to include an estimate of the anticipated reductions in detention utilization and residential placements. (250 words or less)

Casey House RHY Shelter

- 85% of youth in program will meet with youth counselor for at least 1 session
- Outreach/Aftercare of services in person to 50% of youth within 4 weeks of discharge

Juvenile Electronic Monitoring

- 75% of youth are not in out of home placement following program.

Juvenile Supportive Case Management

- Detention and residential placements to be decreased by 20% from 2018.
- OCFS youth will also be monitored from Re-Entry status to ensure that not returning to OCFS placement following community reintegration is also a recorded diversion.

The Reporting Center

- 20 youth will be given a service plan to ensure attendance at court appointments and identified services, along with job placement if age appropriate and improved academic success and school attendance.

Stepping Stones

- 80% of youth will remain successfully in their homes and communities and avoid the need for out of home placement
- 80% Youth and family functioning will improve; avoiding the need for detention
- 85% of parents will develop/improve parenting skills
- 85% of youth will show improvement in workforce readiness skills

Community Based Treatment

Youth served by the program will remain in the community and not experience a residential placement (>95%).  
 Youth served by the program will not experience a detention stay (>85%).  
 Youth served by the program will not be arrested (>75%).

Multi Systemic Therapy

- Reduce arrest rates in serious juvenile offenders
- Make substantial improvements in overall family functioning
- Reduced instances of out-of-home placements for juveniles
- Reduced dropout rates
- Decreases mental health issues for juvenile offenders
- Decrease adolescent alcohol and drug use.

**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. 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 government, 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 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:
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 Niagara County municipality, I certify that the CEO Anthony J. Restaino has reviewed and approved the 2020 STSJP plan.

Date: 10 / 16 / 19 User ID: 29c077

Print name: Benjamin Bunker

**SECTION 2 APPROVAL OF THE OCFS PROGRAM LEAD**

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

Date: 12 / 27 / 19 User ID: JET0911

Print name: Lynn Tubbs

<b>Enhanced STSJP Funding--PINS</b>	
<b>Niagara County</b>	(maximum allocation)
<b>Program Expenses</b>	\$57,580.65
<b>State Reimbursement</b>	\$35,700.00
<b>Local Share</b>	\$21,880.65



NIAGARA COUNTY YOUTH BUREAU  
Niagara County Human Resources Building  
301-10<sup>th</sup> Street  
Niagara Falls, New York 14303

Voice (716) 278-6872  
Fax (716) 278-6875

December 20, 2019

Dear Sir or Madam,

This letter confirms the interest for Niagara County in receiving the one-time additional allocation of \$35,700 in Supervision and Treatment Services Juveniles Program (STSJP) for a pilot program.

Community Missions of Niagara Frontier, Inc. (CMI) is seeking funding for a Juvenile Justice Outreach PINS Diversion Intensive Case Management (PINSD) program, in partnership with the Niagara County Department of Social Services (NCDSS). The goal of the PINSD Intensive Case Management program (PINSD) will be to divert youth from any further involvement with the juvenile justice system, reducing the need to place youth outside their home communities.

Niagara County averages around 150 PINS youth annually. This past year, just 5 youth have been detained and 2 youth were placed with NCDSS. While a substantial decrease of cases was made in 2019, the above program will help decrease further and reduce detention use.

Please find the attached documents of a Program Narrative and Program Budget to help support the need for this program.

If you need further information, please contact me at the information below.

Sincerely,

A handwritten signature in cursive script that reads "Anthony Restaino".

Anthony Restaino  
Commissioner  
Niagara County Social Services

CC:

Meghan Lutz  
Burt Marshall  
Billie J. Tylec  
Benjamin Bunker  
Bridget Janese